

St. Georges Nursing Home

St Georges Nursing Home

Inspection report

61
St. Georges Square
London
SW1V 3QR

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24 May 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Georges Nursing Home is a residential care home providing nursing and personal care for older people. At the time of our inspection 15 people were living at the service, some of whom were living with the experience of dementia. The service is registered to support up to 28 people. This is a family run business and this is their only registered care home.

People's experience of using this service and what we found

Improvements had been made across the home since the last inspection in January 2023 to ensure people received a more person-centred approach to their care and support.

Positive examples were seen where the culture of the home was changing which encouraged people to be supported out of their bedrooms and be more involved in activities and social engagement within communal areas.

Issues related to the safety of the building had been addressed and staff had been reminded about their responsibilities related to fire safety. Areas where ongoing building works were taking place had been secured to ensure people and staff had no access.

Feedback from staff continued to be positive about the changes that were being made by the registered manager, who was further supported by the recent appointment of a new deputy manager to work through the improvement plan.

Health and social care professionals were confident the work that was being done by the registered manager was driving improvement across the home and ensuring better outcomes for people.

The management team were confident they were moving in the right direction and monthly audits were identifying where improvements were needed. These were discussed with staff during daily handovers.

The provider acknowledged the areas they needed to focus on and continued to make progress to ensure people were receiving safe care and support.

The provider continued to be committed to make ongoing improvements and had worked closely with the local authority to address the concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 March 2023) and there were multiple breaches 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 the provider was making a range of improvements across the service. However, the provider remained in breach of regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 31 January 2023 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve areas related to safe care and treatment, person-centred care, staffing and good governance.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the specific areas related to breaches within the Key Questions of Safe, Effective and Responsive.

We use targeted inspections to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We also inspected the full Key Question of Well-led. For those key questions not fully inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed following this inspection and remains requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Enforcement

We have identified a continued breach of regulation in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Georges 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This consisted of two inspectors and a nurse specialist professional advisor.

Service and service type

St Georges Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Georges Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the previous inspection reports and actions plans submitted after the last comprehensive inspection. We also contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

During the inspection

We met and had introductions with the majority of people who used the service. 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 observed the care and support provided to people during the lunch period and an afternoon activity.

We spoke with 8 staff members. This included the registered manager, the director, the owner, the deputy manager and 4 care assistants.

We also spoke with two health and social care professionals who were visiting the service during the inspection.

We reviewed a range of records which included 12 people's care and medicines records. We also reviewed records related to the management of the service, which included quality assurance records and minutes of management meetings held across the service.

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records, an updated fire risk assessment and further meeting minutes.

We had a video call with the nominated individual on 1 June 2023 and provided formal feedback to the provider via email on 2 June 2023. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had made the necessary improvements since the last inspection. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- Since the last inspection, the provider had now assessed the health and safety risks in relation to the extensive programme of building works that was going on across the home. Two floors in the process of renovation were secure and blocked off to people and staff to reduce the risk of any incidents or accidents.
- Issues related to fire safety had been resolved and an updated fire risk assessment was now in place. The provider had liaised with the London Fire Brigade (LFB) and improved people's personal emergency evacuation plans. This meant there was clear information to guide staff in the event of a fire.
- Staff confirmed they had discussed the changes around fire safety and had a better understanding of updated fire safety protocols. New staff confirmed this had been explained in detail during their induction.
- Improvements were seen in how risks to people were assessed and what guidelines were in place for staff to follow to help keep them safe. There was now more detailed information within the electronic care planning system since the last inspection.
- Although there were a few inconsistencies within the records we reviewed, the provider acknowledged they were still working on implementing all the improvements and all care records were still being reviewed and updated.
- The deputy manager explained the process in how they were reviewing risk assessments and we saw care plan audits had identified where improvements were needed. They added, "We have definitely seen an improvement since January to now and we are moving in the right direction. We are still working to prioritise the risks and make sure we discuss this with the staff daily during the handover."

Using medicines safely

At our last inspection the provider had not always ensured the proper and safe management of people's medicines. This was a breach of regulation 12(1) 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 12.

- At the last inspection, there were no effective procedures in place for the management of medicines that were to be taken as required (PRN). We saw the improvements that had been made and there was now detailed PRN guidance in place. Improvements were also seen in how these medicines were recorded.
- We saw medicines were stored securely and administered safely. We saw medicines audits had identified areas where improvements were needed and had been addressed by the time of the inspection.
- We identified one minor issue where temperature records were not always being recorded when medicines were stored outside of a designated room in a medicines fridge. The registered manager confirmed thermometers had been purchased and they would start implementing this procedure with immediate effect.

