

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 responsive?

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 to 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 21 people using the service.

People's experience of using this service

We received very positive feedback about many aspects of the service from people's relatives and visiting professionals. Remarks from people's relatives included, "I'm so grateful [person] is so well cared for" and "This is so much better than were they were before." A doctor said, "My patients have been happy, safe and kindly cared for."

The home has made many improvements since the last inspection and has a detailed action plan in place. Staff and relatives spoke positively of the progress made so far. However, we found breaches related to recruitment and the management of the service. Staff had not always been safely recruited and managed. We found that we had not been notified of everything that we should have been.

The home followed good infection control practices. It was clean and tidy although there were areas needing urgent repair. These works had been quoted but not completed at the time of inspection.

We received good or excellent feedback about the home and the care people were given. People spoke highly of the food and the new chef told us the home was meeting people's nutritional needs using good quality fresh food. The registered manager told us people were gaining weight and their health had improved because of the improvements to their diet.

People were safe and looked after by staff who cared for their wellbeing. The home had taken appropriate action in response to serious safeguarding incidents. Staff training in safeguarding had been refreshed and they told us they now better understood their responsibilities around whistleblowing when they had concerns about colleagues' practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 06 January 2020) and there were multiple breaches of regulations. The service remains rated requires improvement.

This service has been rated requires improvement for the last five consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 24 October 2019. 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 the areas of safe care and treatment, staff training and recruitment, good governance and person-centred care.

We undertook this focused 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 Key Questions which contain those requirements.

The inspection was prompted in part due to concerns received about the management of the home. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those Key Questions not fully looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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.

Enforcement

We have identified breaches in relation to staff recruitment and the management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 responsive?

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

The inspection was carried out by two inspectors.

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 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

We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on the 27th August and ended on the 08 October. We visited the home on 27th August and 11th September. We made calls to people and their relatives and staff between 16 September 2020 and 1 October 2020.

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. We spoke with the local authority commissioning team and reviewed the previous inspection report and action plan.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included three people's care plans, risk assessments and 11 people's medicines records. We looked at four staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included safeguarding investigations, records of incidents, accidents, complaints and concerns, audits and disciplinary records. Later we remotely reviewed care plans for five people.

We spoke with 13 members of staff and eight relatives. We received feedback from three health and social care professionals.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with the registered manager and gave our feedback on 12 October 2020.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Although there were safer recruitment procedures in place, these were still not always being followed. We reviewed the files of recent recruits including two care assistants and a nurse. None of them had a complete work history, and one person only had one reference. They had started work as allowed due to the pressures of Covid-19, but in the months since the lack of a second reference had not been addressed. The registered manager took action to rectify these deficiencies before the end of the inspection.

This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other safer recruitment checks had been completed, including Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks had also been completed to ensure that nursing registrations were up to date.

- Although there were usually enough staff to keep people safe, some relatives and staff reported concerns. Relatives said, "I don't think they always have enough people to have someone with them when they desperately need help drinking" and "The weekend is very different from the week. One staff member was managing the floor and reception." Several members of staff said that numbers were tight and that there were not enough permanent staff to cover annual leave and sickness absence. One staff member said, "Many of our staff work somewhere else; getting our own staff is difficult."

- The home had assessed the use of agency staff during the pandemic and told us they had taken steps to reduce the risks. The registered manager confirmed that covering staff were from a pool of regular agency staff and had been individually risk assessed. Agency staff we spoke with understood the risks they presented and their personal responsibilities.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that people were protected from the risk of pressure sores. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were protected from pressure sores. At the last inspection, it was noted that people had suitably detailed risk assessments and staff knowledge of pressure area care was good, but that repositioning charts were not being completed. At this inspection, we found that staff were now completing repositioning charts. Risk assessments continued to be completed in a suitable level of detail and staff still had good knowledge, with several particularly mentioning pressure area care and skin integrity as a strength of the home.

At our last inspection the provider had failed to ensure that risks from hot water had been fully assessed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. These now included regular checks of water temperature. There were regular fire drills and alarm tests, and appropriate records of these were kept. The alarm system and fire extinguishers were regularly serviced. Records were up to date and were reviewed regularly by the registered manager.

- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone. The support they required to evacuate the building safely in the event of an emergency was recorded and these were reviewed regularly. This information was stored in the home's 'fire box' so it would be available to the fire brigade.

- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. There were regular fire drills and alarm tests, and appropriate records of these were kept. The alarm system and fire extinguishers were regularly serviced. Records were up to date and were reviewed regularly by the registered manager.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, the home had thoroughly reviewed and updated its management of medicines. Many aspects, such as auditing, had been taken over by the nurses who worked at night, as they had more time. Nursing staff spoke enthusiastically about the improvements made and the new procedures to ensure safe management of medicines. A doctor praised the home's management of a person's "complicated" medicines.

- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There were instructions for medicines taken 'as required' and homely remedies.

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were

ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and told us they adhered to them.
- Medicine administration records (MAR) were completed correctly each time a person was supported. Occasional recording errors identified when auditing were followed up appropriately. There was a "no blame" culture to encourage reporting of mistakes. A nurse said, "We never make anyone feel like they have failed... but we are accountable for our actions."
- The home had suitable policies and procedures in place for the storage and management of controlled drugs, and these were being adhered to.

Learning lessons when things go wrong

At our last inspection the provider had not always learned lessons when things went wrong. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Processes were in place to record any accidents or incidents and learn from them. Appropriate action had been taken and learning was shared with staff appropriately, for example in staff meetings and supervisions. The registered manager kept a spreadsheet of accidents and incidents and reviewed it regularly.

Preventing and controlling infection

- The home was clean and smelled fresh. However, there were specific areas where the property required repair or maintenance which the home had been unable to complete. For example, one of two bathrooms on the third floor was not in use and there was a leak from another toilet. Not every bathroom had a functional lock. The registered manager told us that delays to major repairs were largely caused by lockdown, and by the end of the inspection confirmed these were now being quoted and booked.
- The home had infection control policies and procedures in place, and staff were adhering to them. There were regular audits, and reminders and updates to the protocols were discussed at handovers. Relatives told us, "The thing that has most impressed me is how they have dealt with Covid" and "They should get a super excellent review, they kept all their patients safe from Covid."

Systems and processes to safeguard people from the risk of abuse

- The provider had taken appropriate action in response to allegations of abuse. When allegations of abuse were made action was taken to ensure people's ongoing safety. The registered manager was proactive in keeping the CQC informed of investigations and outcomes. Action had been taken including the speedy dismissal of staff and referring them to the DBS for potential barring.
- The home had safeguarding policies and procedures in place. Detailed records were kept of safeguarding concerns. Staff knew how to raise concerns if they had them, and how to escalate them to the local authority and CQC if they needed to. We saw that the home had appropriately raised concerns about a person who was at risk of financial abuse. A professional said, "[Registered manager] takes safeguarding issues seriously."

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 the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff were properly trained and had regular supervision and appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, there had been significant improvements made to staff training and development. Lockdown had previously impacted the availability of training, but at the time of inspection the service was using online, video and in-house training. All members of staff had completed or were in the process of completing refresher or induction training. Essential safeguarding training had been completed following the incidents earlier in the year.
- Many of the staff we spoke with were enthusiastic about the recent training, although some expressed frustration that they still felt under-trained. Senior staff involved in training and supervision described their ideas for further improvements, and said they felt confident approaching the registered manager with such suggestions. One nurse said, "We want to push them to the next level."

Is the service responsive?

Our findings

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

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 the part of the key question we have specific concerns about.

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

At our last inspection the provider had failed to ensure that people's needs and preferences were properly documented in an accessible, person-centred care plan. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was in the process of overhauling its care planning systems. They were switching from a paper-based system to an electronic version of the same system. Staff were excited by the introduction of new system and those who were involved in the implementation spoke very positively. One said, "We are excited about it and want to get that old paperwork behind us."
- The care plans produced on the new system were suitably detailed and more person-centred than before. One person had written their own with minimal support from staff taking their dictation. Where people were not as able to describe their needs, the home had begun to approach relatives and representatives. Relatives told us, "They call for reviews of medication and things like that" and "We've been more involved than before."
- Where the old format care plans were still in use, some lacked detail or were inconsistent. For example, one had inconsistent information about the support the person needed with mobility. Another had incomplete sections relating to activities. The registered manager was aware of the ongoing issues with care plans and had prioritised the most urgent for the new system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection, it was found that people's care plans were not available in accessible formats, such as large print. The electronic care planning system which the home has begun to use can produce accessible care plans.

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

- Serious concerns have been raised about the competency and conduct of a member of the management team, not involved in people's care, by whistle-blowers, many staff and relatives. Staff morale has been significantly affected, and a negative impact on the performance of the home was reported even by staff who were otherwise very happy in their role. For example, most staff had had issues with their wages and pensions in the past year. This was significantly affecting staff morale and retention, impacting people's continuity of care.
- There was a repeated failure to ensure that care and nursing staff had been recruited in line with the regulations. This has been noted as an issue at the last four inspections.

