

Newton Chinneck Limited

St George's Nursing Home - Royston

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

This inspection took place on 14 February 2018 and was unannounced.

St George's Nursing Home - Royston accommodates up to 24 people in a traditional 'Town House'. People are accommodated in a range of single and sharing rooms. St George's Nursing Home - Royston 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 registered manager. 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.

At our last inspection in January 2016 we had rated the service as good. At this inspection we continued to rate the service as good however, we found that some improvement was required in relation to the management of people's medicines. We shared our concerns with the management team who put further checks and monitoring in place to help support safe practice in this area.

People told us that they felt safe living at St George's Nursing Home. Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Staff helped people to move safely using appropriate moving and handling techniques. People, their relatives and staff all told us that there were enough staff available to meet their needs. Safe and effective recruitment practices were followed to help ensure that all staff were of good character and suitable for the roles they performed at the service. The provider had worked closely with the Hertfordshire Fire and Rescue Service to help ensure people's safety was promoted. The provider had systems in place to help promote infection control.

People and their relatives told us that the care and support provided was effective and appropriate to meet people's needs. Staff received training and supervision to support them to be able to care for people safely. The service was working within the principles of the Mental Capacity Act 2005 (MCA). All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. People were provided with a good choice of food. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. People's health needs were met in a timely way and they had access to health care and social care professionals when necessary.

People, and their relatives, told us they were happy with the staff that provided their care. Staff respected people's dignity and supported people in the way they wished whilst enabling them to remain as

independent as possible. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. Staff had developed positive and caring relationships with people they clearly knew well. People's care records were stored in a lockable office in order to promote their dignity and confidentiality. Visitors were encouraged at any time.

People and their relatives where appropriate had been involved in developing people's care plans which were reviewed regularly to help ensure they continued to meet people's needs. Staff were knowledgeable about people's preferred routines, likes and dislikes, and used this to good effect in providing them with personalised care and support. Regular meetings were held to support people and their relatives to give feedback about the service and facilities provided at St Georges Nursing Home. There were a variety of activities provided for people who used the service. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. A number of compliments had been made about the service provided for people who lived at St George's Nursing Home.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. Relatives of people who used the service told us they felt the home was well managed. Staff told us that the management team was approachable and that they could talk to them at any time. There were a range of checks undertaken routinely to help ensure that the service was safe. The provider played an integral role within the daily running of the home supporting an experienced management team.

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.

Some improvement was necessary to help ensure people's medicines were managed in accordance with the prescriber's instructions. However, people's relatives told us that people received good personalised support with their medicines.

People told us that they felt safe living at St George's Nursing Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified, were assessed and reviewed regularly to take account of people's changing needs and circumstances.

People, their relatives and staff all told us that there were enough staff available to meet their needs.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character and suitable for the roles they performed at the service.

The provider had systems in place to help protect people from the spread of infection.

Requires Improvement ●

Is the service effective?

The service is effective.

People and their relatives told us that the care and support provided was appropriate to meet people's needs.

Staff received training and supervision to support them to be able to care for people safely.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). All staff had completed relevant training and understood their role in protecting people's rights in

Good ●

accordance with this legislation.

People were provided with a good choice of food. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration.

People's health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People, and their relatives, told us they were happy with the staff that provided their care.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming.

People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's daily routines were arranged around their individual wishes and needs.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at St Georges Nursing Home.

There were a variety of activities provided for people who used

the service.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

The service was well-led.

Relatives of people who used the service told us they felt the home was well managed.

Staff told us that the management team was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The provider played an integral role within the daily running of the home supporting an experienced management team.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives, the feedback from these were used to drive forward the quality of the service provided.

Good ●

St George's Nursing Home - Royston

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.

This inspection took place on 14 February 2018 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 07 December 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, four staff members, the training manager, the registered manager and two directors. We spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives. Subsequent to the inspection site visit we received feedback about the care and support provided for people from three further relatives.

