Prime Life Limited

# St Georges

## Inspection report

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Date of inspection visit:
14 October 2021

Date of publication:
12 November 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
St. Georges is a residential care home providing personal and nursing care to 34 older people and people living with dementia, at the time of inspection. The service can accommodate up to 36 people in one adapted two-storey building.

People's experience of using this service and what we found
The provider's systems and processes used to monitor quality and safety were not used robustly to manage the service effectively. Quality assurance systems had not identified the issues and concerns we found.

There were not enough staff to provide quality care and support to people. The service had been consistently short staffed and staff deployment was not managed effectively. The regional director addressed the staff shortages for the day but further action was needed to maintain safe staffing levels.

People, staff and visitors were not always protected from risk of infection. Some areas of the service were not always cleaned promptly. Staff did not always wear face masks correctly. The manager took action immediately to address this.

Risk to people had been assessed and care plans provided guidance for staff to manage those risks such as falling or swallowing difficulties. These needed further improvements to ensure the impact of people's health condition such as dementia, had been taken into account and the role of staff to support them. Records did not fully reflect whether essential care had been provided.

People felt safe with the staff and the care provided. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staff understood what abuse was and how to report concerns.

People received their medicines safely. 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.

The manager and staff team worked with external health and social care professionals and followed recommendations made.

The manager had begun the process to be registered with the Care Quality Commission (CQC). People, relatives and staff spoke positively about the manager, who they described as approachable, supportive and addressed issues as soon as practicable.

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

Rating at last inspection

The last rating for this service was Good (published 18 April 2018).

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels. We made a decision to inspect and examine those risks. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements in relation to staffing and quality monitoring and governance. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting 'all reports' linked for St Georges on our website at www.cqc.org.uk

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# St Georges

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
St Georges 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 did have a registered manager but they had left their position and were in the process of cancelling their registration. The provider had appointed a new manager who had started in September 2021 and they had begun the process to be registered with CQC. 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 spoke with six people who used the service about their experience of the care provided. We spoke with 11 members of staff including the manager, regional director, regional manager, compliance manager, a senior care worker, five care workers and domestic staff. 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. We spoke with two visiting health care professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and care records for another person using the service. We spoke with six relatives. We also received feedback from a local authority commissioner.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

● People, relatives and staff consistently told us there was not enough staff to meet people's needs. Comments received included, "There's not always enough of them (staff). They dash around, you have to wait for them but someone always comes along in the end" and "There's definitely not enough staff, [person] does have accidents if [person] doesn't get the support to make it to the toilet in time."

● Staff told us they regularly worked long hours and consecutive shifts. One member of staff said, "Staffing has been as low as three staff, you can't give proper care" and "It's unsafe and care is basic."

● The provider's dependency tool calculated a senior and five care workers were required for the day shifts but on the day of the inspection the service was short staffed, despite support from the manager. The care provided was task led rather than person centred care in order to meet people's basic care needs. Staff had no time to interact with people in a meaningful way. We saw people had been left for long periods in communal areas and bedrooms without staff attention.

● Staff deployment was not managed as three staff took a break together. Staff had responsibility to frequently clean high-risk surfaces to reduce the risk of spreading contagious diseases but no cleaning was observed. This meant people's safety and wellbeing had been put at risk.

● Rotas from 16 September to 4 October 2021 showed 13 shifts consistently had less numbers of staff than the assessed number required to keep people safe. Care staff also covered laundry and kitchen duties which further impacted on the quality of care people received. This meant people's safety was put at risk because there were not enough staff and staff deployment was not managed.

The provider failed to ensure there were enough staff deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The regional director responded immediately during and following the inspection. Staff from other services within the organisation were brought in to cover the staff shortages for the day. The regional director also sent rotas for two weeks which showed a full complement of care staff were planned whilst new staff were being recruited. We will assess the effectiveness of these actions at our next inspection.

