Wellburn Care Homes Limited

St Georges Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service responsive?	**Requires Improvement**

Summary of findings

Overall summary

We last inspected St Georges Nursing Home on 12 and 14 January 2016 and found the provider had breached a regulation we inspected against. Specifically the provider had breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - person centred care. Care plans in respect of people using the service were not always complete or updated so there was a risk they may receive inconsistent or inappropriate care. This focused inspection took place on 28 November 2016 and was done to check that improvements had been made. The inspection was unannounced.

St Georges Nursing Home is a care home without nursing and provides accommodation and support for up to 38 people. Of the 38 single bedrooms, 24 had en-suite facilities and there were several accessible toilets and bathrooms on each of the two floors. At the time of the inspection there were 32 people using the service, some of whom were living with dementia.

The manager was not registered with the Care Quality Commission at the time of the inspection. The current manager had come into post on 31 October 2016 and had begun the application process to be registered with the Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the quality and detail in care plans had improved. Detailed records of monthly evaluations of care plans were completed which evidenced the appropriateness and relevance of care plans. The manager was very clear that care plans should be re-written in response to any change in need.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Requires Improvement

We found that action had been taken to improve the quality of care records.

Care plans were more detailed and individual to the person. Detailed evaluations took place each month, summarising people's needs and the support provided which evidenced that the care plan remained relevant and appropriate to meet people's needs.

While improvements had been made we could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

St Georges Nursing Home

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of St Georges Nursing Home on 28 November 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12 and 14 January 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because at the last inspection the service was not meeting a legal requirement in relation to that question.

The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection.

During our inspection we looked at care records for four people using the service. We spoke with the manager and the deputy manager.

Requires Improvement

Is the service responsive?

Our findings

During our last inspection in January 2016 we found care plans in respect of people using the service were not always complete or updated so there was a risk they may receive inconsistent or inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 person-centred care.

During this inspection we found improvements had been made to ensure regulations were met, and people's care records were complete, up to date and personalised.

A new 'care plan package' had been developed as proposed within the provider's action plan. Areas assessed included physical health, mental health, personal care and continence, communication, eating and drinking, mobility and skin integrity. There were also care plans and risk assessments for finances, social history and activities, night time support and end of life.

There was personal information in relation to people's life history including their previous education and work as well as information on family, friends and interests.

Hospital passports had been completed and included information on how people communicated, areas of high risk such as falls, as well as people's preferences and requirements for support.

There was some inconsistency in the quality and detail in care plans. One care plan stated the person needed 'full assistance from two carers' but there was no detail in relation to the support the two staff members should be providing. Another person's care plans were dated February 2015 but detailed monthly evaluations provided confirmation that the care plans remained current and people's needs could still be appropriately met by following the care plan. We spoke with the manager about this who said, "I have explained to staff that if a care plan is over a year old it's no longer valid and should be re-written. We are having a team meeting to discuss care plans. They shouldn't be over a year old and any change in need should trigger a new care plan. For example, if someone's prescribed a short term course of antibiotics I want a new care plan each time."

We noted care plans had not been signed by people; we asked how people were involved in their care plans. The deputy manager who was responsible for care planning said, "We are starting with signatures for family members or representatives, we are just waiting for them to go through care plans and sign them. Some people can't communicate their needs and wishes so we are asking family but we are asking people to be involved." The manager said, "I am planning to do three monthly in-house reviews with people to discuss likes and dislikes, it'll be an informal chat with no jargon but it means we can see what people are happy with. We will then have a six monthly review with the person and the family and we can advocate on the person's behalf so if family say 'Mum likes X', we can say well they've told us twice now that they don't." They added that there would also be an annual review with the social worker.

Other care plans were more detailed and personalised, for example one person who was living with a

dementia had a care plan which explained dementia and how it affected the person. It stated, '[Person] can become disorientated. Staff need to talk to [person] to occupy their mind and involve them in activities so they are mentally stimulated and they usually relax.' People's care plans also identified the areas where they were independent and how staff should support people to maintain their independence and only offer support where needed.

Another person had a personal hygiene care plan which stated they could become verbally abusive. The care plan detailed how staff should reassure the person during personal care and explain step by step what they were doing allowing the person time to understand the information. It also detailed how to support the person to promote and maintain their independence.

People's night time support care plans included information on how people with irregular sleep patterns should be supported overnight, such as being encouraged to spend time in bed, but acknowledging that if people didn't settle in bed they should be supported to rest in their preferred seat and checked on regularly. Information included that if people had two or three consecutive nights of being unsettled the person's doctor should be contacted.

Some care plans had not yet been developed using the new care plan package. The manager said, "The team meeting is going to include expectations around care planning. The team leaders will write them and they will be given to the care staff to review and add information as they know people well. The deputy and I will then review for quality."

All care plans viewed had been evaluated on a monthly basis. Evaluations were detailed and summarised information about the person's needs and the support provided that month. This summary was used to evaluate the effectiveness of the care plan and confirmed that it was still relevant and appropriate.

While improvements had been made we could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.