We received feedback from local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to

people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

Medicines were not always managed in accordance with the prescriber's instructions. We observed staff working safely in the administration of medicines. We saw that there was a staff signature list and protocols in place for medicines prescribed on an 'as needed' basis. Relatives told us that they felt people received good support with their medicines. One relative told us, "[Person] always receives their medicines safely. Most of them are in liquid form because [person] has difficulty swallowing tablets. They measure it into the medicine pot but carefully put it onto a spoon for [person] to take as they find this easier." Another relative said, "[Person's] medications are adjusted as needs be, i.e. transdermal patches due to an increasing difficulty with swallowing." This showed that people received personalised support with their medicines. However, we checked a random sample of medicines and found that some quantities of tablets did not tally with records of medicines received into the home and administered. For example, there were more than expected which could indicate that people may have not received doses of medicines or less than expected which could indicate that people had received a higher dose of medicine than was prescribed. There were some gaps in recording in the medicine administration records (MAR) which meant that we could not be confident if people had received medicines or declined to take their medicines.

We shared our findings with the registered manager and provider. Following the inspection we received evidence that an audit had been undertaken by a member of the senior management team who had reviewed ways in which the management of medicines had been audited in the past year, what issues had been identified and how these issues had been addressed. The audit also looked at how the nursing team had been supported and monitored regarding their role in the management of medicines, how training and development needs for nurses had been identified as well as the management of medicines for a person who used the service where medicine management errors had been identified as part of our inspection.

This process identified that the monthly medicines audit had not been effective in addressing some recurring shortfalls in medicines management. The actions the provider put in place to address this included a weekly audit concentrating on the individual containers of medicines and compliance with procedure, such as completing the MAR charts. Actions also included a programme of formal observations of nurses' medicine administration practice and for the registered manager to check the medicines records for each person within 48hrs of their admission to the home. This showed that the provider had taken the concerns seriously and put appropriate actions in place to safeguard the people who used the service.

The home had a sluice room on each floor where used disposables such as incontinence pads and bed pans were dealt with, and reusable products were cleaned and disinfected. These facilities were not lockable which could pose a potential risk to people's safety especially where people who use the service may live with dementia. There was no signage in place to restrict entry to staff only, to help prevent people from being exposed to any potential risks within this area. Discussion was held with the provider and registered manager about having restricted access for staff only, such as lockable doors with a lock or key pad. The provider felt that locks on these areas could hamper staff access especially when they had their hands full and said they had not experienced any concerns to date. However, they agreed to discuss the situation with their staff team and to explore possible solutions for the benefit of the safety and wellbeing of the people

who used the service. Following the inspection we received a copy of the provider's risk assessment to confirm that they had considered potential risk to people who used the service. The risk assessment was robust and considered the potential consequences for both people who used the service and the staff team. The provider concluded that locking the door would prevent unauthorised access to the sluice room but would add further hazards. The risk to people's safety and wellbeing was considered small however, the provider put actions in place to further reduce the risk such as provision of warning signage on the sluice room door and to undertake individual assessment of people who are ambulant and exhibit high degrees of confusion and put appropriate measures in place.

People told us that they felt safe living at St George's Nursing Home. A relative of a person who used the service told us, "[Person] is undoubtedly safe there. [Person] is much more relaxed because they (staff) have found the best way to look after them. They let [person] do what they want when they want and that works well." Another relative told us, "We feel that [person] is totally safe in their environment. When visiting, security is quietly and competently adhered to. I have observed on my visits that the fire alarms are also regularly tested. [Person] is regularly checked on throughout the day and also at night."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from a wheelchair to an armchair in the communal lounge area. The staff members reassured and talked with the person all the way through the procedure.

People who had been assessed as requiring bedrails on their beds to protect them from falling had protective covers over the rails to reduce the risk of entrapment. We checked pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. A staff member told us, "There are enough staff, we don't struggle. When we do use agency staff it is always someone that has been here before and knows the residents."

Safe and effective recruitment practices were followed to help ensure that all staff were of good character

and suitable for the roles they performed at the service. We checked the recruitment records of two recently recruited staff members and found that all the required documentation was in place including two written references and criminal record checks.

The provider had worked closely with the Hertfordshire Fire and Rescue Service to help ensure people's safety was promoted. There were regular checks of fire safety equipment and fire drills were completed. We also saw a night procedure that had been put in place by the provider whereby staff undertook two hourly walks around the home to check that people's TVs had not been left on or that fabric items such as curtains or linen were not touching lamps. Additionally staff had been informed that the tumble dryer was not to be used at night as this could also be a potential fire hazard. The provider also ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons and discarded them appropriately. The home was clean and fresh on the day of our inspection and the service had achieved five star rating for the hygiene and practices in the kitchen and for the management of food safety.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at St George's Nursing Home was appropriate to meet people's needs. One relative said, "We can only say, that once [Person] came to St George's they regained their old spirit." They went on to tell us, "We believe it speaks volumes for the time that the staff take to keep their residents healthy."

