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# St George's House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 22 April 2018 and was carried out by one adult social care inspector. We previously inspected this home on 27 January 2016 and rated the home Good in every domain except Safe which was rated Requires Improvement. Following this we undertook a focused inspection on 8 March 2017 looking at the Safe domain. We found they had made improvements and rated this Good.

St George's House 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. St George's House is registered to accommodate up to 19 older people in one adapted building. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of this inspection there were 15 people living in St George's House.

The home 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 2017 we rated the Safe domain Good, at our previous inspection in 2016 we rated Effective, Caring, Responsive and Well led Good. At this inspection on 22 April 2018 we found the evidence continued to support the rating of good in those domains and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The people who lived in St George's House were provided with high quality, caring support which was person centred and met their individual needs. We received and saw very positive feedback about the staff at the home and the quality of care being provided. Some of these comments included, "The care at St George's is excellent", "You couldn't get a better home", and "The staff are excellent."

People who lived in St George's House had a variety of needs and were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to

reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People's care plans contained detailed and personalised information about each person's specific care needs, personalities, histories and interests.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and recorded. The registered manager had a thorough understanding of the Deprivation of Liberty Safeguards (DoLS) and nobody at the home at the time of our inspection was under these safeguards.

People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people spoke highly of the food at the home.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# St George's House

## 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 was 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 comprehensive inspection took place on 22 April 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Most people who lived in St George's House were able to talk to us about their experience and we therefore spent time speaking with them. We did not conduct a SOFI during this inspection for those who were unable to talk to us. This was due to people coming and going and moving in and out of the home freely. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the dining room and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime periods. We spoke with six people and observed the other people who lived in the home being supported by staff. We spoke with two members of staff and the registered manager.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

The home continued to provide safe care.

People told us they felt safe. One person said, "I do feel very safe. I had an incident once and they were so good. They got the paramedics right away." Another person said, "I feel safe here. I certainly think they would respond well in an emergency."

People at St George's House were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns they may have. Staff had received training in this area and had access to information they required should they need it. Where an incident had taken place prior to our inspection involving a person's money, staff had taken immediate action to report this. The registered manager had conducted an investigation and implemented steps to protect the person. We spoke with this person about this incident and they said, "It was dealt with very efficiently."

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met.

People who lived in St George's House had a variety of needs relating to their mobility, their skin integrity, health conditions, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where one person had been identified as being at risk of falls, staff had sought specialist guidance. From this they had created plans and risk assessments with clear guidance for staff to follow and equipment to use in order to protect the person as much as possible from this risk.

Accidents and incidents were recorded and where these had taken place the management and staff had discussed these and taken action in order to ensure they did not reoccur.

People were protected from risks relating to the management of medicines. Most of the people living in St George's House required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly. Where people wanted to manage their own medicines this was encouraged and supported. One person said, "I am very pleased I can continue to administer my medication myself."

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. People commented on the cleanliness of the home with comments including, "It's spotlessly clean." Training records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how people needed to be supported in the event of an emergency evacuation from the building.

# Is the service effective?

## Our findings

The home continued to provide people with effective care and support.

People spoke highly of the care they received at St George's House. Some comments made to us included, "It's a good home" and "You couldn't get a better home." We looked at some feedback forms that had been completed by external healthcare professionals. These included comments such as, "St George's is by far the nicest home I visit. The residents are always very well cared for and staff well informed and helpful." Comments made by relatives on their recent questionnaires read: "Mum is very well cared for" and "The care at St George's is excellent."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff also undertook training which specifically responded to the needs of the people who lived at St George's House. Courses including, improving outcomes in people with dementia, challenging behaviour in people with dementia, falls prevention, promoting dignity and compassion in care and diabetes. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said, "I have loads of training. I feel very supported."

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the service was working within the principles of the MCA.

The manager and staff displayed an understanding of the principles of the MCA. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had experienced an infection which had temporarily removed their ability to make a particular decision about the installation of a sensor mat in their bedroom. This sensor mat was needed because the person's infection had caused them to be more unbalanced and therefore more prone to falls. The registered manager, with relevant others, had made a best interest decision which lasted until the person's infection had cleared up and they were again able to make the decision for themselves. This measure had been identified as being the least restrictive option to ensure the person was safe whilst also respecting their

rights where they were unable to make a decision for themselves at a specific time.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection nobody living in the home was under DoLS.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People spoke highly of the food. Comments from people included, "We have lovely food", "It's excellent food, good quality and there is a choice for me" and "There is always a really good choice of vegetables. They are very good with options. You're immediately offered something else or you can suggest something." We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms or the dining room, depending on their choice.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

The registered manager had taken steps to improve the environment for the people living in the home. We observed, and people told us, the lighting in the home was a little dark and the carpets throughout the home were highly patterned and dark in colour. This did not enable people's independence around the home. Environmental factors such as these can cause issues for people living with dementia or people with vision or sensory perception problems. The registered manager had taken steps to improve the lighting in the home although they acknowledged more could be done. They worked hard to implement other improvements to the environment for people by displaying signage where this helped one person find their way around more independently, adding additional standing lamps and adding white table cloths to dining tables to help people see their food.

