

Mrs Elizabeth McManus

# St Georges Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

St George's Nursing Home provides accommodation and nursing care for up to 44 people. The service is located in three period town houses across five storeys, with a day room and two dining areas in the basement. At the time of our inspection there were 20 people using the service. Some of the people living at the home were living with dementia.

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

Since our last inspection the registered manager had worked hard to make many improvements such as medicines management, reviewing care and support documentation, policies and procedures and the overall management of the service. However, there was some work which was still outstanding such as staff training, building and maintenances issues. There were lots of improvements in quality assurance and monitoring. On the whole staff and relatives spoke positively of the progress made so far and staff in particular felt more supported.

The home followed good infection control practices. It was clean and tidy; a refurbishment programme was underway. There was outstanding building work since the last inspection that still needed urgent attention. We saw evidence of the registered manager trying to address these issues. We made a recommendation to the provider regarding repairs.

Medicines were managed safely. People were protected from abuse and were treated with care and respect. The registered manager had introduced training for all staff, but many staff had not completed the mandatory training. The registered manager was reviewing how training would be delivered to staff going forward. People spoke well of the service and they enjoyed living at the home. Since the last inspection the home had no safeguarding concerns and staff understood how to keep people safe.

Since the last inspection the registered manager had recruited one staff member and this was conducted in a safe way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

We undertook this targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to regulations 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The last rating for this service was requires improvement published 22 December 2020 and there were multiple breaches of regulation for safe care and treatment, staffing and good governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been rated requires improvement for the last six consecutive inspections. We will meet with the provider and continue to work alongside the provider and the local authority to monitor ongoing progress.

### Why we inspected

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

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 George's nursing home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**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 Care Act 2014.

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 inspection was conducted 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 a 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 that 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. We used the information the provider sent us in the provider information return. 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

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the registered manager, nurses and care staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, supervision data, care plans and quality assurance records. We contacted five professionals who regularly visit the service, but we received no feedback. We spoke with four members of staff and three relatives.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices were followed. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- Recruitment practices were safe and there were appropriate systems for recruiting staff to make sure they were suitable for the positions. These included making checks on their suitability and employment history.
- Some staff commented that staffing was pressurised during the early days of the pandemic but all agreed there were enough staff to keep people safe. One staff member said, "There [are] adequate staffing levels in place."

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help protect people from the risk of harm. Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns. One staff member told us, "I discuss [concerns] with colleagues and we consider what it could be, we talk to the person but ultimately I report it to the registered manager."

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with people's medical conditions. Risk assessments contained guidance for minimising these risks. Care plans contained clear explanations of the control measures for staff to follow to keep people safe.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- During the inspection we saw completed and up to date service and maintenance certificates relating to electric, gas, hoisting equipment, fire and water systems.

### Using medicines safely

- People received their medicines safely and on time. However, some staff needed to have their annual competency check to ensure they were handling medicines safely. We saw evidence of the registered manager arranging a date for this training.

- Medicines were ordered, stored and administered safely. Body maps were used to record the positioning of pain-relieving patches and this was recorded on a separate Medicine Administration Record (MAR). This helped to ensure medicines were administered in line with the manufacturer's recommendations.
- Two people had their medicines administered covertly. The covert administration of medicines is when medicines are administered in a disguised form, usually in food and drink. The appropriate assessments had been completed and agreed by a GP and these were reviewed every 6 months.

#### Preventing and controlling infection

- The premises were clean and free from malodour. The registered manager met with domestic staff regularly and when we spoke to staff they were familiar with infection control policies.
- Staff, including agency staff were regularly tested for COVID-19 and the registered manager had developed a clear auditing process to ensure the home was following national guidelines.
- Staff and visitors were provided with suitable protective equipment (PPE) such as gloves and masks to help minimise the risk of spreading infections. PPE stations were available throughout the building.