A recent review logged on the provider's website indicated that the care people received was appropriate to meet their need. The review stated, "Our [relative] came to St George's after being in a failing home where they had lost a lot of weight. [Person's] spirits perked up very quickly after the move from hospital (the staff are exceptional) and they soon started eating again, despite having been judged "end of life". The managers and staff are very much on the ball. All in all a very reassuring place. Cannot recommend it enough."

Staff received training to support them to be able to care for people safely. The training manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and to support people living with Parkinson's disease.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member told us, "Good support, both personally as well as work wise."

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. The application procedures for this in care homes and hospitals are 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about

capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People were provided with a good choice of food and they were supported to choose where they wanted to eat their meals. We noted that most people opted to eat their lunch in their own room and some chose to eat in the communal lounge/dining area. People received the support they needed to eat a balanced diet. For example, we heard a staff member ask if a person wanted assistance with cutting up their food. The person agreed that they did so the staff member cheerfully assisted. Another person was clearly reluctant to eat their lunch, the staff member asked them if they liked the meal. The person indicated that they did not so staff asked if they fancied an alternative. The person indicated that they want something else and the staff member went to the kitchen immediately and came back with the person's favoured food. This showed that people's likes and dislikes were known and understood by the staff team and that they were encouraged to eat to maintain their health and wellbeing.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. The activities co-ordinator told us of themed activities that took place to help encourage people's calorie intake. For example, on the day of this inspection a Valentine Tea was provided including chocolate and cakes.

People's health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. One relative said, "[Person's] wellbeing and safety, is we feel, first and foremost in the minds of all the staff. There is never any hesitation in calling for the doctor should it be considered necessary."

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "They understand her, love her and respect her." The relative told us that it is the little things that staff did that gave them this feeling. For example they said, "The great grandchildren made [person] a calendar and whenever we go in at the beginning of a new month the calendar is turned over for them to see the next picture." Another relative told us that the entire staff team at St George's were kind and caring. They said, "I have never met a group of more caring and qualified staff than those at St George's. They will go above and beyond to make sure that [person] is taken care of, as if they were their own."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices such as where they wished to spend their time and what they wished to eat and drink.

The environment throughout the home was warm and welcoming. People were accommodated in a range of single and sharing bedrooms. Privacy was supported in shared bedrooms by use of curtain screens that could be pulled around people's bed areas when receiving personal care, dressing or just wishing to be private. People's individual spaces were personalised with many items that had been brought in from their home such as cushions and pictures. We asked people and their relatives for their experiences of the shared bedrooms. A person who used the service indicated that it was their choice and they quite enjoyed the company. A relative of a person who used the service told us, "Initially I was concerned about my relative sharing a room but have come to the conclusion that this is potentially therapeutic, put it this way there are as many benefits as there are hindrances."

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, a person became agitated and staff recognised this and asked them if they were uncomfortable. The person nodded to indicate that they were uncomfortable so staff supported the person to stand up to relieve the pressure and helped to reposition them in the chair comfortably.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

Assessments and care plans relating to people's physical health needs were clear and detailed. These included a malnutrition tool, oral health assessment, diet and nutrition assessment, skin integrity assessment and moving and handling risk assessments. However, personal hygiene care plans were not always sufficiently detailed to be able to guide staff to provide people with person centred support. For example, a person's care plan for washing and skin hygiene stated, "I need full support for all washing." This did not provide staff with the instruction they needed to provide consistent care to meet the person's individual needs. Staff told us they learnt about people's specific needs and wishes from the people themselves and other staff members. We discussed this with the registered manager who acknowledged that the care plans lacked clear instruction and agreed to review all care plans for personal care to include more person centred information.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. For example, one person's end of life care plan stated that they wanted to remain at St George's Nursing Home and wished to have their family by their side.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People's relatives told us that people's daily routines were arranged around their individual wishes and needs. For example, one relative told us, "At St George's they supplied [person] with a light touch button (to summon staff assistance) but very rarely have they had to use it. [Person's] ability to speak has been taken from them, however the carers are so in tune with [person's] vocalisations and body language, that their needs are very quickly taken care of."