# Is the service caring?

## Our findings

The service continued to be caring.

We received excellent feedback from everyone we spoke with about the caring nature of staff at St George's House. People made comments which included, "The staff are lovely" and "The staff are excellent." We reviewed the results from a recent questionnaire and found all the people who responded had given positive feedback about the staff. This included comments from people who lived in the home, relatives and external professionals. Some of those comments included, "Could not wish for more caring/supportive staff" and "The staff are wonderful. My mother is treated very kindly and caringly."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for. One healthcare professional had commented in a questionnaire; "The patients that I speak to say how lovely and professional the care staff are. I have always been welcomed in a warm and caring manner."

People told us staff went the extra mile for them and worked hard to make them feel special. We saw one person had written a thank you card to the staff at the home which read: "Thank you so much for my lovely evening last Wednesday and my gifts. You have all been very good friends the time I have been at St George's and I'm going to miss you all. If ever I've been down you were always there to listen. 'True friends'. And I can truthfully say I've enjoyed every moment of the years I've been at St George's."

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. For example, we observed one person getting upset. A member of staff sat down beside them, took their hand and spoke in a way that provided the person with comfort. The person responded by stroking the member of staff's face and smiling. The conversation ended with the person and the member of staff laughing together. This demonstrated caring, concern and good use of distraction techniques to increase a person's wellbeing.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices, with comments including, "I can do anything I want." Staff received equality and diversity training to help them provide for people's individual needs.

People were encouraged to remain as independent as possible with regards to everyday skills. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

The manager felt people's privacy and respect was paramount and these views were shared by staff. One

person said, "Staff are always respectful. They respect me. They knock and then give you time to answer before coming in."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People and staff told us they were confident people living at St George's House were receiving the best possible care. People who lived in the home had a variety of needs and required varying levels of care and support. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties.

The registered manager had recently put in place new care plans to give staff guidance on how to best respond to people's specific, individual needs. For instance, people had highly detailed plans relating to their behaviours, their memory problems or their long term conditions. These plans gave staff information and guided them on how best to approach each situation and how best to communicate with each person in those specific situations. This enabled people to receive personalised care which met their specific needs.

Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required. People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People made comments which included, "We do activities every day. That's nice that is." St George's House was located within a very short walking distance of a local park. People told us how they liked to go to the park for a walk every day and met up with friends there. During our inspection we saw people coming and going as they pleased. People also enjoyed a variety of activities organised for them by staff and outside entertainers. The manager was in the process of further developing the activities people had access to and using people's histories and preferences to create more person-centred choices of entertainment.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to and responded to.

People told us the staff and the management encouraged them to share their views and that regular

meetings were held in order to enable people to express themselves. These meetings enabled people to voice any concerns they may have and to suggest any ideas they had to improve the service provided and the activities available. One person said, "Every six weeks we have the chance to complain and share. We're kept informed. They ask us if we've enjoyed things and discuss things we're going to do."

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

## Is the service well-led?

### Our findings

The service continued to be well led.

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.

People and staff spoke highly of the registered manager. Comments included, "Our manager is excellent", "She's approachable and accessible. She listens to what you've got to say and she acts on it promptly" and "She's just ace." The registered manager was always looking to improve and had recently asked staff to complete feedback about what they, the registered manager, could improve about their work. From this they identified that some staff were not clear about the registered manager's responsibilities and the levels of interaction they had with people in the home. They therefore used this feedback to discuss these issues with staff and improve communications between them.

The registered manager was in the process of reviewing the home's ethos and values. They told us that, although the home already had a strong ethos, they wanted staff and the people who lived in the home to have a say in what this was. They told us they wanted to make sure staff understood the ethos of the home and the high quality that was expected of them. They told us that working with the people who lived in St George's House to develop these would ensure staff were working even more directly for people.

The registered manager continually sought for ways to improve the service. They sought opinions and suggestions from people, relatives, staff and healthcare professionals. Where these had been made, the registered manager had listened and made changes where applicable. For example, following staff suggestions, they had recently introduced a new laminated document which instructed staff on which people had been served their meals yet and which were still to come. Staff had feedback that this had made their work easier and had minimised the risks of errors or people waiting too long for their meals. They also ensured they attended conferences and sought examples of outstanding practice from CQC reports for a variety of services. Following this research, the registered manager had introduced knowledge checks in various topics at the end of staff meetings in order to identify any gaps in knowledge. They were also in the process of developing champion roles amongst the staff team.

The culture of the service was caring and focused on ensuring people received person-centred care. The registered manager and the senior staff team ensured the wider staff team continuously delivered a high standard of care. Staff told us they were supervised and any poor practice was picked up and discussed. This high quality was felt by people who lived in the home and people made comments which included, "I am happily settled. I heartily endorse St George's well-earned reputation of excellence as an established residential care home in Tiverton. Long may it continue as such."

People benefited from a good standard of care because St George's House had systems in place to assess,

monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.