

St George's (Wigan) Limited

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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

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 on 26 and 27 September 2017 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.

At the last focussed inspection of this service on 3 January 2017, the home was given an overall rating of 'requires improvement' and two breaches of regulations were identified in relation to good governance because the service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person using the service and had failed to effectively assess, monitor and improve the quality and safety of the services provided. At this inspection we found the home was now meeting the requirements of these regulations.

St George's Nursing Home provides nursing and residential care and support for up to 62 people in 18 single and 22 shared rooms. At the time of the inspection there were 49 people using the service. The home is a grade 2 listed building in spacious grounds and close to a wide range of community resources and there is a dedicated floor for people living with dementia.

There was a registered manager in post. 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 looked at the way the service protected people against abuse. There was an up to date safeguarding policy in place, which referenced legislation and local protocols, including how to instigate adult protection procedures and contact details for CQC, the local authority and the social services duty team. The home had a whistleblowing policy in place.

We looked at records regarding the premises and equipment. There were weekly checks for water temperatures, the fire alarm and means of escape. There was a contract file which was up to date and included certificates and safety records for gas, the fire system, hoists, hoist-sling thorough examination, the lift, pest control, washing machine and dryer, legionella, hot water boiler and COSHH information. Since the date of the last inspection a new fire alarm system had been installed.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at five staff personnel files and there was evidence of robust recruitment procedures.

We looked at how the service managed infection prevention and control (IPC) and found an IPC audit had recently been carried out by a health protection officer in September 2017. Over 90% of all staff had undertaken infection control training since the date of the last inspection.

We looked at how the service managed people's medicines. We found that the medicines room was securely locked and medicines were stored appropriately with regular fridge temperature monitoring in place. Controlled drugs were also stored correctly and the nurse on duty held the key to the locked controlled drugs cabinet.

We looked at staff training, staff supervision and appraisal information and saw that there was a staff training matrix in place. All care and nursing staff had completed a wide range of relevant training as required.

People told us the food at the home was good. There was a four week seasonal menu in use and this was displayed on the wall in the dining room. The dining tables were laid with table clothes, place mats and cutlery and condiments were also provided. We checked the food stocks in the kitchen and found that there was an adequate supply of fresh and dry goods and the freezers were well stocked. There was a food hygiene policy and we saw that staff had completed training in food hygiene.

There were appropriate records relating to the people who were currently subject to DoLS. There was documentation of techniques used to ensure restrictions were as minimal as possible. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. There were applications for DoLS where the indication was that this was required and these were up to date.

There was a 'consent for change or shared allocation of room' document in use and a 'consent to treatment' document which had been completed for each person.

The home had a dementia café, providing a safe environment for people who used the service to socialise with each other and members of the local community. There was a memory lane reminiscence room decorated with items to stimulate people's memories and facilitate conversation.

People were able to personalise their bedrooms with individual items such as family photographs and personal objects but some bedrooms were sparsely furnished and impersonal. However we found people had been consulted about the redecoration of their rooms and could choose to have it personalised with regards to bedding/linen, furnishing/decorations/colour schemes and personal photographs for their bedroom doors.

We saw staff responded and supported people with dementia care needs appropriately. We observed care in the home throughout the day. Interactions between people who used the service and staff members were warm, conversations were of a friendly nature and there was a caring atmosphere. We heard positive chatter between staff and people thorough the course of the inspection. Staff spoken with could give examples of how privacy and dignity was respected.

The home had a Service User Guide which was given to each person who used the service. The guide contained information on how to make a complaint and included contact details for the local authority, CQC, the local government ombudsman (LGO), the clinical commissioning group at Wigan (CCG) and the director of social services at Wigan council.

A number of 'thank you' cards from people who had previously used the service were displayed on a notice board in the entrance area.

We saw that prior to any new admission a pre-assessment was carried out with the person and their

relative(s) where appropriate.

We looked at the care planning records for people using the service. The home used an electronic care plan system called 'Fusion' which was now fully operational and all staff had received training in how to use it.

