

# Orchard Care Homes.Com (4) Limited

# St Georges Hall and Lodge

## Inspection report

Middle St George Hospital Site  
Middle St George  
Darlington  
North Yorkshire  
DL2 1TS

Tel: 01325335425

Date of inspection visit:  
13 July 2016

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18 August 2016

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service effective?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●



# Summary of findings

## Overall summary

We carried out an un-announced comprehensive inspection of the service on 28, 29 January and 1 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 9 (Person – centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to see what progress had been made in relation to their action plan. 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 Hall and Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our inspection was carried out on 13 July 2016 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of two Adult Social Care inspectors. At the inspection we spoke with six people who used the service, four relatives, the manager, the administrator, the operations manager, the clinical lead, nursing staff, two kitchen staff, domestic staff, three members of care staff and three members of agency staff.

St Georges Hall and Lodge is a residential care home based in Middleton St George on the outskirts of Darlington, County Durham. The home provides care to older people and people living with dementia. It is not situated close to a town centre or close to any local amenities. Transport links to Darlington and Middleton St George village are limited. On the day of our inspection there were 61 people using the service.

The service had a manager in place who had submitted their application to register with CQC and was awaiting an interview to determine if they were 'fit' to become the registered manager for 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 last inspection on 28, 29 January and 1 February 2016, we asked the provider to take action to make improvements in the following areas; staff training, personalised care plans, dining experience for people who used the service and to provide a dementia friendly environment.

At this inspection we found that the provider had made progress with some of the actions. The number of staff who had received up to date training had increased. Some care plans now included more personalised information regarding their personal routines and some history information and the provider assured us

that more personalised information was to be included.

During breakfast time we saw that the kitchen staff were helping out in the dining room and this improved the efficiency of the meal time. We saw that fresh snacks had been introduced and were available but we still received mixed reviews about the food on offer at the service.

There had been no further improvements at the service regarding improving the physical environment to support people living with dementia. The registered provider assured us that this was being researched and planned.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

**Requires Improvement** ●

We found that some action had been taken to improve the effectiveness of the service.

We found the service had made arrangements to make sure that staff were receiving appropriate training and professional development to carry out their roles effectively.

Staff were supervised effectively and had regular one to one sessions. Team meetings were now held regularly with the manager.

People's nutritional needs were met although there were still mixed reviews about the variety and quality of food

We found that the service needed to make physical improvements to the environment for people living with dementia

### Is the service responsive?

**Requires Improvement** ●

We found that some action had been taken to improve responsiveness.

People received care and support specific to their assessed medical needs but some care plans were not person-centred and did not reflect their preferences, interests, and aspirations.

Limited group activities were planned for people to take part in but not all were person centred.

### Is the service well-led?

**Requires Improvement** ●

We found that action had been taken to improve how the service is Well-led

We found that the manager had begun the registration process taken the appropriate steps to become registered with the CQC

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# St Georges Hall and Lodge

## **Detailed findings**

### Background to this inspection

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

We undertook an un-announced focused inspection of St Georges Hall and Lodge on 13 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2016 inspection had been made. The team of two adult social care inspectors inspected the service against three of the five questions we asked about services: is the service effective, responsive and well-led. This was because the service was not meeting some legal requirements.

Before we visited the service we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. Some concerns had been raised since the last inspection on 28, 29 January and 1 February 2016 and these were considered as part of this inspection.

During this inspection, we checked to see what improvements had been made since our last inspection and the providers planned progress at the home which they had given to us in an action plan.

As part of the focused inspection we also spoke with people who use the service and their relatives. We looked at evidence including: staff training records, care plans, personal histories, quality monitoring information, activity records, weight management records, staff supervision records and minutes of team meetings.

# Is the service effective?

## Our findings

At the last comprehensive inspection we found the service was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection when we looked at the ten most recent staff training records and could see in six of the records that some courses were out of date and needed refreshing. The training that had expired included manual handling, dignity and fire safety evacuation.