Failure to have appropriate processes for assessing and checking that people have the competence, skills and experience required to undertake the role and failure to follow robust systems to respond to concerns about a person's fitness is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although feedback from relatives about the care was generally good, concerns were raised by some staff and relatives that this was not consistent, and that the quality of care varied between staff. Individual staff were highly praised. Relatives told us, "There's one carer there called [name], she's fantastic... I notice the difference when she is there" and "[Name] is just really good with [relative]." However, we also received negative feedback about specific staff members including, "[Name] is indifferent."
- Staff did not feel consistently supported by the management of the home. For example, many staff reported that the registered manager spent most of her day in the office and did not do daily rounds, but the perception of this varied between staff. Comments we received included "Even though she is in the office she knows exactly what is going on with the residents" and "It feels like she doesn't care, she needs to come and check on the residents."
- Care staff we spoke with understood their roles and responsibilities. They told us they adhered to good practice and the home's procedures when providing care. For example, they were proud that they had kept the home Covid-free and felt this was a reflection of their good practice. A relative said, "The thing that has most impressed me is how they have dealt with Covid."

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 home had failed to notify us of occasions when their lift, which serves all four floors of the building and the basement, was out of service. This included a period of four days not long before our inspection. This caused significant inconvenience to staff and people. For example, staff had to take meals on trays to people using the stairs. This failure of the lift would have been particularly inconvenient for people on the third floor, where one bathroom was out of order, as it meant they had no option but to wait for the one bathroom on their floor. Further, this was a potential risk to people who could not otherwise leave the home, for example, should they need to be taken elsewhere for medical attention during a time of lift failure. Staff said, "It was really hard for us."

Failure to notify us of events which could prevent the home's ability to safely care for people is a breach of Regulation 18 the Care Quality Commission (Registration) Regulations 2009 (Part 4). CQC is considering what further action they need to take against the provider for a failure to send notifications in a timely manner.

- The registered manager had otherwise communicated with the CQC on a proactive and regular basis, and sent all other required notifications. This included promptly notifying us of allegations of abuse or neglect.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) 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 our last inspection, we found that audits had not always been completed or were not effective. Since then, the home has reviewed its auditing procedures and we could see that these were now more effective. For example, responsibility for managing audits of medicines had been given to the nurses who worked the night shift, as they had more time. We could see that issues had been identified during audits and followed up appropriately.

- The registered manager has worked with the local authority commissioning team to draw up a detailed action plan. Although some work was slowed by lockdown, improvements have been made. We received regular updates as to the progress made and on inspection, found progress in to be generally as expected. The home was no longer in breach of regulations 9, 12, 17 or 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Several staff spoke positively and passionately about the recent improvements in the home, including members of staff who had worked there for many years. They told us, "We do the best for our residents... there are better attitudes and communication, especially speaking for the night staff, we have a good team" and "It's amazing for us to be moving with the times and doing something modern." Relatives had noticed progress too. One told us, "[Registered manager] seems to have modernised the processes and made it more efficient. She's very approachable, comes across as in control and knows what she is doing."

- Although the home was going through a transition period, most of the feedback we received from relatives and professionals was very positive and people we saw during the inspection were well-kempt and engaged in activities that were meaningful to them. Staff were clear they tried to not let any concerns affect the care they gave people. One said, "It has its ups and downs, but our main priority is the residents."

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

- It was difficult to get a consistent picture of the home's culture. Many staff reported feeling happy in their work and felt the culture was good or improving. However, feelings varied and several reported feeling unhappy and concerned about the future. Remarks we received from staff included, "There was a bit of bullying, but we put a stop to it", "I've wanted to leave for some time" and "I know there has been confrontations...I just try and keep out of it."
- Relatives gave us generally good or excellent feedback, even if they had specific concerns. Remarks included, "To say the care he is getting in St George's is excellent is putting it mildly" and "We can't fault them at all, they've always been very good." Many people were living with quite advanced dementia and feedback from relatives often indicated that people who had not been happy or thriving at home were content and well-supported at the home.

Working in partnership with others

- The home worked closely with their GP and other health and care professionals. We received very positive feedback, including, "[Person's] admission has exceeded all expectations... now settled, he is eating and regaining strength and optimism. Patients have been very well cared for" and "I find staff are helpful... both my clients are happy." A relative told us, "They have a good doctor who comes every couple of weeks and reviews things." The home had maintained contact with other professionals during lockdown by using video calling.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that persons employed were of good character and had the competence and skills necessary for their work. The information specified in Schedule 13 was not available. Recruitment procedures were not established and operated effectively. The provider had failed to follow robust systems to respond to concerns about a person's fitness. 19(1)(a)(b), 19(2), 19(3), 19(5)(a).</p>

The enforcement action we took:

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