● Staff were recruited safely. Records confirmed satisfactory pre-employment checks were completed. This included a Disclosure and Barring Service (DBS) check, which supports safer recruitment decisions.

Preventing and controlling infection

● We were not assured that the provider was using PPE effectively and safely. We observed staff did not always wear their face masks correctly. For instance, some staff wore their face mask below their nose. The

manager took immediate action and confirmed staff would be re-trained in this area.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was old food debris on the floor and drink stains on the dining walls and cobwebs. The manager assured us this issue would be addressed immediately.
● We were assured that the provider was preventing visitors from catching and spreading infections. The visitor pod and safe visiting protocols were followed in accordance with the current guidance where people were cared for in bed.
● 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 accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks were managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management
● Risk assessments had been completed to manage risks to people's health and safety, such as falling and missing person. Staff were aware of people's needs but the impact of how people's specific health conditions such as dementia affected their daily lives had not been considered. Care plans described the equipment to be used but did not always describe how staff were to ensure the person was seated comfortably. Daily records were not fully completed to confirm whether personal care support was provided. These issues were discussed with the manager who assured us action would be taken.
● Although no one was harmed we observed staff did not always follow the training completed to move people safely. One person's dignity had been compromised when they were moved using a hoist. We shared our observations with the manager who assured us staff would be re-trained immediately in this area and their practice would be monitored.
● People told us they felt safe with staff and the care provided. One person said, "I'm happy living here and feel safe."
● The manager responded immediately when we identified some wardrobes had not been secured to the walls. The maintenance team on site remedied this. People's safety was promoted through the monitoring and maintenance of premises, equipment and fire, gas, electrical systems. A new call bell system was being installed. Emergency evacuation plans were in place to ensure people were fully supported in the event the service had to be evacuated.

Systems and processes to safeguard people from the risk of abuse
● One person said, "I'm happy living here and feel safe." A relative said, "[Person] is safe and I'm grateful to the staff for looking after [person] well." Staff were trained in safeguarding, knew how to keep people safe, knew what abuse was and how to respond to safeguarding concerns. Staff felt confident the manager would act on safeguarding concerns.
● Relatives were happy with the care their family member received but expressed concerns about the lack of meaningful interaction and opportunity to take part in activities. This meant people could experience a feeling of loneliness and isolation which could be detrimental to their mental wellbeing. The manager assured us a designated staff member would do activities with people on a daily basis. This was in addition to the planned activities organised by an external activity person who visited the service every two weeks.
● The provider had systems in place to safeguard people from abuse. Information about safeguarding and whistleblowing policies and procedures were displayed. The manager had reported safeguarding concerns to the local authority and Care Quality Commission. Records showed action had been taken to reduce further risks to people.

Using medicines safely

● People were supported safely to take their prescribed medication. Staff were trained and competency checked to administer medication. We observed a staff member administered medicines correctly and followed the medicines policies and procedures.
● Medicines received were stored securely, administered and disposed of safely. The service used an electronic medicines administration record (EMAR) system. Information about people's prescribed medicines and the level of support they needed was recorded. We looked at how the system was being used to administer medicines and found that this was being completed accurately.
● The EMAR system generated regular reports for the manager review and regular medicine stocks were checked to pick up any errors or issues so action could be taken promptly.

Learning lessons when things go wrong
● A system was in place to analyse incidents, accidents, safeguarding and complaints. This enabled the manager to identify trends, so action could be taken, and share learning through staff team meetings to promote people's safety.

