

Delphine Homecare Limited

St George's Nursing Home

Inspection report

1 Court Close, Pastures Avenue
St Georges
Weston Super Mare
Avon
BS22 7AA

Tel: 01934524598

Date of inspection visit:
28 January 2020
30 January 2020

Date of publication:
12 March 2020

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

About the service:

St George's Nursing Home provides personal and nursing care to people aged 65 and over. The service can support up to 66 people. At the time of the inspection 32 people were living at the service.

The service is purpose built across two floors. At the time of the inspection renovation work was being undertaken to the upper floor. Therefore no one was living in this area of the service at the time of the inspection.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from staff who were responsive, kind and caring. There was an uplifting and friendly atmosphere. People experienced good quality food of their choice in a social and engaging environment.

People enjoyed the activities facilitated at the service. Feedback from staff was, the extension of activity provision would be beneficial. People had access to a secure and accessible courtyard garden area. Visitors were welcomed at the service.

Risks to people were identified and managed whilst promoting people's independence. Medicines were administered safely. People's health needs were met, although oral health records were not consistently completed.

The service was clean, tidy and well maintained. Regular checks of the environment and equipment was undertaken. The design of the service supported people's independence and mobility.

Staff were supported through induction, supervision and training. The service was well led. Staff spoke positively about the changes occurring within the service.

Safeguarding concerns were identified and managed. However, we have made a recommendation about safeguarding reporting.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 23 January 2019), there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Effective findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Good ●

St George's Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one inspector.

Service and service type:

St George's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with six people using the service and three relatives. We spoke with 12 staff members which included care, domestic and kitchen staff, senior staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Some people we met were not able to fully tell us about their experiences. 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.

We reviewed nine people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and staffing data. We received feedback from one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- At the last inspection we found not all areas of infection control were managed effectively. Such as crash mats being in poor condition and catheter bags not being stored appropriately.
- At this inspection the provider had followed their action plan and these issues had been addressed. Crash mats had been replaced and were in good condition. Information was available to ensure catheter bags were stored as directed.
- Staff were observed to adhere to infection control procedures. Staff were knowledgeable about safe systems for managing laundry.
- The service was clean, tidy and well maintained.

Assessing risk, safety monitoring and management

- At the last inspection we found electrical and legionella checks had not been conducted.
- At this inspection we found regular testing and servicing of equipment and the environment had been conducted. This included areas such as fire safety systems, legionella and gas safety.
- Risks to people were identified in areas such as mobility, skin integrity and nutrition and hydration. Guidance was in place to direct staff on how to manage and reduce known risks.

Staffing and recruitment

- Rotas showed staffing numbers were kept at a level deemed safe by the provider.
- Agency staff were used to cover current vacancies. Staff told us agency use was reducing due to the providers recruitment programme. A staff member said, "There has been a high use of agency staff, they are consistently used so we have the same staff." One staff member said, "Under the new owners, we have more staff on shift."
- The service had changed the interview and assessment process of new staff to be able to observe potential staff skills through a practical assessment. The aim was to ensure quality staff were employed and staff were retained.
- The provider followed safe recruitment processes before staff were employed to ensure staff were suitable for the role. This included verification with previous employers and Disclosure and Barring Service (DBS) checks, which confirms if staff have any criminal convictions.

Using medicines safely

- Medicines were stored, managed and administered safely. Systems were in place to regularly monitor stock levels. Medicines that required additional storage in line with legislation were stored and checked appropriately.

- Improvements had been made to protocols for as required medicines and topical creams. These now included written and visual guidance for application.
- Topical medicine administration records (TMAR) had not always been completed in line with the frequency of application as directed on them. This was because the frequency of application on some people's medicine administration records (MAR) was different to what was written on the TMAR. For example, one person's MAR said in relation to a topical cream, "Use as required," but their TMAR said, "Use at least once a day." The clinical manager said these would be reviewed and addressed.
- Individual profiles gave details of any allergies and preferences for administration. For example, one profile said "[Name of person] likes to be told what they are having and often likes to see the medication before they have it. Sometimes [Name] likes their medication from a spoon, other times they like it in their hand. Ask [Name] preference at the point of administration."
- People told us their medicines were administered as prescribed and in line with their preferences. One person said, "Yes my medicines are very much [given] on time."
- The service had been proactive in liaising with other agencies to ensure communication was systems were effective. A health professional commented, "We have been impressed with how [Name of staff member] has taken an action plan provided by the team on board. They implemented suggestions and advice promptly and communicated them to the team to ensure everyone knew and was doing the same thing."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and knew how to identify and report concerns. One staff member said, "You report, tell the nurse in charge. Investigations occur."
- Safeguarding concerns were investigated and actions taken to protect people.
- People said they felt safe and call bells were answered. One person said, "I feel very safe indeed." Another person said, "If you ring the bell they [staff] come."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Analysis took place to look at any patterns or trends. For example, the time of day and location.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed an induction before commencing work. This was a thorough process which included training, the values of the organisation, systems and processes and practical assessments. One staff member said the induction was, "Useful." We observed a group of new staff who were participating in their induction.
- Staff received regular supervision with a line manager. A new format of supervision was being introduced which incorporated staff well-being as well as other areas of performance and development.
- Staff completed a range of training to ensure they were competent and skilled in their roles. One person said, "They do their jobs very well."