#### Learning lessons when things go wrong

- The registered manager had a log for recording accidents, incidents and near misses. These were logged and incidents were audited. The registered manager was proactive about learning lessons and improving the service. We reviewed some incidents where clear action plans had been put in place. The registered manager had ensured when incidents occurred people received immediate treatment and their health and wellbeing was monitored. We could also see evidence of referrals being made to specialist healthcare professionals.
- Since the last inspection the registered manager had reviewed the handover process and handovers were used to discuss events and changes in people's needs. The registered manager felt this helped to keep care staff better informed.

## Is the service effective?

### Our findings

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at part of the key question.

Staff support: induction, training, skills and experience

- People were cared for by experienced staff members. We saw evidence of the staff receiving an induction. Since the last inspection the provider had continued to make improvements to training and development. Training was now online but this meant that not all staff were completing the training. For example, we identified gaps in six staff members training records. We did however see evidence the registered manager had explored training courses which could be delivered face to face. We will look at this when we next inspect.
- Some staff acknowledged they needed further training, comments included, "Oh yes we do need training" and "Training for the carers is starting soon, we have asked for [training] to be juggled to give more time as some people think they can do it on their shifts."

# 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 remained the same. 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 had failed to have appropriate processes for assessing and checking that people had the competence, skills and experience required to undertake the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- At the last inspection there had been serious concerns raised about a member of the management team and staff morale was very low. At this inspection, we found staff were generally more positive. Comments included, "There [have] been many changes, we are more like a team and we are free to ask management for help" and "We respect each other, and we get on with each other".
- Whilst improvements have been made and the service was no longer in breach of regulations, further improvements need to be made. For example, there was a schedule of repairs still outstanding. We saw evidence of the provider trying to address the repairs required. For example, there was one leak but we did see detailed evidence of work completed to try and find where the leak was coming from, but workmen were unable to find the source of the leak. This meant that one shower facility was not in use. There was another shower and bathroom facility that people could use and only two rooms on that floor were in use.
- The home is not purpose built and there needs to be further improvements to the environment to ensure it is safe, dementia friendly and suitable for the people living there.

We recommend the provider review their ongoing schedule of building works to ensure the building meets the needs of the people living within the home.

- At the last inspection staff told us the lift was not always working. At this inspection we found the lift to be in good working order. We saw evidence of the lift been serviced and a quote for a new lift to be installed.
- Staff reported at the last inspection that they did not get paid on time. We found at this inspection that staff were getting paid. Staff were being paid by cheques, but this was frustrating for some staff. One person said, " I would prefer to get paid by bank transfer. " We raised this with the registered manager and the

provider started to make improvements to the administration of staff salaries. We will look at this when we next inspect.

- Since the last inspection the registered manager had continued to develop effective processes to monitor the quality of the services. We saw evidence of monitoring and audits happening on a monthly basis.
- The registered manager is continuing to work with the local authority's quality improvements team to drive ongoing improvements at the home.
- There had been a review of policies and procedures to ensure staff understood their roles and responsibilities. Staff told us this meant they understood their roles and responsibilities.
- At the last inspection the registered manager was transferring all of the client files onto an online system. This work was near completion which means all care plans and daily support will be logged via an online system. The registered manager felt this would be positive and would continue to improve communication and monitoring.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overwhelmingly, staff told us there were improved methods of communication between staff and the management team. Staff felt better supported. However, there was mixed feedback regarding supervision as some staff felt they would like more formal supervision. We saw evidence of staff receiving supervisions in line with the providers policy.

We will look again at this when we next inspect.

- During the inspection we observed some caring interactions between staff and residents. People told us they were happy living at the home, one person said, "I feel blessed to live here and I call this the home of memories".

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 the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. For example, the registered manager was honest and open about the repairs that were still outstanding.

Working in partnership with others

- The registered manager had developed working relationships with local services including local health services such as district nurses and local GP's and we saw evidence of this within people's care plans.