Care plans were person-centred and contained a profile of the person concerned including basic personal information such as height, nationality and previous occupation, food preferences and we saw that information about social interests and hobbies was recorded in people's care files.

The home employed an activities coordinator and activities on offer were displayed on a notice in the entrance area which included a varied range of activities, including pet therapy. Pictorial versions of activities were available which would help some people to understand what was being offered.

Residents and relatives meetings were carried out regularly which meant that the views of people using the service and their relatives were identified and the opportunity to present such views was provided.

There was a complaints policy in place and we looked at examples where complaints had been raised and responded to in a timely manner.

Staff told us there was consistency in the management team and improvements had been made since the last inspection.

We found audits had been carried out consistently in a variety of areas to ensure the service was safe.

The service had introduced a 'key worker' system and each key worker had an identified number of individual people they were responsible for which was identified in the offices.

There was a contingency planning handbook in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, pandemics, flood disruption and lift breakdown and this had been reviewed and updated in 2017. Policies and procedures were all up to date.

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.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Compliance/Safety certificates regarding the premises and equipment were all up to date and in place.

The service had appropriate arrangements in place to manage medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received supervision and appraisal and a schedule of meetings identified for the year.

People who used the service and their relatives said the food was good and there was a four week seasonal menu in use.

There were appropriate records relating to the people who were currently subject to DoLS.

Is the service caring?

Good ●

The service was caring.

The relatives of people using the service told us they felt the staff were caring.

Staff attitude to people was polite and respectful using their names and people responded well to staff.

Staff spoken with could give examples of how privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

The home used an electronic care plan system which was up to date and staff had access to all the latest relevant information.

Care plans were well organised and easy to follow.

Residents and relatives meetings were carried out regularly and feedback about the quality of service was sought from them.

Is the service well-led?

The service was well-led.

Staff felt there was more stability and consistency in the management team.

There was a contingency plan in place for when the electronic care system was not working.

There were audits in place including those for people's beds, mattresses and cushions, infection prevention and control.

Good ●

St George's (Wigan) Limited

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 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 26 and 27 September 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors from CQC.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted the Wigan local authority quality assurance team, who regularly monitor the service.

Prior to the inspection we received a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

We spoke with five people who used the service, four visitors and eight members of staff including care staff, the manager and the clinical manager. We also looked at records held by the service, including six care files and five staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation, in order to establish if people's needs were being met. We observed care within the home throughout the day including the morning medicines round and the lunchtime meal.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at St. George's and feedback obtained prior to the date of the inspection identified that people consistently felt safe over a longer period of time. Comments received included, "Very happy with [person name] care," "My mum is well looked after at St. George's." "No concerns to report," "Our dad has only been in St. George's just over a week and has already shown signs of improvement to his health." When asked if they felt safe another person said, "Oh aye."

We looked at how the service managed people's medicines. St George's accommodates people over three floors of the building. There was a central clinical room on the ground floor where medication was stored, which was securely locked. Medication was stored appropriately with regular fridge temperature monitoring in place. Medicines were stored in a secure medication trolley.

We saw there was a clear and up to date medication policy in place and the nurse giving out the medication told us they were familiar with this.

We observed the nurse gave out medication as prescribed from blister packs and signed the medication administration (MAR) sheet immediately afterwards as necessary. We looked at a sample of MAR sheets and found they had been all been completed correctly with no gaps.

We looked medication taken 'as required' (PRN) for one person in order to help them manage their agitation. We saw there was a clear protocol in the medication records that identified the use of this medication. We saw that daily notes reflected this protocol on the two occasions this medication was given in September.

We saw that all open medicine bottles had the date it was opened written on it which would ensure it was safe to use and all pain relief medication prescribed for individuals and kept securely in the medication cabinet.

There was a protocol in place for homely remedies which was accessible to staff and the nurse on duty who we spoke with was aware that should any symptoms of pain persist beyond three days they would refer to the person's GP. We saw that a controlled drugs policy was in place and was being followed; only one person was in receipt of controlled drugs.