When we arrived at St Georges Hall and Lodge we spoke with the manager. They confirmed that improvements had been made with staff training and that all staff employed at the service had begun to receive appropriate training in numerous areas to aid personal development and to carry out their roles effectively.

We looked at all the staff training records this showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended both face to face and online learning to maintain their skills. They told us they had regular supervisions with the manager, where they had the opportunity to discuss their care practice and identify further training needs.

We found training records provided us with evidence that improvements had been made since our last inspection visit. We saw staff had completed a variety of training courses relating to health and safety for example: safeguarding, first aid and manual handling.

There was a new online tracking system in place and the administrator was able to show us up to date reports on where staff were at with their training and development. We saw a plan that included future dates that were booked in for staff and the manager to attend.

When we spoke with two members of staff, they understood what was expected of them. They confirmed there were clear transparent processes in place for them to account for their decisions, actions, behaviours and performance through supervision and appraisal. The care staff told us that they had received relevant training and were offered opportunities to develop further to enable them to carry out their role effectively.

We asked staff about the training they had received on Fire Safety and evacuation and they told us; "It is the first thing the manager goes through with you when you start. We are told about the assembly point. I do one to one support so I know I have to see to [name] and it's my job to get [name] to a place of safety."

One new member of staff told us how they had recently gone through the provider's induction training programme for newly appointed staff. They said, "From day one they started the training with things like fire safety as well as courses such as moving and handling and dementia awareness. Even though I had done these before it is best to see [the provider's] way of working." One of the nursing staff we spoke with told us, "I get the support I need from [the provider] to complete my CPD [continuous professional development which qualified nurses undertake to show they have reviewed and updated their skills]."

From looking at staff records this showed us that staff received the relevant support within their role and the tasks they carried out. This was reflected in the team meeting minutes and supervision records.

At our last inspection we noted the number of agency staff at the service and the manager assured us that they would be taking steps to reduce the number of agency staff.

During this inspection we looked at monitoring records that showed a reduction in agency use however during July the numbers had risen due to staff sickness and staff vacancies. The manager assured us that the agency staff members were regular to the service and trained. We saw within the monitoring information that the same agency staff were used regularly. When we spoke with members of the agency staff they were knowledgeable about the people they were supporting. When we asked them about their introduction to the service they told us; "For sure I was told everything about the building, fire safety and all the files for the people I support so I could get to know them." We asked permanent members of staff about the use of agency staff and they told us "They are very well informed and because they work here regularly they know the people that they support."

At our last inspection we saw that staff were on hand to help people with their meal but people who needed assistance to eat had to wait their turn. The feedback received from people who used the service and their relatives was mixed and there were some negative comments made. When we raised this with the manager they were aware of this and assured us that they would be introducing plans to improve this. This meant the service needed to improve the mealtime experiences it provided to people who used the service; both in terms of making snacks available, ensuring people's likes and dislikes were incorporated into menu planning and in terms of ensuring their dining experience was a pleasurable one.

During this inspection we observed the meal time and the atmosphere was improved. There were now homemade snacks available and the presentation of pureed food had improved. When we spoke with the kitchen staff they showed us that they had been on training to present pureed food using moulds and that they told us; "I speak to the people and their relatives to find out what people like and I keep it on file. I get feedback from the staff on what people like and don't too." We asked the kitchen staff about focus on nutrition and they told us; "We have snacks twice a day and on a morning we do fortified milkshakes for those who need them and home baked snacks in the afternoon."

On the day of our inspection we observed kitchen staff helping care staff in the dining area, serving meals at breakfast time, to help the mealtime run smoother. The manager explained that this was a new trial and that it was working well.

When we spoke with relatives about the service and the food that their relative was having they told us; "The food is not very good, it hasn't improved." And "We bring a lot of snacks in and drinks for them." When we asked people who used the service about the food they told us; "There is choice and it is alright. I like fish and chips." This showed us that the feedback regarding the food was mixed and improvements were still needed.