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

- The service had been designed to support people's needs. For example, wide corridors which were accessible for people using wheelchairs and mobility aids, handrails supported people to move around independently and there was seating to ensure people could rest or sit in different parts of the service.
- Signage around the building directed and orientated people to where they were or wished to go. Signs were in words, and pictures. People's rooms had names and pictures displayed.
- Objects to stimulate and engage people were available around the service. This included vintage items such as a telephone and sewing machine, tactile boards and sensory animals. We observed one person cuddling a doll and another person enjoying a piano play to them.
- People had access to a safe and accessible courtyard garden with seating and plants.
- People's rooms were personalised with fresh flowers, photographs and ornaments.

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

- People spoke positively about the food provided. One person said, "The food is very good, I had roast beef. We've got a very good chef. I always enjoy my meals and the chef said if there is anything you particularly like, I will do it for you."
- Staff sat and ate with people at mealtimes. This created a chatty and uplifting atmosphere within the dining area. It enabled staff to offer support to people in a discreet manner and encouraged people to eat. People and staff talked together about the food on offer. One staff member said, "Eating with people really works well. It is sociable."
- People were regularly offered a choice of hot and cold drinks. We checked people's drinks were accessible to them in their rooms.
- Where required people's food and fluid intake was monitored and actions taken. For example, when a

person's fluid intake was low the GP had been consulted promptly. We did highlight that fluid charts and care plans did not always direct staff when action should be taken. The registered manager said this would be addressed.

Supporting people to live healthier lives, access healthcare services and support

- Protocols were in place around specific health conditions. For example, in relation to the signs and symptoms staff should observe and the actions to take. One person said, "The carers are the ones who look after you, and they're really on it."
- Staff had received training in oral healthcare. Care plans described the support people required in this area. However, records did not demonstrate people received this support as there were gaps in recording. The registered manager acknowledged this. The service was transferring to an electronic daily recording system which would address this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised and sought support from other agencies when required. For example, with GPs, speech and language therapy (SALT) and the mental health team. A relative said, "The nurses are wonderful."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had made DoLS applications as appropriate. These and applications in progress were monitored and reviewed.
- People's capacity in different areas of their care had been considered and assessed as required. Best interest decisions were taken in line with legislation and guidance, with the involvement of other professionals and relevant people such as family members when it had been determined a person lacked the capacity to make a specific decision. For example, around medicines, vaccinations and personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in expressing and practicing their culture and religion. For example, if they liked to attend a religious service or were non practising.
- Staff understood the principles of the Mental Capacity Act (MCA) 2005. We observed that staff supported people to make their own choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind, pleasant and caring. One person said, "They [staff] are very good, very respectful." Another person said, "The staff are all friendly."
- We observed staff had positive relationships with people and knew them well. One person said, "They [staff] been brilliant." One staff member said, "I am proud that we give good care."
- The atmosphere was cheerful and happy. One person said, "It's wonderful here." Another person said, "I am happy here." We observed staff singing and dancing with people.
- The service had received several compliments. One compliment read, "To all the staff at St Georges we would like to thank you so much for all your help and kindness in [Name of person's] care."

