

Newton Chinneck Limited

St George's Nursing Home - Royston

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 05 January 2016 and was unannounced. At our last inspection on 25 April 2014, the service was found to be meeting the required standards in the areas we looked at. St Georges Nursing Home provides accommodation and nursing care for up to 24 elderly people. At the time of our inspection 18 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to help keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

People and their relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the registered manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good 

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Mental capacity assessments and best interest decisions met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff

who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were all very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.□

St George's Nursing Home - Royston

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 05 January 2016 by one Inspector and a specialist advisor, a qualified nurse who looked at the nursing care being provided. The inspection was unannounced. We reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at the home, two relatives, four staff members and the registered manager. We also received feedback from health and social care professionals and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people who used the service and reviewed two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe here because there are always staff to look after me." Another said, "I feel a lot safer here because everything is locked up at night and there is always staff around." One relative commented, "When I go home I can relax because I know [Name] is in good hands, they are safe here."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. Staff confirmed they had received safeguarding training and were able to verbally demonstrate they recognised signs of abuse and understood who to report concerns to. Staff knew how to escalate concerns should the need arise. One staff member said, "I would always report any concerns."

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw that all relevant checks had been made to ensure people's safety. Staff confirmed that they had received an induction when they started work at St Georges Nursing Home.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff were observed delivering care in an unrushed and calm manner. People who lived at St Georges Nursing Home and the staff told us that there were enough staff. One person said, "When I use my call bell staff always come quickly." Another person said, "There is always staff around. There are enough staff here because they always have time for me." One relative commented, "Whatever [Name] needs there is always someone to attend to them."

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Two medicine trolleys were in use, one for each floor. They were kept in the clinical room which had a keypad lock. The trolleys were secured to the wall when not in use. Daily room and fridge temperature checks had been recorded for January to make sure medicines were stored at the appropriate temperature.

Medicine administration for people was observed at lunchtime. The nurse explained to people that it was time for their medicine and gained consent to give the medicines. People were assisted with drinks in order to take their medication. All medication given was documented appropriately.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

For example, one person with limited mobility who was at high risk of falls had refused the use of bedrails. The use of a pressure mat was implemented to alert staff when the person was getting out of bed to keep the person safe. Staff we spoke with were aware of the support the person required. We also observed that people were supported to be repositioned and pressure relieving mattresses were in place where required to support people's needs.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. One staff told us, "The fire marshal is always the trained nurse on duty and the fire warden is allocated at the beginning of the shift." Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms and lifting equipment.

Is the service effective?

Our findings

People who lived at the home and their relatives were very positive about the skills, experience and abilities of the staff. One person said, "The staff know how to look after me." A relative said, "The care is very good. Staff know [Name] and their needs very well."

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "It's my choice to stay in my room, but the staff always check on me to make sure I am ok." Staff understood the importance of choice.

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principles applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority we saw that capacity assessments and best interest for people had been completed. This was because security arrangements used to keep people safe also had the effect of restricting certain aspects of their liberty. The applications satisfied the requirements of the MCA 2005 and were proportionate to people's individual needs and personal circumstances.

Staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as end of life care, moving and handling, food safety and infection control. A staff member said, "The training is good here and I feel I have the skills to do my job." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, one staff member told us that they had wanted to learn how to take bloods and they had been supported to do the training.

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with the registered manager where their performance and development was reviewed. A staff member commented, "I feel supported by the

manager." Staff confirmed and we saw documents of regular supervisions. Staff we spoke with felt they had a voice. One said, "I feel I am listened to at meetings."

The chef was very knowledgeable about people's nutritional needs and planned menus to ensure they were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. People's dietary requirements were listed in the kitchen and when people's needs changed they were updated by the nursing staff. There was a list of people's allergies and dislikes to support people's needs. We saw that people were asked what they wanted to eat from the menu, these included two choices. However there was an alternative menu that had other choices should the person require. One person said, "The food is beautiful, it is out of this world." A relative said, "The kitchen staff are always asking [Name] what they would like to eat."

We observed lunch being served in the communal dining room and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Most people were supported to eat in their own rooms however that was their choice. We saw one person having lunch in their room. The staff member had to wake them. They approached the person and woke them gently. The person was given time to make their choices and was offered a drink and condiments.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One person told us, "Staff are excellent, I can't fault the care, I absolutely get the help when needed. Staff are marvellous, every one of them deserve a medal."

