

St. George's Care Ltd

# St George's Home

## Inspection report

116 Marshall Lake Road  
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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

St Georges Home is a care home that provides personal care and accommodation for up to 29 older people. At the time of our visit there were 21 people living at the home.

People's experience of using this service:

We last inspected St Georges Home in August 2018 when we rated the service as 'Requires Improvement' in all key questions, together with breaches of the regulations. At this inspection we found action taken had not been sufficient to address the improvements needed and the service rating continues to be 'Requires Improvement'.

There was no registered manager at the home and there was a lack of management oversight of the service. There was an acting manager, who worked at another of the provider's homes, providing support three days per week to St Georges Home. Quality assurance systems were not effective because the manager had limited time to identify areas of improvement and ensure improvements implemented were effective. Audit systems had not identified all areas for improvement such as environmental risks and risks related to equipment.

Staff had some understanding of how to support people to keep them safe but did not always follow care plans or safe practice to ensure people received care safely consistently. The provider had not ensured safeguarding procedures were always followed to keep people safe.

Medicines were not always well managed as records had not been completed clearly and consistently to show creams prescribed for people had been applied. Staff had completed some training, but further improvements were needed to check staff had learnt from their training to confirm they were competent.

People with complex needs such as those who were registered blind, people who were living with learning disabilities or dementia did not always have their needs effectively managed. Staffing arrangements meant there was limited time for staff to support people with activities and there was limited social interaction. At lunchtime people were not supported in a timely or dignified manner.

Staff did not always promptly support people to ensure their privacy and dignity was maintained.

People had access to the healthcare support they required to meet their needs.

People felt safe and spoke positively of living at the home and of the support they received from staff. There was a system to manage complaints and people felt comfortable to raise concerns if they needed to.

The manager knew about many of the improvements and was committed to supporting the service to make these improvements. The provider told us of plans following our inspection visit to have a register manager

in post.

This is the second consecutive time the home has been rated as Requires Improvement. The registered provider has been found to be in breach of the Regulations 10, 12, 13, and 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Rating at last inspection: At the last inspection the service was rated as requires improvement. The last report was published on 24 September 2018.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service continues to be rated as 'Requires Improvement' overall.

Enforcement: Action we told provider to take (refer to end of full report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

**Inadequate** ●

# St George's Home

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and one assistant inspector carried out this inspection.

Service and service type: St Georges Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an acting manager who worked part time, they were not registered with the Care Quality Commission. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided. We have referred to the acting manager as 'manager' within this report.

Notice of inspection:

The inspection took place on 1 May 2019 and was unannounced.

What we did:

We reviewed information we held about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious accidents and injuries. We sought feedback from the local authority who work with the service. We assessed the information we had received from members of the public and used this information to plan our inspection.

During the inspection we spoke with the acting manager five care staff, the domestic, cook and a visiting health professional. We spoke with five people and one relative to ask about their experience of the care provided. Some people who lived at the home were happy to talk to us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their needs. However, we observed how care and support was delivered in the communal areas and reviewed people's records. This included three

people's care records and a selection of medicine records.

We also looked at records relating to the management of the home such as quality audits, staff training and supervisions records, notes of staff and 'resident' meetings, and checks undertaken in regards to the health and safety of the home.

Following our visit to the home, the manager shared information with us about actions she had taken in response to some of the issues we had raised.

# Is the service safe?

## Our findings

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

RI: ☐ 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. Regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection there was a breach of the regulations because the provider and manager had not followed their obligations under safeguarding procedures when concerns were reported to them. At this inspection we found insufficient improvement had been made to ensure people were safeguarded from the risk of abuse.
- Systems and processes to manage concerns had not been followed to ensure, where appropriate, investigations took place.
- Staff had some understanding of how to keep people safe and completed records detailing concerns they found such as bruising. However, audit records kept of injuries or bruises people had, did not always show they had been investigated to manage any potential risks.

This was a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding people from the risk of harm.

- People told us they felt safe living at the home and with the staff that supported them. One person told us, "They support me very nicely, I can tell you that." Another said, "All the people (staff) are nice to you... they're never rough, thank goodness."