We saw that people's nutritional needs were assessed and plans of care drawn up if they were at risk of malnutrition or choking. We saw strategies were successful for example people had been discharged from the dietician services as they had gained weight and were no longer at risk of malnutrition. Records also showed the effective use of the support from the speech and language team [SALT] assessment where for example people's risk of choking had increased which required a change in diet. This was recorded in care plans to guide staffs practice and promote safety.

We found measures to reduce the risk of skin pressure damage for six people at the home who had been identified as being at risk because of medical conditions or complications. We found two examples where



pressure relieving mattresses were set by staff at a pressure which was too high. This meant that the mattress was too hard and did not reduce the risk of skin pressure damage. A further two people had pressure relieving mattresses with settings that did not relate to peoples' weights. The lead nurse could not show how the mattresses were at the correct pressure. This meant that the mattress could be too hard and did not reduce the risk of skin pressure damage. Before we had completed the inspection the lead nurse had carried out a review of all people at the home who were using pressure relieving mattresses and had contacted the manufacturer / supplier of the equipment for verification. They confirmed that actions had been taken to ensure pressure relieving equipment was being appropriately used at the home.

At our last inspection we observed some positive practice around improving the environment to make it more dementia friendly. This means to improve the environment to enable people who live with dementia navigate around the building safely.

During this inspection we could see that no further environmental changes had been made to the building to make it more dementia friendly. We discussed this with the manager and they assured us that improvement would be made and that they would be researching current guidance for best practice before commencing improvements.

We could not improve the rating awarded for effective because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

## Is the service responsive?

### Our findings

At our last comprehensive inspection we found the service to be in breach of Regulation 9 (Person – centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we looked at eight care plans none of them were person centred and were not in an accessible format. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account.' The care plans did give details of the person's care needs and risk assessments. They were presented in a tick box format and focused mainly on care tasks. The care plans didn't give an insight into the individual's personality, preferences and choices and seven of the plans didn't contain any history information about the person or their likes and dislikes.

During this inspection we looked at seven care plans and found that some improvements had been made and new information on how people preferred their care had been added. However of the seven care plans there was only one that contained any history about the person. The care plans didn't contain any one page profiles that would give staff an insight into a person and their likes and dislikes.

We saw that staff interacted with the people who used the service in a responsive way and offered them choices and when we spoke with staff they were knowledgeable about the people they were supporting

At the time of our last comprehensive inspection there was an activities coordinator in place who organised group activities and we found that there was a lack of personalised activities on offer for people who used the service.

During this inspection the activities coordinator role was vacant therefore there was no improvement in the activities on offer. When we spoke with the manager about this they told us; "We are trying our best to recruit to the role and in the mean time we have Hen Power who comes in every week. They do activities with the clients to get them involved with our chickens; we have wild rabbits and also a pet rabbit." When we spoke with members of staff they told us; "We go out for walks in the garden or in the wheelchair. Some people like to play dominoes so we do that. We get people up dancing, entertainers come in too."

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

## Is the service well-led?

### Our findings

At the time of our last comprehensive inspection the service had a temporary manager in place who did not apply to be considered to become registered with the CQC.

During this inspection, the service had a new manager in place. The manager was in the process of becoming registered with us and was waiting for their interview with the CQC. 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 our previous comprehensive inspection we found that there were no team meetings arranged for staff. Supervisions had taken place but were not planned or monitored by the manager.

At this inspection we saw that team meetings were now organised by the manager and took place monthly this was evident from speaking with the registered manager and staff and checking the minutes of the meetings. We found that the team meetings were used as an effective means of communication discussing; quality of care and the people who used the service. We saw that staff supervisions were planned in advance took place bi monthly and were monitored by the manager.

We saw that the manager had introduced a new handover that took place at the end of each day to ensure effective communication took place and gave an overview of each person who used the service and their immediate needs.

When we spoke with staff members they said that the manager was supportive and approachable and they told us; "I don't have any issues at all with the manager. I think that they are approachable."

We could not improve the rating for well led because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.