We saw that any medicines that were declined or needed to be returned were recorded appropriately and returned to the pharmacy in accordance with the homes policy and procedure. MAR sheets relating to creams were completed at the time topical treatments were given and these were audited and updated as appropriate every month.

Staff who administered medicines had all been trained appropriately which we verified by looking at training records and their competency to administer medicines was regularly checked. Regular audits of medicines were undertaken by the management team.

We saw at the end of each shift a handover sheet was printed off and updated which identified any specific risks and the support needed to mitigate those risks. We found the electronic records in Fusion were easy to update and access by the staff group who could use a hand-held device or computer on the floor they were working on, which was readily available.

We looked at how the service managed infection control. The home had an infection prevention and control' policy and had recently been inspected by a health protection officer in September 2017 when a total score of 87% compliance had been achieved for residential areas and 63% for nursing areas. Following this audit the home had written an action plan to identify the deficit areas and remedial action had commenced including replacing ceiling tiles and flooring. There was also an on-going programme of redecoration throughout the home. Hand wash and sterilising hand gel was available throughout the premises and instruction on safe hand washing techniques was in bathrooms and toilets. Staff had a good understanding of how to minimise the spread of infections. We observed that the service followed appropriate infection control and prevention practice, for example using personal protection equipment (PPE) when providing support to people and at meal times. All relatives spoken with felt that the environment was clean and well maintained.

During the inspection we looked around the premises. St George's is a large home on three floors and we found the general environment to be clean and free from mal-odours and cleaning schedules were in place for all communal areas and bedrooms. There was a domestic cleaning schedule in use which included daily, weekly and periodic cleaning records. We observed domestic staff completing cleaning duties. We saw that any soiled items had been placed in red bags, as per infection control guidelines. We checked the cleaning products located on the cleaning trolley against the home's Control of Substances Hazardous to Health (COSHH) file and saw that the necessary safety data sheets were in place.

We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for people who lived there. There was a maintenance file that included all the required equipment servicing certificates. Gas and electricity safety certificates were in place and up to date; all hoists, the alarm call system and fire equipment were serviced yearly with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. The testing of portable electrical appliances (PAT) was completed yearly and an up to date certificate was in place. Personal emergency evacuation plans (PEEPS) were completed for each person who used the service and were up to date. There was also a variety of building and equipment related risk assessments in place.

There was a plan in place for on-going maintenance and a daily walk-around of the building was completed by the manager and this process was used as a spot check.

Accidents and incidents were recorded and audited monthly by the manager to identify any trends or re-occurrences. Where appropriate these contained an associated body map to identify the specific site of the injury and identified the action to be taken to reduce the potential for further re-occurrence in the future. Records also included information on if the ambulance/paramedic or GP had been called, if the incident had resulted in a safeguarding referral, if a new care plan had been made or amended following any incident and if relatives had been informed. Any incidents regarding staff were recorded separately.

During the inspection we looked at the way the service protected people against abuse. There was an up to date safeguarding policy in place, which referenced current legislation and local protocols. We spoke with four care staff who demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral. All staff confirmed they had received training in safeguarding. One staff member said, "People may be confused or upset; I would report anything to the manager, CQC or the police

if needed."

The home had a whistleblowing policy in place. This told staff what action to take if they had any concerns or if they had concerns about the manager, and included contact details for the local authority and CQC.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for September and October 2017 and these consistently demonstrated that there were sufficient care staff on duty to meet the needs of people using the service. The rotas identified both nursing and care staff. There was a display board with pictures of all the staff, including their names and job role which would assist people using the service and their relatives to recognise different staff members.

The service did not use a formal dependency level tool to determine staffing levels but each day the service looked at the information in people's daily notes and shift handover information, and any changes that may indicate the need for additional staff were responded to. Nurse's offices had a 'named nurse' and 'keyworker' list which identified which staff member had particular responsibility for different people which would assist staff to undertake their duties more effectively. The aim of the keyworker system was to provide each person with an advocate within the staff team who would develop a relationship with people based on trust and mutual respect.