Requires Improvement

# 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 good. At this inspection this key question has now deteriorated to 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; Continuous learning and improving care

- The provider's quality governance systems and processes had not been used effectively at all levels. Audits completed on a monthly basis by the previous registered manager did not detail who was responsible for making the improvements and the completion date to update the care plans and risk assessments. The issues we found relating to missing information in the risk assessments, care plans, quality of the daily records completed by staff had not been identified.
- There was poor oversight of staffing levels and deployment of staff. This meant people were often isolated and experienced loneliness. The system to support the manager to address the staffing issues was not effective.
- People had no opportunity to share their views and concerns about the service. Relatives told us their views about the service were not sought. This meant opportunities to improve outcomes for people were missed.
- The system to monitor cleanliness was not effective. Records showed routine monitoring of cleanliness had stopped for several months but this had not been identified through the various provider audits. For example, the manager's daily walkaround checks stopped in May 2021 and daily infection control checks stopped in August 2021. There were no checks carried out on the standard of cleaning completed by the external company to check expected standard of cleanliness had been met. The environmental audits consistently identified cleanliness issues. This meant the provider's monitoring visits were not robust enough to improve the standard of the environment where people lived.
- The action plan prepared following the provider's quality audit from April 2021 had not been addressed. The issues identified included risk assessments were not up to date, care plans lacked information, staff disclosure and barring service (DBS) had expired and to improve the decoration and cleanliness. The same issues were found in the September 2021 audit. This showed the provider did not monitor the progress of improvements.
- The system to ensure staff were trained and supported in their roles was not robust. Staff practices and competence in relation to moving and handling was not monitored. The audit on staff records had identified essential training for staff was not up to date and some staff supervisions were overdue. Staff had raised concerns about staffing levels and the quality of meals but meetings minutes did not reflect whether any action had been taken.

The provider's governance and oversight systems were either not in place or robust enough to demonstrate

all aspects of the care and safety in the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service had a manager whom had begun the process to be registered with the Care Quality Commission (CQC). The previous inspection rating and report was displayed within the service and the provider's website.
● The manager had identified staff had not been supported. They had begun to plan supervision meetings to ensure they received feedback on their performance.
● People and relatives spoke positively about the manager and senior care worker. Comments included "[Manager] is new but seems quite nice. [They] help the staff a lot" and "[Staff] is very good, really easy to speak with and are honest about how [person] is."
● Staff understood their role and responsibilities. Staff were confident the manager would listen and act on concerns raised and if required use the whistle blowing procedure.
● The provider's policies, procedures and business continuity plan took account of the pandemic to ensure people continued to receive the care they needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager was responsive to concerns that we raised throughout the inspection. They assured us they would respond to concern raised by relatives to improve their family member's care, safety and wellbeing.
● The culture within the service was changing. Staff told us the manager was approachable, responsive and supported them in the delivery of care. A staff member said, "The new manager is lovely, really nice and supportive."
● The manager recognised staff were caring and dedicated. The manager was supported by the provider to make the required improvements to promote people's quality of life and achieve good outcomes.

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 manager understood their responsibility to share appropriate information with others, including the local authority and CQC. The manager had communicated regularly with CQC for advice and provided information when requested.
● The manager responded to concerns raised throughout the inspection. Staff who we observed using unsafe moving and handling practices, lack of dignity in care and using PPE incorrectly had begun formal refresher training. They also confirmed the maintenance staff were securing all free-standing wardrobes to the walls. The regional director assured us the manager would receive full support to make the required improvements.
● Notifiable incidents had been reported to CQC and other agencies such as the local safeguarding authority. Records showed incidents had been shared with people's relatives, which demonstrated openness.

Working in partnership with others
● The service worked in partnership with other professionals such as the GP and the nurse practitioner who visited weekly to support people to access health care when they needed it.
● We received positive feedback from two visiting health care professionals They had no concerns about people's health or safety and said staff had good awareness of people's need, provided information and communicated effectively. They were confident to raise concerns with the management, if required.

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<br><br>Quality assurance systems were not used effectively. There was a lack of oversight of people's care, staffing, safety, premises and limited opportunities seek views about the quality of service and care provided.<br>Regulation 17 (1) (2) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had failed to ensure there were enough staff and deployment was effective to meet people's needs.<br>Regulation 18 |