

St. Georges Nursing Home

# 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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Georges Nursing Home is a care home that provides nursing and personal care for up to 28 older people. At the time of our inspection visit there were 14 people using the service including those living with dementia. As of 23 October 2023, the last person using the service had moved out and the service became dormant, pending the provider's application to cancel their registration. The care home accommodates people in three period town houses across five storeys, with a day room and two dining areas in the basement.

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

The home was not always safe for people to live in. The registered manager, deputy and staff assessed and reviewed risks to people daily. There were sufficient, appropriately trained staff to meet people's needs safely, on a basic level. People received their medicines at the correct time. The medicines were administered by trained staff. The home used Personal Protection Equipment (PPE), as required effectively and safely and the infection prevention and control policy was in line with current guidance.

The home was not always effective. Whilst people received care and support that met their basic needs, due to limited staff numbers, people did not receive care above this. Instead of having meals in dining areas as previously happened, they now had their meals in their rooms. Staff protected people from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes, and preferences. However, the system had changed from having a chef to meals being delivered that were then oven heated, although still nutritious and people still had choices. People were not subject to discrimination and their equality and diversity needs were met. Staff were well trained and supervised by the registered manager and deputy. People were encouraged by staff to discuss their health needs, and any changes to them or concerns were passed on to the registered manager and appropriate health care professionals. This was also being done as part of the structured transitioning to other services, as the home was closing imminently. The home was kept adequately clean by the care staff, as there were no cleaners employed at the time of the inspection.

The home was not always well-led. Although the home was well-led by the registered manager and deputy, there was a complete breakdown in communication from an operational and senior management level, particularly regarding purchasing resources and securing agency staff cover. Staff told us the home's senior management and leadership had not been transparent, open, and honest with them about the imminent closure of the home. Staff wages had been delayed for September and staff were not confident if or when they would receive their October payments. They were also unsure about the arrangements regarding redundancies. As a result, what had previously been a positive culture was now the reverse. Positive working partnerships were established between the registered manager and placing authorities to make the transitions to new accommodation as smooth as possible for people. Healthcare professionals told us that the service was well managed by the registered manager and met people's basic needs in a professional, open, and friendly way.

Although people were mostly being cared for in their rooms, they were still supported to have as much choice and control of their lives as possible. Staff supported people 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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires improvement (published 30 June 2023). The overall rating for the service remains Requires improvement. This is based on the findings at this inspection.

#### Why we inspected

We received concerns in relation to the home no longer being financially viable to remain open. Because of this, we were concerned about people's overall safety and wellbeing; whether there were sufficient appropriately skilled staff to continue supporting people day and night; if people were provided with sufficient food and drink and whether daily costs were being met for the running of the home. We were also concerned about future financial viability if the provider decided to remain open. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led.

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.

We did not inspect the key questions of caring, and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St George's Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**Enforcement** We have identified a continued breach of regulation in relation to good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service closure.

## 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?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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.

#### Inspection team

This inspection was carried out by 3 inspectors.

#### Service and service type

St. Georges Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Inspection activity started on 26 September 2023 and ended on 26 October 2023. The inspection visit took place on 9 October 2023 and 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 health 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 spoke in person with the registered manager, and deputy. We spoke with 1 relative, and 7 staff to get their experience and views about the care provided. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection regarding financial viability prior to closure. We received the information which was used as part of our inspection.

We 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.



# 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 inspected but not rated. The rating for this key question from the inspection before last has remained Requires improvement. 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

- There were enough care staff to meet people's basic needs, whilst they were waiting to move to new accommodation. However, the cleaning contract had been terminated and care and other staff had to take on cleaning duties.
- The senior management had identified an individual to do the cleaning, but the registered manager needed to explain to them that the person could not start work until they had completed the essential recruitment checks.
- Staff told us there were enough of them to keep people safe and meet their care and support needs, but only on a very basic level. This was reflected in the care we observed which was delivered in a way that demonstrated staff really did care about the people they supported. Despite being very busy, they were smiling and took time to pay attention to people.

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

- People were protected from the risk of abuse.
- Most people had difficulty communicating verbally and did not comment on the service. Their body language during our visit was relaxed and positive towards staff, indicating that they felt safe. Staff treated people well, with respect, and were kind, and caring towards them.
- Staff were trained to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. The provider had a safeguarding policy and procedure that staff had access to. A member of staff told us, "We will stay to the end. It's not about money, it's about people."