Staffing and recruitment

- At our last inspection, the provider had not ensured records showed pre-employment checks had been completed and there were concerns about there not being enough suitably skilled and experienced staff to meet people's needs safely. At this inspection, these areas continued to need improvement.
- At mealtimes, staff were rushed and not able to provide the support people needed in a dignified way. Staff moved between people offering sips of tea and support as opposed to taking the time people needed for staff to sit and support them. One person told us, "Sometimes we have to wait... they come on time to help you but if they're attending another patient you have to wait, sometimes a while." Another person said, "I think they're doing the job, but I think they need more people."
- Care staff told us how they had limited time to spend with people and how completing other duties such as laundry impacted on this time.

Using medicines safely

- Records of prescribed topical creams did not show they were applied consistently.
- The dosage of one person's pain relief medicine had been increased following staff discussion with a health professional but without checking the GP agreed to this.

- Some medicines had been signed as administered when they had not. The manager acknowledged there were areas of medicine improvement needed and stated immediate action would be taken to address these with staff who administered medicines.

#### Preventing and controlling infection

- Staff completed training on the control and prevention of infection and understood the need to use gloves and aprons, but good practice was not always followed.
- A staff member assisted a person with personal care without using gloves or wearing an apron. There were three people transferred using the same hoist sling. Any person assessed as needing a sling to transfer them should have their own to minimise the spread of infection.
- People had prescribed pressure cushions to relieve the pressure on their skin and help prevent sore areas developing. These were not named to help ensure they were used by the same person to minimise the risk of any spread of infection.
- Cleaning arrangements were not fully effective. During the morning we identified a dirty toilet, bath and 'crash' mattress on the first floor. A staff member told us they would not be completing cleaning on this floor until the afternoon. In the interim, this presented an infection control risk.
- Systems to manage the laundry were not effective to ensure infection control was minimised. One staff member told us, "There could be more staff with the laundry, it is creating germs and bacteria leaving laundry. It should be washed straight away. We did have a laundry assistant. We have to do it between us."

#### Learning lessons when things go wrong

- The manager was able to identify where improvements were needed and where things had gone wrong. Some changes in practice had been implemented to address this, but their limited management time at the home, meant they were not able to monitor that good practice was always followed.
- Staff had been told about completing supplementary records to demonstrate people's needs were met consistently. However, records continued to contain gaps making it difficult to be sure people always received the care and support they needed.

#### Assessing risk, safety monitoring and management

- Safe moving and handling techniques were not always used by staff when supporting people to transfer. For example, staff moved two people using equipment these people had not been assessed for. This placed the people and staff at potential risk of harm.
- People who had been assessed as needing a walking frame did not have them accessible to them as they were stored in the middle of the lounge. This placed people at risk of falling if they should attempt to walk unaided.
- People with health concerns or conditions did not always have detailed care plans to direct and guide staff in identifying risks to support people safely. For example, there was a person living with diabetes with no care plan detailing the symptoms associated with high and low blood sugar levels and how staff should respond to these.
- One person at risk of skin damage was not supported to move to relieve the pressure on their skin in a timely manner.
- Staff did not always follow instructions in care plans, for example catheter care for one person had not been followed.
- There was a torn carpet in the ground floor corridor used by people that could have been a potential trip hazard. We raised this with the manager who took the necessary action to make it safe.
- The manager completed an audit of accidents and incidents to identify any concerns. Records did not show these had always been followed up to minimise any further ongoing risks.



This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

- People had Personal Emergency Evacuation Plans (PEEPS) so staff and emergency services knew what level of support people required in the event of an emergency evacuation.
- Staff who gave people their medicines had been trained in safe medicines management. The manager told us they were in the process of assessing the competency of staff to ensure they followed good practice when giving people their medicines.

# 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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought people's consent before providing support with the exception that one staff member put a disposable clothes protector on a person before asking for their consent.
- People's care plans did not consistently state if people had capacity and were able to consent to their care.
- The manager understood their responsibilities under DoLS and had made applications to the relevant authority for authorisation to deprive people of their liberty where they considered this was appropriate.

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

- People's needs were assessed before admission, to identify if the service could meet their needs. However, these assessments failed to identify people with complex needs and we found people's needs were not always met safely and effectively at the home.
- Care plans contained some information about people's needs and choices to support staff in delivering care in line with the required standards.

