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St George's House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 March 2017 and was unannounced.

St Georges House provides accommodation for up to 19 people who require personal care. There were 14 people living at the service during our visit. 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.

We previously inspected the service on January 27 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges on our website at www.cqc.org.uk.

We found that people were safer because action had been taken to improve the management of health risks to people, including weight loss and pressure care. The registered manager had replaced some risk assessment tools with more effective ones. Refresher training had been given on the effective completion of all health risk charts to all staff. A new system was now in place which gave responsibility for checking the completion of all charts to a keyworker on each shift. These checks were then being monitored by the registered manager.

People living at the service appeared relaxed and content and said they felt safe. Healthcare professionals considered the service to be working safely with people living at the service. One of them said; "From observation during visits to the home ...it appears that staff and management are highly aware of the level of need of patients that they can manage safely within the home."

People were protected from potential abuse and avoidable harm. The provider had a safeguarding policy and staff had received training in how to protect adults from abuse and what to do if they had a concern.

There were sufficient competent staff on duty and robust recruitment systems in place in order to ensure the right staff were recruited to keep people safe.

Individual risk assessments and support plans were in place for each person living at the service which meant that risks for people were minimised. Premises and equipment were kept well maintained and regularly audited for safety by external contractors. The home was clean throughout.

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 protected because improvements had been made to health risk assessment policies and procedure.

Staff received training on how to recognise signs of potential abuse and how to report suspected abuse. They knew how to report any concerns.

People's risks were assessed, measures implemented and actions taken to reduce risks as much as possible.

People received care and support in a timely way because staffing levels were sufficient to meet their needs.

Staff had been safely recruited to meet people's needs.

People received their medicines on time and in a safe way.

St George's House

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.

We undertook an unannounced focused inspection of St Georges House on 8 March 2017 to check the improvements planned by the provider had taken place to address previous breach of regulation. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting one legal requirement.

The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home, this included the previous inspection report and the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we spoke with the registered manager, the provider, five staff and two people using the service. We reviewed information in three people's care records, three staff recruitment files records, staff duty rotas, audits of premises and equipment and medicines administration records. (MAR) We observed a medicines round, a staff handover meeting and meals being served at lunchtime and in the evening. After the inspection we contacted three healthcare professionals and commissioners and received feedback from two.

Is the service safe?

Our findings

At our comprehensive inspection of St Georges House on 27 January 2016 we found that most aspects of the service were safe, but that improvements were needed to manage health risks to people relating to weight loss and pressure care in a consistent way. For example, turning charts were in place to help reduce the risk of people developing pressure sores, but there was some variation as to recommended timings. Some weight charts had not been effectively monitored and fluid charts were being completed in some detail, but did not have a specific daily goal noted on the chart. This meant that it was not possible to evidence fully the management of fluid intake in order to avoid dehydration. There were some gaps in cream charts recording the application of prescribed cream. We issued a requirement for a breach and regulations about people's safe care and treatment.

At our focused inspection of 8 March 2017 we found that the provider had made significant improvements in line with the action plan they had written to meet shortfalls in relation to the requirements described above.

Residents were now being weighed twice each month. A named member of staff had the responsibility for supervising the weight records on those days, which was recorded on the staff rota. Any continued weight loss was reported to the registered manager by the care worker recording the weight. In addition, all resident's heights had been accurately measured to give a more accurate analysis of their body mass index (BMI). The old nutrition risk assessment tool in use at the time of the previous inspection has now been replaced with the malnutrition universal screening tool (MUST). The accompanying score chart indicates when further action needs to be taken, for example, by referring to the GP or other health care practitioners. This meant that people with potential weight loss problems were being properly monitored and reviewed in line with recognised assessment tools and therefore weight management was more accurate.

Healthcare practitioners confirmed as follows: "relevant and up to date weights have been supplied by care staff in a timely way and have been recorded in the resident's care notes to enable (us) to implement actions".

A new procedure had been implemented to monitor chart completion. A named key worker for each shift was now included in the daily staff rota. Their role was to check all signatures and then countersign to ensure that charts had been correctly completed by the preceding shift. This included food, fluid, pressure care and weight charts. This was reinstating a system which had been used previously but which had lapsed and was an effective way to ensure records were completed properly to protect people living at the service.

The registered manager had previously identified that shortcomings had arisen but recognised that further work was needed to ensure staff understood why the charts needed to be completed. Following the previous inspection, the registered manager addressed this through supervisions and staff meetings to ensure that everyone was aware of their responsibilities and was acting on them as required. A health care professional confirmed: "Care plans and required interventions have been actioned and implemented in a timely way to ensure the best possible outcome for the patient."

A new fluid chart had been designed and put into use. This included photographs of different containers indicating their measurements so that staff were able to record accurately how much fluid had been taken. The chart also now indicated daily fluid target. This meant that staff were now able to identify people who were at risk of dehydration.

People received different levels of support when taking their medicines, for example, from prompting through to administration. In all cases they were managed in a safe way and people received their medicines on time and in the correct amounts. Arrangements had been made with a local pharmacy to have people's medicines dispensed in a blister pack. The pharmacy organised people's medicines into separately sectioned blister packs, each marked with the day and time of day when different tablets should be taken. Staff completed a medication administration record (MAR) to document all medicines taken and to account for all doses. We saw that correct codes were used and there were no gaps. Staff confirmed that they had received medicines training. There was a protocol in place to guide staff on safe usage of medicines to be taken "as required". The registered manager carried out a monthly check of medicines records to ensure they had been administered correctly.

People living at the home looked relaxed and content and said that they felt perfectly safe. Staff fully understood their responsibilities for keeping people safe from harm and abuse and knew what to do if they had a concern.

Staff recruitment practices were robust and effective and staffing levels matched the rota. The service regularly reviewed staffing levels and adapted them to people's changing needs. For example, extra staff had been put in place for a person who required additional support as they reached the end of their life. Healthcare professionals visiting the home confirmed as follows:

"There is never a stressful feeling amongst staff within the home and complaints of feeling overworked or understaffed have never been heard. When visiting the home, adequate time is always ensured by both management and care staff to inform (us) of relevant, required information regarding individual patients and if assistance is required with patient intervention, this is always provided in a prompt and appropriate manner."

The premises were well maintained and were clean and odour free. Equipment was subject to regular maintenance checks. The maintenance book was checked daily and acted upon. Weekly fire alarm tests were carried out and recorded. People were supported to retain their independence by use of risk assessments and by minimising any known hazards to prevent harm. For example, we observed people using the chairlift independently, having first been offered and declined support by staff. Other people were seen leaving the building independently to go for a walk, again after having support offered. This meant that people were able to maximise their independence whilst remaining safe. People using the service told us they valued their independence highly and felt safe living at the service. One person said, "You won't find anything wrong here."