We looked at five staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Is the service effective?

Our findings

We looked at staff induction, training, supervision and appraisal information and saw there was a staff training matrix in place. Care and nursing staff had completed training in safeguarding, challenging behaviour, the control of substances hazardous to health (COSHH), equality and diversity, infection control, fire training, dementia, mental capacity and the deprivation of liberty safeguards (DOLS), food hygiene, nutrition, health and safety, first aid, person-centred care, the safe administration of medication and manual handling. The care certificate was also in use for staff who had not previously worked in a care setting and we saw correspondence from the appropriate supporting organisation to verify this. Nursing and senior staff had also undertaken training in assessing needs, pressure care, wound care, consent and risk assessment. The home had also signed-up to the Hospice in Your Care Home formal education programme regarding end of life care.

We asked four staff members about the training they had received and whether they felt they had enough knowledge and skills to meet the needs of the people they were supporting. One staff member told us they had done NVQ 3 in care and talked about the on-line training and face-to-face training they had done in relation to dementia and tissue viability. They reported that this meant they were able to spot any problems with skin care more effectively so they could report to the nurse on duty straight away.

One staff member told us, "I've been here over 12 months now and things are definitely getting better. I've done lots of training and now I'm thinking about becoming a nurse." When asked about induction another member of staff told us they felt that their induction had been helpful and that they were able to do their job more effectively as a result. A third member of staff reported that they had had a good induction and said, "It was important to give quality care."

There was an induction programme in place, which staff were expected to complete when they first began working for the service; an induction is intended to provide staff with the skills and knowledge to undertake their role effectively. Staff used an induction booklet identifying a 'basic induction' when they were initially working on a super-numery basis (in addition to the existing staff rota), and a 'foundation induction' which was completed over a 12 week period when the staff member was actively working as part of the team. This incorporated Skills for Care Standards and covered policies and procedures, the location of equipment, personal care, nutrition and hydration, mobility, skin care, communication, psychological/emotional behaviour, environmental issues, record keeping, care of the dying. We looked at staff induction booklets and found these had been fully completed, signed and dated by staff and their manager

Staff we spoke with told us they always checked Fusion to get an update and attended handover meeting after every shift to get and pass on up to date information.

There was a staff supervision matrix in place which identified supervisions already undertaken and those planned for the forthcoming year. The 'supervision policy and procedure' stated each staff member should receive supervision at least four times per year or more if necessary and we found supervisions took place in accordance with this policy. In addition there was a 'development appraisal policy and procedure' in place

which identified the difference between supervision and appraisal and an appraisal matrix was in place for the year. Prior to undertaking an appraisal staff were provided with a preparatory form and completed a pre-appraisal questionnaire which meant they had sufficient opportunity to prepare for the annual meeting. We asked staff about supervisions and all four staff confirmed they had regular supervision and those who had been there long enough also had an appraisal.

This meant that staff had been provided with the required support to enable them to carry out their duties and had the opportunity for discussions with managers about work related issues such as performance, training, competency, skills and knowledge.

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. The application procedures for this in care homes and hospitals are 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 were being met. There were appropriate records relating to the people who were currently subject to DoLS. There was documentation of techniques used to ensure restrictions were as minimal as possible. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. There were applications for DoLS where the indication was that this was required and these were up to date and reviewed regularly.

We saw one person who needed covert medication had been assessed under the MCA and a best interest meeting had been held and decision made. We saw that this was also recorded on their MAR sheet which was clearly visible to any supporting agency staff to enable them to support the person effectively.

We found there were people living at St. George's who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. Throughout the inspection we heard staff seeking verbal consent from people prior to providing support and this ensured that people gave their consent to the care being offered before it was provided. People's care files contained a formal consent document which was signed by people or their relative where appropriate; this gave consent to care and treatment, the sharing of information, use of a photograph, physical examination and involvement in care planning. In addition each person had an 'acceptance of contract' document which identified if they had given consent to share a room with another resident, which demonstrated their views and opinions had been sought and followed.

