

# St. Georges Court Healthcare Limited

# St Georges Court Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

St Georges Court Care Centre provides accommodation and personal care for up to 76 older people, some of whom may live with dementia. There were 65 people living at the home at the time of our visit. The home is a purpose built care home and is located close to the centre of Cambridge.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our visit. 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.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always Safe

There were not always enough staff available to meet people's care needs in a timely way. Checks for new staff members were undertaken before they started work to ensure they were appropriate to work within care.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

Staff received the support they needed to help people with their medicines if required.

### Is the service effective?

**Good** ●

The service remained Good.

### Is the service caring?

**Good** ●

The service remained Good.

### Is the service responsive?

**Good** ●

The service remained Good.

### Is the service well-led?

**Good** ●

The service remained Good.

# St Georges Court Care Centre

## **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.

This was a comprehensive inspection, which took place on 5 October 2017 and was unannounced. The inspection visit was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We spoke with 12 people living at the home, ten visitors and two visiting health professionals. We spoke with five members of care staff, the chef and the registered manager. We checked five people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

## Is the service safe?

### Our findings

The service was not always good at ensuring there were enough staff to care for people. We had variable comments about whether there were enough staff available to care for people. One person told us that staffing numbers had reduced since they had started living there. Yet other people told us that there were enough staff. One person told us specifically that, "There always seem to be enough staff on at night." One person and a visitor told us that although staff responded to call bells quickly, they were not always quick to return and help the person. The visitor said, "When I've been here [relative] has sometimes had to wait 45 minutes for a commode." One visiting health professional also told us of their concerns that staffing numbers in one area of the home were not high enough to occupy people who displayed behaviour that challenged. Two staff members explained that they did not feel there were enough staff and that this meant people had to wait for care to be given. One staff member told us that all but six people on one floor needed the help of two staff with their care needs. Following our visit the registered manager confirmed that seven people needed support from one staff member only. A further seven people only needed help from two staff when they were moving from place to place, such as bed to chair.

There were systems in place to assess staff numbers and the registered manager told us they were able to request additional staff if people's care needs required this. During our visit we saw that there were care staff members available in all areas of the home. However, in one area, we saw that although care staff checked on people, they were not able to spend time with them unless this was to support them with their physical care needs. We looked at the care staff rotas for the two months prior to our visit and found that there were usually between 13 and 15 care staff on duty each day. We also looked at the total number of people living at the home for the same time period. This increased from 60 to 66 people, although there was no increase in the number of care staff available at that time. The registered manager confirmed that at the time of our visit there were 65 people living at the home, with 14 staff during the day and an additional two care staff members in the evening. Following our visit the registered manager confirmed that the activity coordinator and two ancillary staff were also available to spend time with people. We concluded that there had been a slight increase in the number of care staff available at some times during the 24 hour period. However, this was not always enough to meet people's needs in a timely way, which meant that they sometimes had to wait too long for assistance.

We checked staff records and found that all appropriate checks had been satisfactorily completed. Staff we spoke with confirmed that their recruitment had been dealt with effectively and they had supplied the necessary documents that were required. This showed that there were effective processes in place to prevent unsuitable staff from being employed.

The service remained good at safeguarding people from harm. People told us that they felt safe living at the home. They knew who to speak with if they were concerned about anything. One person told us, "I definitely feel safe here." Another person's visitor said, "I know [relative] is safe and well looked after here." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues

relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they changed their approach towards people or changed staff member if people's anxiety or distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had been completed.

The service remained good at managing people's medicines. One person told us, "I always get my pills in the morning and evening." Another person also said, "I can't fault them on medications; they make sure I get them regularly and take them on time." People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately. There were detailed records to show how staff should give medicines covertly where this was required.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. Staff told us that they received enough training to give them the skills to carry out their roles. Staff training records show that most staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained good at ensuring people were able to make their own decisions for as long as possible. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. One person said, "The food is improving; there's a new chef who's doing what we want. We've only got to ask if you don't get what you want." Another person told us, "The food is nice and there's always a choice!" We observed that refreshments were offered throughout the day. Staff talked about the menus with people and described meals so that people could choose. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. We spoke with two visiting health professionals who both said referrals were made quickly and that staff followed the advice given to people. People's care records showed that they had access to the advice and treatment of a range of health care professionals.