### Assessing risk, safety monitoring and management

- Risks to people were assessed on a daily basis whilst they waited to move out. Their safety was monitored, and they were kept safe by the registered manager, deputy and staff who were trained in safeguarding.
- The staff team was well-established. Staff were familiar with people's routines, preferences, and they demonstrated a good understanding of identified risks to people and the actions required to prevent or safely manage those risks. They were also aware of what action was needed to appropriately support people who were distressed.
- People lived on two floors with the rest of the building not in use, so risks to people were reduced as staff were not required to be located throughout the whole building.

### Using medicines safely

- Medicines were safely administered, regularly audited, appropriately stored, and disposed of and recorded
- Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely, in accordance with current guidelines.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had completed infection control and food hygiene training, and this was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if appropriate.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Despite care and other staff having to take on cleaning responsibilities in addition to their care and other roles, the home's level of cleanliness was acceptable.

#### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- The registered manager and deputy regularly reviewed accident and incident records which reduced the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were prepared to use and were confident with. This was regarding the registered manager and deputy, but did not go as far as the senior management. A staff member said, "After 19 years, the disappointment is nobody on the senior management team communicated with me. The management don't care about us. The [Registered] manager on the other hand keeps us up to date with everything."
- Any safeguarding concerns and complaints were reviewed, responded to, and analysed to ensure emerging themes were identified and necessary action taken, as well as looking at ways of avoiding them from happening again. This was shared and discussed with staff.
- Healthcare professionals told us they believed the home provided a safe environment for people to live in, on a short term, basic level.



# 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.

At the last inspection this key question was inspected but not rated. At this inspection this key question from the inspection before last has remained Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were re-assessed as part of the closure and moving process.
- Our observations indicated that the service was generally effective. People's positive and relaxed body language towards the registered manager, deputy and staff confirmed this. The feedback from healthcare professionals was that the service was effective on a basic level due to staff shortages.
- As part of the closure process, people's physical, mental, and social needs were holistically assessed, and their care, and support were delivered in line with legislation, standards, and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- Thorough assessments of people's needs were carried out before people moved, with the commissioning bodies providing assessment information. As far as possible, the speed of the assessments and transitions to new services took place at a pace that matched people's needs. People were being accompanied by staff, where possible, to help them to settle in by providing a familiar face.
- Staff knew the importance of being aware of people's views as well as relatives so that the care provided could be focussed on the individual. A staff member said, "They are like our family, and we listen to what they say and want."

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- Staff told us they felt very supported by the registered manager and deputy, but not the senior management team who they felt made little effort to communicate with them. A staff member said, "We get great support from [Registered manager] but very poor communication with the [senior] management who don't tell us anything directly."
- Staff demonstrated good awareness of their working roles and responsibilities and said they received the support they needed from the registered manager to perform their duties well.

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

- Whilst people were supported to eat and drink sufficiently to maintain a balanced diet, and keep healthy, they did not have access to the dining room due to staff shortages, and received their meals in their bedrooms.
- There was no longer a chef onsite and prepared meals were delivered weekly, that were warmed up in the oven.
- The meals provided were nutritious and people were able to choose to eat those they enjoyed, although

the danger of social isolation was increased.

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

- The registered manager, deputy, and staff were working with service commissioners and relatives to make people's transitioning as comfortable as possible.

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

- The home was reasonably adapted, equipped, decorated, and furnished bearing in mind it would be closing imminently, and it was reasonably clean.
- We saw the premises were free of obstacles and hazards in the areas being accessed by people using the service and staff, which enabled people to move safely around the care home.

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

- People received health checks and referrals were made to relevant health services, as required.
- Everyone was registered with a GP and a dentist. People had access to community-based health care professionals, such as nurses and hospital teams, who were visiting to ensure people's safety, welfare, and to support staff to carry out their duties.