People told us the food at the home was good. We saw that diet and hydration records were maintained and people who were nutritionally at risk had been referred to the relevant professionals such as a dietician or speech and language therapist (SaLT) as required and supplementary drinks were being provided and recorded.

There was a four week seasonal menu in use and this was displayed on the wall in the dining room. The dining tables were laid with table clothes, place mats and cutlery. Kitchen staff told us that people were

asked each day what they wanted to eat and the list was sent to the kitchen; if people changed their mind they were able to order an alternative each day. Each person had an individual diet sheet and there was guidance for staff on different diet types and fluid/diet consistencies. Food temperatures were checked and recorded at each serving. A new pictorial menu was being developed with pictures of the foods identified on the menu; this would assist some people to better understand what they were choosing to eat.

We checked the food stocks in the kitchen and found that there was an adequate supply of fresh and dry goods and the freezers were well stocked. Fridge temperatures were recorded daily and a daily and weekly cleaning schedule was in place. The environmental health officer food hygiene rating score (FHRS) was five; food preparation facilities are given an FHRS rating from zero to five, zero being the worst and five being the best. There was a food hygiene policy and we saw that staff had completed training in food hygiene.

People's health needs were recorded in their files and this included evidence of professional involvement, for example GPs, podiatrists, SaLT or opticians where appropriate. We saw that the home had referred one person to the community liaison team for support to manage their mental health needs and associated behaviours. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required.

Some people needed thickeners in their drinks. We saw that details of this, including photographs of the consistency required was available in the kitchen. This provided staff with the necessary information to ensure people received their drinks appropriately so that they were protected from the potential of choking.

The home had a dementia café, providing a safe environment for people who used the service to socialise with each other and members of the local community. There was a memory lane reminiscence room decorated with items to stimulate people's memories and facilitate conversation.

People were able to personalise their bedrooms with individual items such as family photographs and personal objects. We looked at the double bedrooms which had previously been renovated. Each bedroom had access to a wet room with a toilet and hand basin. In each double bedroom there was a permanent divider between the beds which allowed more light to the first bed nearest the window but did not give much privacy if the person was receiving care and less natural light for the person nearest to the door. Each newly refurbished room had en-suite facilities. There were few armchairs in some bedrooms for people to sit in their own rooms or for visitors to sit with them. There was one television in each shared room mounted on the wall opposite the beds, therefore both people sharing the room needed to agree to watch the same programme.

We found there were people living at St. George's who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. For example they took their time when speaking with people to ensure they properly understood what was being said.

At the last comprehensive inspection of this domain we made a recommendation that the service reviews current best practice guidance on developing dementia friendly environments. At this inspection we found improvements had been made to the environment to make it more accessible for people living with a dementia. There was 'dementia friendly' signage around the home including bathrooms, bedrooms and dining areas and people had their picture and name on their bedroom door which would assist some people to orientate to their own room more easily.

Is the service caring?

Our findings

We asked people and their relatives if they felt staff were kind and caring. Everyone we spoke with reported being happy living at St. George's and all appeared to be interacting well with other residents and the staff group. One person said, "I like to get out and chat, I would prefer to have more people to talk to." Another person had been trying to lose weight and told us, "I'm pleased I have lost two pounds, staff help me eat well and exercise every day. I like it here, I like the staff, I like them all. If I get upset they talk to me. I like the activities, I've got loads of friends here."

We spoke to three visiting relatives on the ground floor. Everyone told us they felt the home was either alright or good. Everyone we spoke with were aware of relative meetings and told us a meeting was due soon. Some people had the opportunity to provide feedback in a questionnaire and comments from these included, 'I feel the staff understand my dad well, the staff are brilliant,' 'I can raise concerns straight away and the staff respond,' 'Only concern is that laundry keeps going astray.'

Another relative said 'I feel staff understand [my relative's] needs, I feel he is well looked after and safe. They ring you and let you know if anything happens. Two carers recently brought him to our sons' wedding.' Another relative who visited the home daily commented, "Staff are able to support my wife, they are helpful and obliging; I feel that staff and me are very close. I am able to raise any concerns I have and the manager is very obliging." Another relative said, "I like the way you can identify staff by the colour of their uniforms."