Staffing and recruitment

At our last inspection the provider had not ensured people were supported by sufficient staff to meet their needs. This was a breach of regulation 18(1) 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 18.

- At the last inspection, as there had been a reduction in the number of people living in the home, staffing levels had reduced. The provider did not have a formal dependency assessment in place to help understand appropriate staffing levels to meet people's needs.
- The provider highlighted the challenges in sourcing a reliable dependency tool due to the unique layout and design of the building. Despite this, they had worked with an organisation and had a dependency assessment in place to help determine staffing levels.
- Care plan updates and reviews had also been carried out to get a better understanding of people's needs and levels of support that was needed.
- We observed how staff worked across different floors and noted positive examples where the majority of people had been supported out of bed and taken down to communal areas, which we had not observed at previous inspections. Staff told us this helped them to monitor and check on people throughout busier times of the day.
- The provider had also recruited new staff members since the January 2023 inspection. Staff felt there were sufficient levels of staff and did not raise any issues or concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We saw that the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had made the necessary improvements since the last inspection. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure the premises and equipment were adequately maintained and suitable for the intended purpose. This was a breach of regulation 15(1) 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 15.

- Although the extensive programme of building works was still ongoing at the time of the inspection, improvements had been made to ensure it had a minimal impact on people. The previous long-standing issue with the lift breaking down had been resolved. This had a positive impact on people as they were able to be brought down to communal areas.
- There were no obvious hazards observed during the inspection and this had also been discussed with staff as part of fire safety themed group supervision. This related to reminders about fire exits being blocked and the need to keep hallways and corridors clear.
- Although we highlighted at the last inspection there were concerns around how dementia friendly the building was, this building work was still underway and the provider told us they planned to have a dedicated floor for people living with dementia and would be following best practice and current advice and guidance to ensure it met requirements.

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

At an inspection in June 2022 the provider had not always appropriately assessed people prior to moving into the home to make sure they could meet their needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in January 2023, we were not able to make a judgement about whether this part of Regulation 9 had been met because there had not been any new admissions to the home since the last inspection. This was the same again for this inspection as there had still not been any new admissions. We will look at this when we next inspect.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had made the necessary improvements since the last inspection. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection there was a lack of person-centred care which placed people at an increased risk of not having their needs met. This was a breach of regulation 9(1) 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 9.

- The provider had continued to make the necessary improvements since the last inspection to ensure they obtained more person-centred information about people to help give them a better understanding of how they liked to be supported.
- Information in people's 'About Me' section had been added and care plan audits had identified where more information was needed. The registered manager confirmed it was still a work in progress but had an action plan in place which they were following and trying to make sure staff understood the importance of providing person-centred care.
- For example, at the last inspection there was very limited information for 3 people within their care records. We checked the same records and saw a significant improvement had been made.
- People also benefitted from a new 'Resident of the Day' programme, which had been implemented since the last inspection. Staff were positive about this and they explained it gave them extra time to spend with people and ensure their needs were being met.
- Staff also told us this was regularly discussed by the registered manager during the daily handover to talk about people and to get a better understanding of what was important to them. People and their relatives had been involved in this process as well.

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

At our last inspection, we were not assured people were supported to engage in activities to avoid social isolation. There were no communal areas for people to socialise and eat despite many empty rooms. This meant people were cared for in their rooms. The provider had tried to recruit an activities worker but at the

time of the inspection was unsuccessful. This was a breach of regulation 9(1) 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 9.

