

Kirklands Care Limited

St George's Residential Care Home

Inspection report

St. Georges Road
Millom
LA18 4JE

Tel: 01229773959

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

St George's Residential Home is a residential care home providing personal care to 32 people aged 65 and over and people living with dementia at the time of the inspection. The service can support up to 41 people. The home is an older, listed property that has been extended and adapted to provide accommodation in mainly single rooms. The double rooms in the home are currently single occupancy. There are suitable shared areas in the home and one unit is specifically for people living with dementia. The home has an enclosed garden where people can safely enjoy the outside space.

The home is situated in Millom, has parking space and is a short distance from the railways station and the other amenities of this small town.

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

People were protected from harm and abuse because there were suitable systems in place and staff had the right kind of training, skills and knowledge.

Risks to people were thoroughly assessed and managed. Risks related to the building and to systems, like those concerning infection control and building maintenance, were regularly assessed and managed. Good systems were in place for the management of medicines and staff had received recent training in the new electronic management and administration system. Staff recruitment was correctly managed with all checks completed before staff had contact with people.

Infection control was well managed during the pandemic because the registered manager had reviewed the systems and training before the first lockdown. There had been no cases of Covid-19 in the service.

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.

Staff were suitably inducted, trained and skilled to support people's needs. Staff worked with health and social care providers so that people had very good levels of care.

Staff ensured people had access to health care support and were given nutritious meals. The deputy and the chef were trained in supporting people with nutrition.

The home had been established for many years and the new provider was aware that some areas needed refurbishment. A detailed, stepped plan was in place to improve the environment and we saw the changes that had occurred. This included 'dementia friendly' environments for people living with this impairment.

We observed kind and caring exchanges between staff and people in the home. The atmosphere was relaxed and people told us the staff were kind and caring. People were treated with respect and helped to

maintain dignity and privacy. People were supported to be as independent as possible. We met assertive people who were able to express their views and told us they were not worried about complaining if things were not to their liking.

People's care was suitably assessed and planned. Care plans were detailed and covered needs and wishes. Personal care was given in the way people wished. Where people had communication needs the staff received training and followed the guidance in care plans.

The registered manager had ensured that relatives and friends could visit in a safe way and people told us they were helped to maintain relationships during the pandemic. Several people told us about using things like Facetime and mobile phones.

Staff had received training on end-of life care and the team worked well with G.Ps and nurses to support people at the end of life.

The new provider was fully involved in monitoring quality and improving the service. Company directors visited regularly and worked closely with the registered manager to ensure the service was delivering care and services appropriately.

The registered manager was suitably qualified and experienced, as was her deputy. The registered manager and the deputy manager were supported by an administrator and together these three senior staff members were driving the programme of improvement and maintaining quality. Senior care staff, care staff and ancillary staff were working towards common goals and values. This was a highly motivated and enthusiastic team who put people first.

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

This service was registered with a new provider on 01/07/2019 and this is the first inspection since this change.

The last rating for the service under the previous provider was good, published on 1701.2017.

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St George's Residential Care 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 one inspector.

Service and service type

St George's Residential 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 walked around the building and observed people in their own home environment. We spoke with seven people in groups and individually.

We met with the registered manager, the nominated individual for the company and another director of the company. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the deputy manager and two senior care staff. We spoke with two domestic staff, three care assistants, the chef and a maintenance person.

We read seven care files, including four care plans that we looked at in depth. We checked on medicines managed by the service, we looked at infection prevention and control measures, we visited the kitchen and checked on catering arrangements.

We had sight of audits related to fire safety, food safety, hygiene, medicines, care delivery and general risk assessments. We had copies of four weeks rosters. We looked at two staff files and were sent a record of training for all staff. We also saw some policy and procedure documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records covering various aspects of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of harm and abuse. The provider had suitable policies and procedures.
- People told us they felt safe and they trusted the staff team.
- Staff understood their responsibilities in relation to safeguarding. The senior staff understood how to make safeguarding referrals. Staff told us, "I would alert the manager [or the provider or the local authority] if I thought a resident was being abused."

Assessing risk, safety monitoring and management

- The provider and the registered manager ensured that good risk assessment and risk management were in place.
- Thorough assessments were in place for each person and these ensured care plans met people's needs and risks. Assessments were completed before and after admission so the team knew they could meet assessed risks and needs.
- Staff told us they routinely re-assessed general risk assessments for the service and we saw meeting minutes where risk management was discussed. For example, there had been discussions around Covid -19 arrangements and maintenance and refurbishment of the environment.