A number of 'thank you' cards from people who had previously used the service were displayed around the home. Comments included, 'Thank you so very much for looking after [person name], fondest love,' 'Thank you for all the care and attention you gave to [person name] we hope you will think of him each time you have a brew,' 'We would like to thank you for your wonderful care and support you gave to [person name] and to all his family throughout his time St. George's, best wishes and love to you all,' 'Thank you for all you did for us and your help and support.' We also saw a recent large financial donation had been made to the home from the relatives of a person who had previously accessed services in recognition of their gratitude for the care provided.

We saw that interactions between people who used the service and staff members were warm, conversations were of a friendly nature and there was a caring atmosphere. Staff attitude to people was polite and respectful using their names and people responded well to staff. For example we saw two staff members gently assisting one person to transfer from a wheelchair to a chair, encouraging the involvement of the person and providing reassuring assistance whilst maximising the person's independence and recognising what they could do for them self.

We heard positive chatter between staff and people during the course of the inspection. The staff we spoke with demonstrated an understanding of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

Staff spoken with could give examples of how privacy and dignity was respected, for example by knocking on doors, covering up people whilst providing personal care, asking permission before carrying out any assistance and explaining reasons for interventions. At the time of the inspection a new sign was being developed to be put on people's bedroom doors which stated 'Privacy and dignity – please knock before entering,' which would remind staff to ensure they respected people's privacy when entering their room.

The home had an up to date 'service users' handbook' and this was given to each person who used the service. The guide contained information on how to make a complaint including the contact details for the local authority, CQC, local government ombudsman (LGO) and the local clinical commissioning group (CCG). The guide also identified the philosophy of care and the principles and values underpinning the service.

We saw there was a 'privacy and dignity' policy, which was up to date and recently reviewed. There was also an up to date 'resident's rights' policy and a 'philosophy of care' policy which helped staff to understand how to respond to people's different needs. Staff were aware of these policies and how to follow them.

We saw that prior to any new admission a pre-assessment was carried out with the person and their relative(s) where appropriate. We verified this by looking at care records.

The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care files, including any updates. The home had signed-up to the Wigan and Leigh Hospice in Your Care Home education programme which meant hospice staff worked closely with the home staff to promote training based upon the most up-to-date research available in order to equip them with the practical skills and knowledge needed to provide sensitive, timely, compassionate end of life care (EOL). Training delivered included palliative end of life care, dignity, communication skills, spirituality, recognising dying, symptoms at end of life, nutrition and hydration, mouth care, care after death, reflection, injectable medication at the EOL, dementia and pain, syringe driver care, care of significant others, urinary catheterisation, stoma and personal care. This showed the home had properly trained their staff in providing EOL care. At the time of the inspection no-one was receiving EOL care. Additionally the hospice held an annual celebration event for those who had taken part in the training and we saw staff at St. George's had received eight nominations in different categories.

Is the service responsive?

Our findings

At the previous focussed inspection on 3 January 2017 this domain was rated 'requires improvement' and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017 regarding good governance. This was because at that time the home used both an electronic care planning system (called Fusion) and also a paper based system and some care file electronic records did not correspond with paper based records or had missing information or had not been updated to reflect the current position. At this inspection we found the Fusion system was fully operational, all staff had been trained in how to use it effectively, and the service was now meeting the requirements of this regulation.

We looked at the care plans on Fusion and saw how staff were able to update daily records and access records and care plans via a lap top or tablet. All staff were happy with this system. The care plans were clear, thorough and person centred; it was easy to navigate around the electronic system and look at specific areas, such as weight, skin integrity, daily notes, significant incidents, other professional's involvement.