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at St Georges Nursing Home. We saw that people were provided with feedback on actions taken as a result of issues raised in these meetings. For example, the minutes of a meeting held in January 2018 referred to a previously raised problem with pigeons that had been effectively sorted out. The minutes stated, "We are using a repellent that deters but doesn't harm the pigeons." The minutes also updated everyone on changes within the staff team. This showed that people were able to positively influence the service they received.

There were a variety of activities provided for people who used the service. Minutes of a recent residents meeting showed that children from local schools had been encouraged to come and sing for the residents, pub lunches had been arranged, the local Rotary club had been involved in decorating the home for

Christmas, Burns night celebrations had been staged and trips out to local places of interest had taken place. Future activities planned included gardening in the spring, football themed activities for the world cup in the summer and a sweepstake for the colour of outfit chosen by the Queen for the forthcoming Royal wedding.

The provider told us they had installed a series of hard wired internet booster hubs throughout the home to ensure each bedroom has internet accessibility. Some people who used the service had their own laptops or tablets and were able to enjoy good internet signal strength. One person told us that they enjoyed doing clothes shopping on line and took great enjoyment from the resulting parcels arriving. The provider had introduced tablet computer where people could view photographs and with assistance, use the internet. The provider reported that this had proved to be very successful and enjoyed by many of the people who used the service.

Information about forthcoming events was displayed in a way that was accessible to people who used the service and visitors to the home. For example in a communal area on the ground floor a noticeboard was positioned at wheelchair friendly height. This included information about planned activities.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. However, there were no recent examples of formal complaints made, the registered manager told us of plans to introduce a 'grumbles book' as a way of capturing day to day dissatisfactions as part of the provider's quality assurance processes.

A variety of compliments had been made about the service provided for people who lived at St George's Nursing Home. These came from various sources such as a GP who had been pleased with the care given to a person, a local authority best interest assessor and relatives of people who used the service. Reviews placed on the provider's website in recent months included, "The care and attention received by my friend, whilst they were a resident at St George's Nursing Home was exceptional. All good, both physically and mentally." The review went on to state, "Their final days spent there were happy, relaxed and enjoyable as their every need was catered for at all times, with warmth and compassion."

Is the service well-led?

Our findings

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner.

A relative of a person who used the service told us they felt the home was well managed. They said, "I would most definitely recommend the home to anyone looking for care for their relatives." A further relative said, "With regards to the nursing home being well led, we feel that there is great communication between the staff and management. This results in an overall feeling of trust and reliability. I always feel that I can contact them with any question and to check on [Person] and that they will always alert me to changes in [Person's] health. To sum up our feelings about St George's, we are very happy to have [person] there and being cared for at such a high standard by a superbly qualified team."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Staff members told us they would recommend St George's Nursing Home to people looking for care or to staff looking for care work. Another staff member who had previous experiences working for another care home provider told us, "It is good to feel that you can access senior management on a regular basis."

There were management meetings held frequently between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the registered manager and provider were committed to providing a safe service.

The managing director and the director responsible for nursing care and staff development were present in the home at least once a week. The managing director undertook some of the routine quality assurance audits and met with the registered manager periodically to review the audits and corresponding actions. The director responsible for nursing care and staff development received weekly reports on key health issues, undertook various clinical audits and met with the various managers to discuss operational issues. Both directors attended the monthly management meeting together with the operations director. This showed that the provider played an integral role within the daily running of the home supporting an experienced management team.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives.

Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the staff team. For example, the report of the findings from the survey undertaken in 2017 shared with staff stated, "The survey covered all aspects of the service we provide, a copy of the results is attached showing the high level of satisfaction in all areas. On behalf of the management team I would like to thank everyone for your professionalism, highest of standards and empathy towards our residents." The overall satisfaction of people who used the service and their relatives was assessed as being 98.67%.

Where areas for improvement were identified as part of the satisfaction surveys we saw that action plans were put in place to improve the quality of the service provided. For example, some people had said their food was not always hot by the time it reached them in their rooms. In response to this feedback the provider had purchased a cordless hotplate which had been put in place to positive effect.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.