Staffing and recruitment

- Good systems were in place to ensure staffing matters were appropriately managed.
- Staff confirmed they were appropriately recruited and we saw staff files with details showing that all the necessary checks were completed before new staff had any contact with vulnerable adults.
- We saw evidence to prove that if staff were not fulfilling their job role, the appropriate steps were taken. This included disciplinary actions.

Using medicines safely

- Suitable systems were in place to ensure the safe management of medicines.
- The home had recently adopted a new system for administration of medicines. This electronic system ensured that people received the correct medicine at the dosage and time prescribed. There had been no drug errors in the home. There were regular audits of the system.
- We observed staff administering medicines appropriately. One person needed a drug at a specific time and this was administered in a timely fashion. No one received sedative drugs unless they were prescribed by a consultant. People told us they had their medicines when they needed.

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

Learning lessons when things go wrong

- The provider and the registered manager analysed any incidents or accidents appropriately and made the necessary changes.
- The registered manager told us there had been a minor outbreak of a sickness bug prior to the start of the pandemic and they had reviewed their infection prevention and control measures. This meant that they had learned lessons that stood them in good stead for the pandemic. They had not had a Covid-19 outbreak.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service ensured that people's needs and choices were assessed and their care planned for appropriately.
- Care records showed that thorough assessment of needs and wishes were carried out before admission and during each person's stay in the home.
- The senior team were keen to develop a more detailed dementia care strategy and were looking at best practice and guidance from a number of sources.

Staff support: induction, training, skills and experience

- Staff were inducted, trained and supported. The team had suitable skills and experience.
- Staff records showed staff were suitably inducted and given training. Staff had received virtual training during the pandemic and senior staff had delivered some face-to-face training in the home, with more planned using external trainers.
- We spoke with staff who were well trained and experienced. They displayed good levels of knowledge and skills. People trusted them to be suitably trained. One person said, "The staff know their job."

Supporting people to eat and drink enough to maintain a balanced diet

- People had good levels of nutrition and hydration.
- The head chef and the deputy manager met at least once a month to consider the needs of people in the home. They devised menus after consultation with people and individual preferences and needs were met.
- People told us they enjoyed their meals and snacks, "Very nice and plenty of choice." People who found it difficult to get enough nutrition were given nutritious snacks and had both food and drinks fortified, where necessary.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with health and social care providers.
- A social worker told us, "I have not had opportunity over the past year to go into the home due to Covid-19 restrictions, however in line with lifting of restrictions, St George's have enabled me to facilitate face to face reviews safely."

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

- People had a comfortable home that met their needs.
- Some areas of the home were a little tired looking. The registered provider was fully aware of the issues in the environment. We saw details of projected refurbishment and costings. The refurbishments were being

done in a stepped way to cause the least disruption to people's lives.

- The provider had redecorated the dementia care lounge and hallways. Dementia friendly details were being included into the décor. New flooring had been laid with more planned. Windows were being replaced or repaired. The lift had been renovated. The garden was safe and being enhanced to include a sensory area. A person living with dementia told us, "I enjoy pottering in the garden and our house has just been painted."

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to enhance their health and well being.
- Care files showed that staff helped people to access health care support. This included services like chiropody, dentistry and optical services. The staff had worked very well with health care providers through the lock downs to risk assess people's health needs. They had a good relationship with local primary medical services.
- People told us they were given "Good food...helps you stay well" and were supported to join in exercises or go for short walks. A social worker told us their client, "Was not only extremely positive of the support provided by St George's, but also in time regained much of their physical health and mobility with appropriate 24 hour support."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was fully aware of her responsibilities under the legislation.
- The team had assessed people's needs and had arranged 'best interest' reviews to assist people to make decisions. We observed staff helping people make their own day-to-day decisions, even when they were living with dementia. People were asked for consent and, where possible, signed that they consented to interventions.
- The team had identified people who, due to their mental health needs, were deprived of their liberty in order to keep them safe and well. The registered manager had ensured that Deprivation of Liberty authorities were requested and reviewed as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Equality and diversity were given due consideration and people were well treated and supported.
- Staff received training on values and on individual rights and were able to talk about these.
- People told us, "We are treated well here. I have no complaints" and "We are quite happy". We observed relaxed and respectful interactions with staff. Staff used humour and affection appropriately. People responded well to the registered manager and her team.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express themselves and were involved in decision making.
- We met assertive people who were able to discuss the experience of living in the home. They told us they were consulted and their views taken into consideration.
- People were consulted on menus, activities and the environment. Individuals were involved in their care planning wherever possible. When people were living with dementia families were appropriately involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and independence were promoted and respected.
- We observed staff supporting people in a dignified way and privacy was respected. Care notes were written in a respectful way. We met people who were able to live a dignified life despite physical frailty, ill-health or dementia.
- People were encouraged to be as independent as possible and to carry on with interests and activities. Several people still worked in the garden. People had put on weight, improved their mobility and overcome health problems because staff had supported and encouraged them. Care records showed that staff focussed on ability as well as needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Individual care was suitably planned to ensure people's needs and choices were met.
- Care plans were detailed and guided staff on how to meet people's needs and preferences. People living with dementia were supported by means of orientation, distraction and reassurance.
- People looked settled and well cared for. Their personal care needs were met in their preferred ways. People told us, "The staff are very good and I get the care I need." Staff could speak about people's individual needs and preferences. Staff responded to personal care needs swiftly.