- The provider had successfully recruited an activities coordinator since the last inspection, and they had just started at the time of the inspection. The provider acknowledged they would need time to get settled in and the registered manager hoped this would have a positive impact on people's lives within the home.
- With parts of the building works being completed, communal areas were now available for people to be involved in activities or socialise with other people and/or their relatives. There were also further plans for other areas of the home to be turned into communal areas.
- During previous inspections, we observed the majority of people being cared for in bed with limited social interaction. During this inspection we observed people had been supported out of bed and encouraged to eat in the newly renovated dining area. People appeared relaxed and comfortable and we observed a relaxed and homely atmosphere during lunch and the afternoon activity.
- Where a person was still in their room, they told us although staff asked them and encouraged them to sit with others, this was their preference. They added that staff regularly checked on them to make sure they were fine.
- The provider was involved with a voluntary organisation and were currently carrying out an 8 week 'Music for Life' programme. We observed this during the inspection and saw positive examples of the impact this had on people.
- The programme facilitators were very positive about the sessions and told us they had been going very well since they started in the home 6 weeks ago. They added, "It is very meaningful, the staff are very friendly and the people are lovely. There is a lovely atmosphere in the home and it is clear that staff care about the residents."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain an accurate, complete and contemporaneous record in relation to the care provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we could see there had been significant improvements across the home, areas of improvement related to governance were still being implemented and had not been fully embedded at the time of the inspection. Although the provider remained in breach of regulation 17, they acknowledged they were still working on all of the improvements.

- Although improvements had been made within the quality of information and level of detail within people's care records, it was still a work in progress with plans in place to ensure all records were fully updated.
- There were examples where further information was needed across all the records we reviewed. This included information related to skin integrity, falls management and care plans related to people's experiences of dementia and their emotional wellbeing.

The above shows that improvements were still needed to fully demonstrate the provider was adequately managing the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Specific care planning audits were now in place and identified where improvements needed to be made. We saw an example where an audit identified action was needed for a person's eating and drinking care plan. This had been discussed as part of the management team and the record had been updated accordingly.
- The deputy manager told us one of their key responsibilities was to support staff to highlight best practice about what was required as part of the care planning process. Staff discussed this in supervision, with further actions taken if it was felt records were not being completed to a suitable standard.
- A health and social care professional told us they had seen improvements in care planning, specifically

highlighting people's nutritional needs, weights and bowel movements were being well documented which had not always happened previously.

- Improvements had also been made in how important decisions about the service were being recorded, which included records related to management meetings, staffing levels and assessments about the safety of the home. Samples of management meetings showed any issues were discussed with actions identified.

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

- We saw positive observations throughout the inspection where improvements had been made in the personalised nature of care. Staff told us this was having a positive impact across the service where people benefitted from more social interaction and being encouraged to be supported out of bed.
- Staff told us this change in culture was starting to be embedded across the home and had improved the working environment and people's day to day experiences. A staff member said, "I feel more relaxed now with how we are working. Before, the residents just stayed in their rooms, but we have more activities, and they come downstairs, like the music programme later today."
- Staff told us they were confident in the management of the service and continued to see the home making improvements. Comments included, "This is the best it has been and [registered manager] is still doing good things, all for the better" and "This place would fall apart without [registered manager]. She has a great source of knowledge and we are utilising her experience to provide a better service to the residents."
- A health and social care professional told us it was clear the registered manager was a driving influence to the improvements within the home. They added, "She is a fantastic addition to this home and I can see how the staff are trying to make the improvements."
- The registered manager and nominated individual were committed to making the necessary improvements across the home. The registered manager said, "I care about the people as they are my priority. We are still improving, we are not there yet, we have improved from when you were last here, but we are getting there for sure."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked closely with the local authority about keeping people and their relatives updated with how they were working on making the improvements highlighted from the recent CQC inspections. We saw the local authority helped draft key messaging points to ensure clear updates were provided to give reassurances around how they were responding to our findings.
- Samples of recent correspondence showed the contact details for all members of the management team were provided reminding relatives they could contact them to discuss any issues or concerns they had.
- People and their relatives had also been involved and consulted regarding the current works of improvement, as staff sought more person-centred information from them to get a better understanding of their preferences and how they wanted to be cared for.
- Staff told us there continued to be regular engagement to discuss the service and to explain how the improvements were being implemented across the home. This was done through detailed daily handovers and supervision.
- Comments from staff included, "The morning handover helps with the learning and improving my practice", "The handovers have been critical to the improvements" and "She is teaching us the right thing."

Working in partnership with others

- The provider had been working closely with the relevant local authority since the June 2022 inspection and had regular engagement calls and meetings to discuss their service improvement plans. The provider continued to have regular meetings with a range of health and social care professionals to discuss people's

needs.

- The provider had also benefitted from a working partnership with an organisation that delivered the 'Music for Life' programme.

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 registered manager was aware of their responsibilities around the duty of candour and knew the importance of being open and honest if anything went wrong. Incidents were notified to the CQC in line with legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks.</p> <p>Regulation 17 (1)(2) (a)</p>