Fusion was accessible by several staff at the same time who had an individual log-in password and we observed that information was inputted in real-time using a 'tablet' or 'hand-held device,' with two or three devices being available on each floor of the building for staff to access. This information could then be viewed instantly by other staff or the management team which meant that everyone was up to date with all the latest information inputted each day. At the end of each shift this information was collated and could be printed out and discussed at the shift handover meeting which took place after every shift change over. One staff member told us, "Fusion is much better than the old paper based system, we can all see the information at the same time and it avoids any difficulties you may have in reading different hand writing.

During the inspection, we reviewed people's care plans. Each care plan contained a variety of risk assessments and included areas such as nutrition, mobility, pressure sores, physical health, mental health and pain management. The plans contained a profile of the person concerned including basic personal information such as height, nationality and previous occupation and this was completed for every person.

The home employed an activities coordinator and activities on offer were displayed around the premises in the form of a 'weekly activities diary.' Activities included music sing-along, movie morning, arts and crafts, pamper morning (including nails foot-spa and massage), chair based exercises, TV/radio and board games. Pictures of previous activities were available and we found the home had labelled these to identify how each activity related to a different need. For example 'creative needs read-along,' 'creative needs watercolour pencils,' 'self-esteem needs birthday party,' 'intellectual needs games' for dominoes cards and board games, "social needs outing to the park,' 'physical needs floor games,' 'spiritual needs living faith church sing-along and prayer.' This demonstrated the service understood how activities affected people in a wider holistic sense.

Additional regular activities included visits to a local café on a 1-1 basis and attendance at coffee mornings

outside the home. A hairdressing salon was available for people who did not access the community for this and we saw that information about personal preferences, social interests and hobbies were recorded in people's care files. Other upcoming activities were identified in regular newsletters sent to people and their relatives each month including a clothing party, afternoon tea, visiting singers/artists, fund raising events, living faith church, pet therapy and Halloween party.

When activities had been undertaken an 'activities feedback form' was completed by people to identify if they liked the activity and/or had any ideas about activities in general and we found feedback was positive in all the forms we saw. The home also used an 'interests and activities toolkit for use with people with dementia' which enabled them to identify each person's interest in activities in the previous 10 years, the past year, at present and in the future. Pictorial versions of activities were available which would help some people to understand what was being offered.

However relatives of people who lived on the upper ground floor unit reported some concerns about the lack of stimulation and activities. One relative said, "I don't understand why the staff stand together and don't think that they could spend time talking to someone, my husband hasn't been out in two and a half years." Another relative said, "Staff skills vary, particularly in their attitude, staff tend to get together for a chat. There is a lack of activity and stimulation here." We spoke with the registered manager about this and they agreed to look into the provision of activities on the upper ground floor unit and discuss with staff how to better support and stimulate people.

Residents and relatives' meetings were carried out regularly and there was a schedule in place for the forthcoming year. We looked at previous meetings and discussions included the service improvement plan, activities, training, notice board information, DoLS and consent forms.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were posted around the home. The people we spoke were aware of the complaints process and how they would report concerns. We looked at any complaints the service had received and saw they had been responded to appropriately, with details from the investigation, the outcome, changes made and any lessons to be learned. The complaints process ensured people who used the service and their relatives had a system in place to state if they were unhappy with any aspect of the care they received.

Is the service well-led?

Our findings

There was a registered manager at the home. 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.

At the previous focussed inspection on 3 January 2017 this domain was rated 'requires improvement' and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017 regarding good governance. This was because although improvements had been made, audits had not been effective in identifying and rectifying some of the issues we found during the inspection and further improvements were needed to meet the requirements of this regulation. At this inspection we found a wide range of audits were in place and the service was now meeting the requirements of this regulation.

We looked at the systems in place to monitor the quality of service provided at the home and found audits included accidents and incidents, medication including staff competency checks, care plans, weights, Fusion, infection control, complaints, the kitchen, the meal time experience, bedrails, nurse-call system, appliances fixtures and fittings, equipment.

Our analysis of the nurse call system audits identified an average staff response time of one to two minutes, with many being less than one minute. This showed people did not have to wait a long time when they requested staff assistance.