Staff support: induction, training, skills and experience

- Staff told us they completed an induction to the service which included a tour of the building and learning about procedures related to people's health and safety. They also worked alongside other experienced staff, so they knew how to support people's needs appropriately.
- Previously staff training had not been completed in a timely manner and consistently for all staff. At this inspection there were staff who were still to complete training considered essential. This included moving and handling people, and infection prevention.

- Previously staff competency checks (where the manager checks staff have learnt from their training) needed to be improved. At this inspection visit, this continued to be the case. Checks had been completed for two staff during 2019.
- Some staff had received supervision meetings with the manager to discuss their training and any developmental needs.

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

- People said they were happy with the choice of meals provided. One person said, "There are lovely puddings and plenty of snacks" throughout the day. A visitor told us they were happy with the food provided and said, "It's a balanced diet, carefully thought-out diet. There is choice, that applies to breakfast, lunchtime, afternoon tea and evening supper."
- People at risk of malnutrition and dehydration from not eating and drinking enough, had been referred to a dietician for advice on how to manage this risk. Whilst records did not show advice given was followed to manage the risks identified, the cook knew about people's special dietary needs and said they took these into account when preparing meals.

Supporting people to live healthier lives, access healthcare services and support;  
Staff working with other agencies to provide consistent, effective, timely care

- Records showed people accessed health professionals when needed to support them with their dental, optician and chiropody needs to maintain their health.
- People saw dieticians, district nurses and speech and language therapists who advised staff how risks associated with people's health should be managed.

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

- The lounge and dining room were open plan and spacious enough to accommodate people's needs for mobility equipment. There was a lift people could use to access the upper floor which allowed easy access to all rooms.
- There was some signage to support people to move around the home but there had been no assessments to determine how the environment could better support those people living with dementia or who were registered blind at the home.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations were not met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. A staff member put a disposable apron on one person prior to breakfast and left the person wearing this containing food debris for three hours before it was removed.
- Staff assisted a person with personal care with their bedroom door open.
- Gentlemen who had already been assisted with personal care were assisted to breakfast unshaven. However, a senior staff member did remind care staff to ensure this was addressed.
- At lunchtime a person was left asleep in the lounge with their head in mash potato on their dinner plate which was on a table in front of them.
- Two people were left sitting in armchairs asleep with their dentures falling out of their mouths for around two hours. The dentures were then seen on their laps. We asked the manager to check with a dentist if these dentures fitted correctly.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Dignity and Respect.

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

- People spoke positively of the staff. One person told us, "If I need help I've only got to ask... They're all very helpful."
- Staff were prompt in responding to call bells people used in bedrooms to alert staff they needed assistance. One person told us there was always a staff member who came to help them during the night when they used their call bell.
- Staff aimed to support people's varying needs. For example, staff explained to people with sight loss what they were doing such as when they were going to move them and when meals were placed in front of them, so they did not become anxious.
- Whilst staff aimed to treat people well, this did not always happen in practice. For example, one person was feeling low and was left asleep with their head on the dining table for around two hours before they were moved to a more comfortable armchair.

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

- People who were able, were involved in decisions about their care when their needs were assessed prior to living at St Georges.
- The manager told us they involved people in decisions about their care plans when they were reviewed.

- A relative told us they were happy with how they were involved/kept informed about the care of their family member.
- Staff communication with people was limited which meant they may not always provide care in the way people preferred.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection, we identified people had opportunities to participate in some activities, but staff were not able to respond to people's individual needs to socialise. At this inspection, there continued to be improvements needed.
- Staff felt people needed more opportunities to engage in activities. One staff member told us, "I would not say much is done, it is around once a month (activities provided). People sleep a lot." Another said, "We could do with an Activities Co-ordinator".
- People told us they felt staff were busy so did not have time to sit with them. One said, "I don't think they have got the time really... they don't sit with any one of us."
- On the day of inspection, a staff member was seen engaging people in ball games, trying to make sure everybody in the lounge area was involved. They also knew one person spoke in a different language and attempted to speak with them in this language making them laugh together.
- 'Resident' meeting notes showed plans to increase activities for people.
- Care plans staff used to guide them on how to meet people's needs, were not always sufficiently detailed to ensure people received personalised care in accordance with their wishes and preferences. The manager told us they were in the process of updating care plans.
- People were positive in their comments of the service and how they were supported. One person told us, "Staff are absolutely brilliant, polite and helpful. If I need something they'll get it for me... they take me over to the shops if I need to... help me get dressed and bathed."