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 MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were being assessed for capacity and best interest meetings for 3 people took place during our visit. Other assessments had also been scheduled to speed up the closure process whilst ensuring suitable accommodation was found for people.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 Requires improvement. 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

At our last inspection the provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Previous significant improvements related to governance had deteriorated at the time of this inspection. There was a complete breakdown in communication and the relationship between the registered manager and senior management. This hampered identification of areas of responsibility for ordering and purchasing foodstuffs, cleaning resources, and purchasing agency staff cover. This meant care and other staff were given responsibility for cleaning tasks, as well as their other duties, which stretched their capability to provide more than basic care and support. A staff member apologised to us for the level of cleanliness as they acknowledged it hadn't been fully done. This was due to the termination of the cleaning company's contract and, although all staff had been asked to carry this out, supporting people was their main priority.
- The registered manager had responsibility for running the home, ensuring the well-being of people using the service and supervising the staff team, without having direct budget access.
- Due to financial viability concerns and the failure of senior management to clarify the current situation to staff, staff were uncertain of whether they would be paid or receive redundancy. A staff member told us, "Whilst I was paid in September, it had been late, but we are all worried about getting paid in October. I'm not confident about it with everything going on, and also worried about being made redundant. However, I am committed to working here for the residents until they move out."

The above shows that improvements were still needed to fully demonstrate the provider was adequately managing the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager, deputy, and staff met each morning to clarify what the priorities for the day were to care for and support people. This enabled the staff team to understand what was required of them and ensured clear lines of communication, at a daily operational level.
- The registered manager and deputy carried out daily quality checks that identified any areas of concern and areas that were working well.

- Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- The registered manager, deputy and staff maintained a person-centred, open, inclusive, and empowering culture despite the adverse working conditions and lack of communication with senior management. A staff member said, "I don't think people are in any danger, we are making sure we look after them. But we as staff, we don't have any reassurances and it is a worrying time for us."
- Staff said the home was very well-led by the registered manager, deputy, and felt well-supported by them which was reflected in their comments. A staff member commented, "[Registered manager] and [Deputy] have been great. They are the ones who give us an update. We are worried though, as we were told by the [Nominated Individual] in a meeting last week that they had enough money for 3 months' salary, then they changed it the next day. We don't feel there is any trust anymore and we can't talk to the director about it." Another staff member was very positive about the support from the registered manager, who has been keeping staff updated on a daily basis. They said, "She is always here for us, always fighting for us."

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 nominated individual was not present during the inspection so their knowledge of duty of candour could not be determined. However, the registered manager and deputy were open, and honest with people and understood their duty of candour responsibilities. The deputy had contacted relatives by e-mail of the current situation, the previous week.
- People and their relatives were also informed if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.
- Staff demonstrated good person-centred awareness of people's care needs and interacted with them in a respectful and considerate way.

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

- People, their relatives, and staff were engaged with the registered manager and deputy. They were listened to, and their wishes acted upon. Staff told us they had the opportunity to voice their views about the service. Staff told us they received all the support they needed from the registered manager and their fellow co-workers. A member of staff told us, "[Registered manager] has tried so hard and has done her best in trying to make this work. It was looking so good, the new bedrooms, but now all the building work has stopped."
- The registered manager, deputy, and staff checked during our visit that people were happy and getting the basic care and support they needed, in a friendly family environment.

Continuous learning and improving care

- The service improved care through continuous learning.
- The registered manager valued, and listened to the views of staff. Staff were encouraged to contribute their ideas about what they could do, under difficult circumstances, to make sure people still got the best service possible. Staff shared ideas and made suggestions during the daily meetings and throughout our visit.
- The complaints system enabled the registered manager, staff, and the provider to learn from and improve

the service.

#### Working in partnership with others

- The registered manager worked in partnership with others.
- The registered manager and deputy maintained close links with service commissioners, and relatives of people who were privately funded, to make the transitions to new accommodation as smooth and seamless as possible. This included staff accompanying people to their new placements to help them settle in, even though the home was short of staff.
- Healthcare professionals thought the registered manager managed the home well and there were good lines of communication with them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Previous improvements related to governance had deteriorated at this inspection. There was a complete breakdown in communication and the relationship between the registered manager and senior management. This hampered identification of areas of responsibility for ordering and purchasing foodstuffs, cleanliness and purchasing agency staff cover. This meant care and other staff were given responsibility for cleaning tasks, as well as their other duties, which stretched their capability to provide more than basic care and support. The registered manager had responsibility for running the home, ensuring the well-being of people, and supervising the staff team, without having direct budget access. Due to financial viability concerns and the failure of senior management to clarify the current situation to staff, they were uncertain of whether they would be paid or receive redundancy.