Medication audits covered basic hygiene and housekeeping, medicines disposal and administration, recording, homely remedies, self-medication, MARs, training and advice, policies and procedures, controlled drugs. Each section of the audit form had a corresponding 'comments/issues/actions taken' section which had been completed and signed/dated.

Fusion audits considered a sample of individual residents at each audit in order to ensure all required information was in place and determine if care plans were person-centred. Areas covered included general information about the person, documentation required, quality of care plans, risk assessments and general assessments, body maps and pressure mats, daily notes. Where any additional information was required this was identified and amended. This demonstrated the registered manager regularly checked the quality of the electronic care planning records.

One staff member told us, "We've put a lot of effort into improving the service. The new manager has made lots of changes and we need to keep this up and keep getting better and better; senior management are supportive and we have a good team of girls." Another staff member commented, "

The registered manager also conducted a daily walk-around of the premises which considered the number of staff on shift, the quality of the shift handover, any emerging issues regarding people who used the

service, any accidents or incidents, the nurse communication diary, any new illnesses, resident of the day, planned activities, the daily diary, MAR charts spot checks and nurse/care staff/keyworker allocations. If any issues were found these were identified and actions drawn up to resolve the issue.

There was an on-going refurbishment programme in place which identified work already completed such as the purchasing of new equipment, redecoration and refurbishment, equipment repairs, signage and maintenance.

Staff supervisions were undertaken regularly and we saw that these were used to discuss issues on a one to one basis. Staff appraisals were carried out annually and were used to look at progress made, training needs and goals for the future.

The home had volunteered to take part in a local initiative regarding GP support arrangements called the 'GP cluster group.' This was set up to ensure people who used the service had a regular GP check-up each week when the GP would also review any medicines and make changes immediately so that any new or changed medicines were received the same day as they were prescribed by the GP which meant people received their medicines in a timely manner.

The home was also accredited with the national activity providers association (NAPA) who support care teams to enable people to live life the way they choose through activity provision which is respectful, creative, innovative and fun supported by skilled staff. This enabled the staff team to consider new and creative ways of providing activities for people.

The home worked in partnership with a range of other professionals as required such as GP's district nurses, infection control, social workers and local authority commissioners, local authority quality assurance officers.

Formal feedback from people who used the service and their relatives was sought through annual quality assurance surveys. We looked at the most recent survey sent in February 2017 and found the home had scored highly in all the questions asked and feedback was overwhelmingly positive. Comments from the recent survey included, 'Well-done,' 'Always made to feel welcome and always offered refreshments,' 'Our only complaint was dealt with very quickly and we are very happy so far,' 'Pleased with the care and attitude of staff,' 'My brother is happy and much better now; I recommend St George's to anyone.'

Surveys were also sent to the staff group in the form of a general questionnaire and service improvement survey. Positive comments received from the most recent survey regarding recent improvements included, 'More staff and nurses now,' 'Line management, communication, team working and cementation,' 'Supervisions, time management and teamwork,' 'New Fusion system is good, more regular staff, have a senior on duty now at every shift, new sluice, fans and coolers.' 'More staff on shift,' 'Improved staff confidence to use Fusion,' 'Time management has improved ensuring that jobs get done,' 'Staff are more motivated and hands-on.'

When asked how in their own opinion changes had affected people who used the service, staff comments included, 'There seems to be more involvement with management, staff and service users,' 'Reduced agency which will give our service users consistency in their care,' 'staff are learning to communicate as a team, documentation has improved with Fusion, effective team work,' 'Better care plans makes care easier and safer,' 'Not as stressed or over worked, more time to spend with residents,' 'Residents appear to be more happy and training has helped us to understand how to approach residents in the right manner.' Other responses indicated all staff thought management were approachable and capable of managing staff

issues. This demonstrated improvements had been made since the date of the last inspection, which we observed and were valued by the overall staff group.

There was a contingency planning handbook in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, pandemics, flood disruption and lift breakdown. Policies and procedures were all up to date.

Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff. The registered manager and clinical manager were very visible within the home and actively involved in provision of care and support to people living at St. George's.