Improving care quality in response to complaints or concerns

- There had been no complaints received by the service since October 2018 when the manager started to support the home.
- There was a complaints procedure available to people if they needed to raise any concerns. A relative told us they felt confident about approaching the manager with any concerns and felt the manager was "Helpful and approachable."

End of life care and support

- People were supported to remain in the home at the end of their life if this was their wish.
- The manager told us their plans to ensure people's care plans included some information about their future wishes for their end of life care.
- People's care plans included a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

# 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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our last two inspections to St Georges Home we found the systems and processes to monitor the quality and safety of the service people received required improvement. At this inspection we found the required improvements had not been made. This continued to impact on the safety and quality of the care people received.
- Records staff completed such as people's food and fluid records and cream application records were not completed contemporaneously (ie at the time support was given), but at the end of staff shifts. The provider could not be assured therefore, records were fully accurate, and people received support at the time they needed it.
- The manager had an in-depth understanding of people's needs but their limited time at the home meant it was difficult for them to implement and oversee improvements consistently to ensure people received person-centred, safe care.
- People had not been assessed correctly prior to their admission to ensure the provider kept within the registration banding stated in their Statement of Purpose. We identified improvements were needed to support people who fell into other bandings such as "dementia."

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

- At our last inspection in August 2018, there was no registered manager in post. The provider had not taken sufficient action since this time to ensure a registered manager was in post.
- The management team was inconsistent and not always available to support staff and people at the home. The management team consisted of the provider (who did not have a daily presence in the home) and a part time acting manager (at the home three days per week).
- The lack of management oversight meant the service did not always run safely and effectively. For example, staff did not always follow safe procedures or demonstrate their competency in areas such as infection control and moving and handling people.
- Audit checks were not always effective in identifying risk. For example, they had not identified a hoist 'service' check was overdue. A staff member told us, "Some wheelchairs are missing footplates and brakes, some are faulty, but most work."
- An accident and incident audit had not identified potential risks to people were sufficiently managed to keep people safe. For example, risks associated with obtaining bruises.

These shortfalls demonstrate a continued breach of Regulation 17 of regulation 17 of the HSCA (Regulated

Activities) Regulations 2014 - Good governance.

- Registered providers and registered managers have a legal responsibility to inform us (CQC) about any significant events that occur in the home including any serious injuries or safeguarding events. The provider had failed to ensure this had happened for three safeguarding incidents that had occurred. Records showed they had also not been reported to the local safeguarding authority.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents

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

- Staff had not had regular opportunities to discuss their training and developmental needs in one to one meetings with management. The manager showed us a 'supervision' matrix with proposed dates for staff meetings to address this.
- Staff attended regular meetings where discussions took place around training, and the provider's expectations regarding supporting people.
- People living at the home had opportunities to attend regular 'resident meetings' where they could discuss issues related to the home and make any requests. It was not clear from notes of the meetings that requests made by people were responded to.

Continuous learning and improving care

- The manager had implemented systems to help drive improvement but their limited time at the home impacted on these being made in a timely way.
- Staff told us that the service had improved. One staff member told us, "Things were bad, as time has gone on it has improved. Staff are no longer calling in sick..., a lot more staff have been employed." They spoke positively of the manager and the positive impact they had on the service.
- Staff meeting notes showed the manager discussed areas where staff needed to improve such as the accurate completion of care records.

Working in partnership with others

- The manager worked with health and social care professionals to help improve the quality of care at the service. For example, district nurses and local authority commissioners.
- People who did not have family members to support them with important decisions, such as financial decisions, were supported to make contact with an advocate who could act on their behalf if needed.



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 18 Registration Regulations 2009 Notifications of other incidents  The provider had not ensured that notifiable incidents were reported to the CQC without delay as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People's privacy and dignity was not always maintained to ensure people were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from risks associated with their health, safety and welfare because risks were not always identified and assessed to ensure care and treatment was always provided in a safe way. Regulation 12 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured suitable systems were in place to protect people from abuse and improper treatment.</p>

### The enforcement action we took:

Notice of proposal to impose a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the quality of the service were not effective as they did not result in maintaining the health, safety and welfare of people.</p>

### The enforcement action we took:

Notice of Proposal to impose a condition on the providers registration