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.

- People's communication needs were well met in the service.
- People living with dementia had details in their care plans that guided staff on their communication needs. The team were developing new approaches to give the best support possible, using pictures and electronic systems that would help with re-orientation.
- Staff were able to work with people with hearing loss and could access support if people needed to use sign language to communicate.

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

- People were supported to maintain and develop new relationships and engage in activities.
- People were, we observed, very sociable in the home and had obviously made and maintained friendships. The staff were supporting them to meet their relatives in as safe a way as possible. There was a visiting pod and relatives could also visit in the home after being tested for Covid-19 and given PPE. People told us they had been helped to use things like Face time, letters and telephone contact to maintain relationships.
- People told us they had still had entertainers during lockdown. "They were outside and we were in!" The home had plenty of craft equipment and games. Staff organised quizzes, exercises and pamper sessions. The home had a 'magic table' that allowed people to play interactive games, go on virtual journeys and to join in musical activities.

Improving care quality in response to complaints or concerns

- Concerns and complaints were dealt with appropriately.

- The registered provider had a suitable policy and procedure related to the management of concerns and complaints. The registered manager dealt with most complaints but, where necessary, the registered provider would lead investigations.
- People said they didn't need to complain but felt comfortable about talking with senior staff if they had concerns.

End of life care and support

- End of life care was appropriately managed.
- Staff had completed training on end of life care. Staff we spoke with said they worked well with the local doctors and nurses so they could care for people in their own home until the end of life.
- Care records, thank you notes and medicines records showed that people were kept as comfortable as possible and that their end of life wishes were taken into account.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a person-centred, open and empowering culture.
- People were able to speak up and were relaxed and happy in the home. They told us, "It's all good here", and "It's a happy place and I feel at home."
- The registered manager was positive, highly motivated and led the team by example. The staff we met were positive and enthusiastic about their work. Individual needs and wishes were given full consideration. Staff spoke about how they had supported each other and stayed positive. "We kept going and made sure the residents were Ok despite the lockdowns."

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 provider and the registered manager ensured that an open approach was taken when things went wrong
- People told us the team were open with them and they were kept well informed. One person said, "I feel we are kept well informed...nothing hidden."
- We saw references to the duty of candour in care files and staff values' training.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team were clear about roles and responsibilities and worked together to lessen risk and give good quality care.
- The registered manager was suitably qualified and experienced. She was fully aware of the legislation and could interpret it in the day to day management of the home. She was supported by a senior team and by the provider. The directors of the company visited regularly and came to the home on the day of the inspection to discuss their future plans.
- The home had a quality assurance system. This included completing audits, analysing questionnaires, holding meetings and listening to individual views. The provider and the registered manager used these to develop future plans for the home.

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

- People, their relatives, staff and other interested parties were engaged and involved with the life of the home.

- People were asked about their care needs and their wishes. This was done through daily contact, formal reviews and the 'resident of the day' system. This meant that people were asked about their choices and their needs considered. Relatives and professionals were also consulted, where appropriate.
- Staff told us that they had good support from individuals and community groups. This had continued in a safe way during the pandemic and plans were in place to start to engage with schools and community groups again once the risk was lessened. A social worker said, "St George's work to support their residents to engage positively in their community."

Continuous learning and improving care

- The staff team worked to improve care by continuous learning and review of the way the service operated.
- The providers visited the home on a regular basis and spent time in discussion with the senior team about how to improve the delivery of care and services. People told us, "The new people have made a difference...decorating and new furniture. We have always had good care but the staff seem happier."
- The registered provider had ensured that assessment, care planning and the management of medicines would become more efficient by investing in electronic systems. These ensured that care delivery was as safe as possible. The team were also doing research on caring for people living with dementia and were introducing new ways of working.

Working in partnership with others

- The home had good relationships with health and social care providers and other local services.
- The staff team worked well with the local health teams and liaised with hospitals.
- A social worker told us, "I have always been impressed by the service provided by St George's care home and have continued to have positive feedback from residents and their families who have moved into St George's".