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported. Care plans gave information on what people liked to do for themselves. For example, how people could safely move around the service or the personal care tasks people could complete themselves.
- Changes and renovations occurring within the service were focused on promoting people's independence. For example, making kitchen areas accessible and enabling more choice in the environment.
- People's privacy was respected. For example, staff were observed knocking before entering people's rooms. Rooms had signs which gave direction on people's preferences if they wished to have their door closed or open
- Staff demonstrated they knew how to maintain people's dignity. We observed people were offered a clothes protector at a mealtime. A staff member prompted a person discreetly when they need to use their napkin.
- People and staff told us visitors could come when they wished. However, a sign in the foyer detailed visiting hours. The registered manager removed this as it was not applicable. One staff member said, "Visitors can come whenever they like."
- We observed visitors spending time with their family or friends in different areas of the service. For example, one visitor sat and had lunch with their relative. One person said, "When I've got visitors we've all got space."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in deciding the information they shared and how they preferred their care to be delivered. For example, one person had made it clear they did not wish to complete the 'This is me document' about themselves.

- Regular meetings were held and well attended by people. People expressed their opinions around areas such as food and activities. Actions were documented to show the changes that had been made to the feedback received. For example, the meals that had been made.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection information in care plans was not detailed, consistent or personalised. At this inspection we found improvements had been made.
- Care plans contained information about people's past, previous employment, significant events and relationships. Care plans were being migrated onto a new system and the registered manager was aware a review was required after this process had been completed.
- People's preferences and interests were described. For example, one care plan said, "I love listening to war time classics. I enjoy watching birds in the garden." Another care plan described how a person liked cups of tea both hot and cold and did not like cups removed from their room even if they had gone cold.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Activities were provided which people enjoyed. This included group activities and individual activities based on people's interests.
- Feedback from staff was that activity provision could be increased. One staff member said, "More activities are needed." Another staff member said, "More activities needed. Have the rest of the week and weekend covered." The registered manager acknowledged this feedback and said this was an area being developed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had considered how information was presented and was continuing to be developed in this area.
- Signs and posters around the building were in easy read, large print and pictorial formats. A talking clock in the foyer enabled people and visitors to know the time easily.

Improving care quality in response to complaints or concerns

- The service had systems in place to respond to any complaints or concerns. Complaints received had been investigated and action taken to resolve.
- The service encouraged people and relatives to share any concerns. A relative had commented, "I just cannot really find the words to thank you for your caring, kindness to both [Name of person] and I, you have

all been so, so understanding even when I have complained."

End of life care and support

- People were supported with dignity at the end of their lives. One relative had commented, "Many thanks in making [Name of person] last few days as peaceful and comfortable as could be."
- End of life care plans were in place and continued to be developed. These had considered people's religious requirements. Staff had received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection quality monitoring systems were found to not be fully effective as areas that required actions and improvement had not been identified. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audit systems had been adapted to include areas identified at the previous inspection. This meant areas were identified for improvement and actions taken. The registered manager said the further monitoring of daily records such as topical administration and oral care records would be reviewed.
- The provider had displayed their CQC assessment rating at the service and on their website. Notifications were submitted as required.
- Safeguarding concerns were identified and reported to the local authority. Actions were taken to protect people from harm. However, the way safeguarding referrals and queries were recorded meant there was a lack of clarity on the reporting of safeguarding concerns to the Care Quality Commission when these concerns were not progressed by the local authority.

We recommend the provider reviews current guidance on safeguarding reporting procedures and amends systems accordingly

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had changed provider since the last inspection. Numerous changes and developments were underway. This included extensive refurbishments to the interior environment, new systems for care plans and focusing on a person-centred model of care.

One person said, "It is a fantastic place, I'm very happy here. A staff member said, "The ethos of [the provider] is something I can buy into."

- Staff spoke highly of the new provider and the changes happening within the service. One staff member said, "I'm very positive about the changes. I believe in what they are doing. Morale has improved." Another staff member said, "I knew what was happening [at the service] and I wanted to be a part of the change."

- Staff and people told us the service was well led. One person said the registered manager was, "Very good." A staff member said, "Management is approachable. Chief executive officers are good to, very forward thinking." Staff said they felt valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback had been obtained from people, staff, relatives and professionals in January 2020 and the results were being analysed. Positive feedback had been received.
- Local community groups were being engaged. For example, a gardening group was helping develop the front garden area and a scout group was reading with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities of the duty of candour. Accident and incident and complaint investigations showed who had been notified.

Continuous learning and improving care

- Systems were in place to share information amongst staff. For example, through meetings, handovers and written communications. A staff member said, "I feel can raise anything."
- The service sought views from people, staff and visitors through meetings, questionnaire and a suggestions box in the foyer area. People could also nominate a staff member for employee of the month recognition.