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. A staff member told us, and records confirmed that people were supported to access other health professionals as needed. We spoke with one GP who was happy with the home and the way the staff responded to people's needs. Care plans reflect recent changes in resident's needs." We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "I think the home is very good, I love my own room." Another said, "I love it here because the staff are so friendly, they take time to talk to me during the day."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us about staff when they were receiving personal care, "Staff close my door and explain what they would like to do. They respect my dignity, they are very good. We have a great relationship and we have a good laugh." Another person said, "They know me and I know them." One relative said, "They look after me as well, staff ask how I am and make me tea."

A relative we spoke with said, "I booked an appointment to see the manager about my relative and they were really supportive and gave me some good advice." They also told us that their relative had celebrated their birthday while they were at the home and staff came into their room and sang happy birthday to them. The staff had also bought them a present and the relative said, "It was really lovely."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "I can visit at any time." We found that people and their relatives had been involved in the planning and reviews of the care and support provided, Staff were observed treating residents with kindness and compassion and delivering care in an unrushed and calm manner.

People's rooms were personalised with their own possessions. For example, photos, plants, flowers and their own blankets. We saw in one person's room they had their own CDs, DVDs and colouring pencils and they had their own salt and pepper pots and vinegar in their room. People were supported to have their independence and to make the home their own. People were supported with end of life care, people's preferences were documented and staff received training that enabled them to provide end of life care.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Care records were stored securely to keep people's personal information safe.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care, the medicines they needed help with, relationships that were important to them, dietary needs and how they wanted staff to support them. For example, care plans included details about people's routines including preferred night-time routines and their likes and dislikes of food and clothing.

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who were at end of life.. They had used this knowledge to help and support people they cared for.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both inside and outside the home. One person told us, "We go out to the shops in town. We recently went out for lunch and had a pantomime at the home for Christmas, it was wonderful." There were three part time activities staff employed at the home they provided between two and three hours of activities per day five days a week. We saw the activity calendar for January displayed on notice boards and in people's rooms.

People were supported to be involved in choosing activities. For example, people had been spoken with individually to see what they liked to do. The most popular choice was having fish suppers and pub lunches. The activities staff provided lots of different activities such as: flower arranging, music and movement, quizzes and arts and crafts. There were also memory boxes used and 'I remember' cards to stimulate memories and conversation. There were also pampering days for people at the home. People had the opportunity of participating in days out and celebrated special events such as Easter for example. However the activities were limited due to the hours the activity staff were allocated. The registered manager understood the importance of activities and had met with outside professionals to develop their activities programme. We saw that there was a plan in place to increase the hours to improve the activities provided.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was on display at the home .One person told us, "I could speak to the manager or staff if I had a problem. I know how to complain because the manager has told us how to." A relative said, "We were given information on how to complain. I have also been told verbally if I have any concerns to speak to staff and I feel I could definitely do that as everybody is friendly and approachable."

Is the service well-led?

Our findings

People who lived at the home, relatives and staff were all very positive about how the home was run. They were complimentary about the registered manager in particular who they described as being approachable and supportive. One relative told us, "The manager is approachable; I can talk to them like my own daughter." All people we spoke with knew the registered manager and felt they were approachable.

The registered manager was very knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have handovers at the start of our shifts and we all know our responsibilities. We have a good team here." As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. Such as people who lived with dementia.

The registered manager carried out regular checks of the whole service and spoke with people and staff about their views and experiences. We saw that the registered manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe. The registered manager told us that they had an open door policy and made themselves available. Issues were regularly discussed at resident and staff meetings where people were encouraged to have their say about how the home was run.

Staff told us, and our observations confirmed that the registered manager led by example and demonstrated strong and visible leadership. The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The registered manager was a qualified nurse and worked on the floor when required. The registered manager told us they felt supported by their line manager with regular meetings and updates. These meetings could be used to discuss any topics or issues.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager was required to gather and record information about the home's performance in the context of risk management and quality assurance. The registered manager confirmed that where required other professionals would be involved to support people's changing needs. For example, tissue viability nurses had been involved with wound care plans.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives and staff had been actively sought and responded to in a positive way. We saw that the home had

used the professional services of an organisation to have independent surveys completed to gain people's views and feedback as a way to improve the service. We saw from the outcome of surveys that people and their relatives were positive about their experiences, the services provided and how the home operated. We saw where improvements were identified these had been actioned as part of the improvement plan. For example, health and safety audits highlighted a problem with some of the roof tiles. To complete the work an operation plan was created with risk assessments and an action plan to complete the works. This had been communicated to the people who used the service, visitors and relatives to explain the potential disruptions.