## Is the service caring?

### Our findings

The service remained good at caring for people. One person said, "They're all nice people here." Another person told us, "The staff are always really friendly." We spoke with one person who felt that the staff member caring for them was "extraordinarily helpful" and went on to say the staff member was, "Exceptional in trying to help you and get you what you want." Visitors were also positive in their comments about staff. One visitor told us, "There's a family atmosphere here; they're all really nice people."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This helped to put people at their ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff knelt near them so that they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. One person's visitor told us that, "...staff here listen a bit more." Staff knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line. There was information about advocacy services at different locations throughout the home, so that people could look at these when they wanted.

The service remained good at respecting people's right to privacy and to be treated respectfully. People and their visitors told us that staff did this. One person's visitors commented about their cultural diversity and said, "There's been no problem with the language barrier" as their and their family member's first language was not English. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure clothing was straight and suggested quietly to people when and if they needed to have personal care. Visitors also told us that there were no restrictions on when they saw their family members.



## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. People told us that they were happy with the care they received. Visitors also told us that they were happy with the care given to their relatives. One visitor told us, "The care [relative] has received upstairs has been wonderful."

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to a large variety of activities that staff supported them to take part in. One person told us that the staff member designated to arranging activities was "doing well; the Arts Centre is very good." Another person said, "On Tuesdays I do chair based exercises and I like the singers." The registered manager told us that although there was an activities program, people were able to choose what they wanted to do each day. We saw that some people chose not to take part in activities or entertainment. One person told us, "There are plenty of activities, but I prefer to be in my room." Another person said, "They take me to the Coop when I want to go." There were staff members constantly present in communal areas and this enabled people to do what they wanted and choose where to spend their time.

We looked at five people's care plans and other associated records. The plans were easy to follow and read. Files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Most plans were written in enough detail to guide staffs' care practice and additional care records were also completed in detail. Plans for the care of people's diabetes were not written in as much detail, which may pose a risk for new or inexperienced staff. However, staff we spoke with had a good understanding of people's needs in this area. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. One person told us, "The Manager is always available and there's no problem in raising things; they're quite good like that. If I wasn't being properly cared for I'd moan. I complained about my wardrobe being used to store packs and they then changed my bedroom." Visitors told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. One visitor said, "I have no concerns and I would certainly raise them if I had any." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that there had been one complaint, which had been thoroughly investigated within a very short timeframe and the information was shared with social care professionals.

## Is the service well-led?

### Our findings

The service remained good at providing a positive and open culture. One person at the home told us, "I'm happy as things are; the place is fine". Visitors were also happy with the way their relatives were cared for and the running of the home. One visitor commented, "Things are better now than they were a few years ago. The staff are better; they seem to know the residents better." Another visitor said, "All in all it's a very good standard."

Staff members told us that there was a stable staff group and that they got on well together. There was a registered manager in post. Visitors told us that they saw the registered manager around the home and knew who they were. One visitor commented that, "The manager is always available." Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. Our observations showed that the registered manager spoke with staff in a positive and appropriate way. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as environmental, medicines and the care records. These identified issues and the action required to address them, which was then passed to other staff to complete. The registered manager monitored accidents and incidents and we could see that staff took appropriate action to reduce reoccurrences. A monthly analysis was completed and a detailed analysis was completed once a year. Therefore any trends or themes, such as whether falls occurred more often at a particular time of day, were not identified quickly enough. The registered manager confirmed that they had adjusted staff levels following an analysis of the previous year's audit and we saw that this had resulted in fewer falls in this year's statistics. They confirmed that they would look at the analysis trends more often and take action if required.

People and visitors told us they were able to attend regular meetings at the home. One person told us, "At the last meeting we discussed what food we should have and what we should do at Christmas. A visitor commented, "I think they're worthwhile; everyone can say how they feel about things." We saw that the views of people, their relatives, staff and visiting health care professionals were asked for on an annual basis through a questionnaire. The information was then collated and a summary of the findings made available. The most recent responses showed that were few issues identified, such as the need for more activities, and these had been responded to. There were also regular meetings for relatives and staff to attend, so that they could hear about any plans and discuss any concerns.