

2 Care

St George's House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 12 August 2015. Our previous inspection took place on 20 June 2014 and we found standards relating to safety and suitability of the premises were not met.

St George's House provides residential care for men and women with mental health issues. The service focuses on a three phase rehabilitation programme to support people to move to more independent accommodation. There were 23 beds and 17 people staying at the service at the time of our visit.

There was a registered manager in place at the time of our visit. 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.

We saw that the practices for the administration of medicines were not appropriate to ensure safety as there were gaps in recording of when medicines had been given and they were not always checked and counted. Staff were not subject to regular competency testing in medicine administration.

Summary of findings

Protection and safety plans had not been reviewed regularly and this was reflected in the documentation at the service. This meant that any changes to people's needs may not have been identified and could lead to unsafe and inappropriate care.

Support plans were not always personalised or reviewed regularly and one person did not have a plan in place.

Audits to monitor the quality and delivery of services as well as checks on protection and safety plans and support plans were not being carried out effectively and they had not identified the shortfalls we found during the inspection. This meant that a high quality service could not be evidenced and people may be at risk of receiving inappropriate care and support.

The registered manager and staff had a good understanding of safeguarding issues and the types of abuse that may occur. They were also able to tell us how to report and record concerns and use the whistle blowing procedures if required.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service.

Staff were suitably skilled and knowledgeable to perform their roles. They had undertaken mandatory training and had a time of reflective practice after each session. They received regular supervision and appraisals.

The registered manager and staff had a good understanding of the principles of the Mental Capacity

Act 2005 (MCA) and supported people to be as independent as possible. Staff received training on the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people's movements to be restricted for their own safety. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Staff showed dignity when interacting with people and demonstrated an understanding of people's individual needs. They had a good understanding of equality and diversity issues and were able to tell us how they ensured people's cultures, beliefs and the way they wished to live their lives were recognised and supported.

Staff encouraged people to set goals and worked with them towards achieving them. People were supported to pursue individual and group activities at the home and in the community.

People were able to give feedback via a number of mechanisms, including community meetings, keyworker sessions and resident's surveys.

Feedback from health and social care professionals involved with the service was extremely positive. It was felt the registered manager and the staff team worked effectively with the relevant teams and hospital in-patient staff where appropriate, to provide a well-managed, recovery focused service.

Summary of findings

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. Systems in place for storing and administration of medicines were not appropriate to ensure safety and effectiveness.

Risks were not always reviewed regularly as stated in the documentation at the service.

Staff had a good understanding of safeguarding issues and the types of abuse that may occur.

Recruitment checks were completed to ensure they were appropriately suited to work with people using the service

Requires improvement



Is the service effective?

The service was effective. Staff received appropriate training and were suitably skilled and knowledgeable to perform their roles.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and supported people to be as independent as possible.

People were encouraged to eat a healthy balanced diet. They had a choice of food and cooking groups for people requiring support.

Good



Is the service caring?

The service was caring. Staff showed dignity and respect when supporting people.

Staff received training and had a good understanding of equality and diversity issues.

People interacted well with each other and developed meaningful relationships.

Good



Is the service responsive?

The service was not always responsive. Support plans were not always personalised or reviewed regularly.

People were encouraged to set goals and staff worked with them towards achieving them.

People were supported to pursue individual and group activities at the home and in the community

People knew how to make a formal complaint and staff were clear about how to support people to do so. The complaints log gave details of the complaint and the outcome.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led. Regular checks and audits of service quality and delivery were not being carried out effectively.

Feedback was sought via a number of mechanisms, including community meetings, keyworker sessions and resident's surveys.

The staff team worked effectively with the relevant health and social care teams and hospital in patient staff to provide a well-managed, recovery focused service.

Requires improvement



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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 12 August 2015 and was unannounced. The inspection team included two inspectors and a specialist nurse advisor with experience of dementia care.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with six staff including the deputy manager and the registered manager and the visiting gardener. During the inspection we spoke with four people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed five care records, four staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Is the service safe?

Our findings

People we spoke with told us they felt safe at St Georges House. During the inspection, we saw that people were talking with staff and discussing about going out for appointments and other activities. Staff were aware of people's whereabouts and plans for the day.

At our last visit on 20 June 2014 we saw that the standard concerning suitability and safety of the premises had not been met but this issue had now been resolved. We saw that a new security door with an entry system had now been put in place, as well as CCTV cameras in areas outside the building. The registered manager confirmed that security had been improved. People now had fobs to enter the building and staff were now able to monitor who was coming in and out of the building via the CCTV.

We saw that the majority of medicines were administered to people using the Monitored Dose System, as well as some administered from individual bottles and boxes. These were supplied by a local pharmacist. On the front sheet was a place for people's photograph and a box to tick if allergies were present and these were listed on the sheet. We saw that several photographs were missing. Allergies were not recorded on each individual Medicine Administration Record (MAR) sheet. One chart had no front sheet and the allergies section was not completed on the MAR sheet.

One person had an antibiotic recorded on the MAR sheet, yet had no dates to indicate if the course was completed, started or mid cycle. Another chart recorded that an antibiotic had been completed from 28 July 2015. However, the antibiotic was still stock. The records did not indicate if the antibiotic courses had been completed as required. On the same chart we saw that three doses of medicines were not signed for on 10 and 11 August 2015.

Records for fridge and room temperatures were recorded although gaps were evident, including four dates in July 2015 and one in August 2015. Eye drops were not dated when opened so staff could be sure whether the drops had been opened and were still safe to use.

Medicine records on three out of fifteen MAR sheets that we looked at did not confirm that medicines were signed in, checked and counted when received. We saw night medicines for one person were not signed for 11 August

2015. One person who was self-administering medicines was required to have weekly spot checks to see if they were managing but we saw no records of the spot checks taking place from 22 July 2015.

We saw that PRN medicines were recorded on the MAR sheets, however, we could not see an explanation about the reason it should be taken or the maximum dose that should be taken. Staff told us that this information was available on the box or bottle. We sampled some of the boxes for PRN use and it contained limited information relating to this. We could not be sure of the safe and proper management of medicines.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Training records confirmed that permanent staff were trained or in the process of undertaking e-learning in medicine procedures. We were told by the registered manager that it would normally be at least a month before new staff administer medicines. Staff were not subject to regular competency testing to ensure they were safe to administer medicines.

We recommend that regular competency testing of staff be considered to ensure staff who administer medications are safe to do so.

Homely remedies were signed by the GP and included and stock balances of homely remedies were checked weekly, and a stock control form was used. Returned medicines were taken to the pharmacy by staff and on receipt of the medicines the pharmacist signed the book to confirm they had been received.

We spoke with the registered manager regarding the issues that we found with the management of medicines and she gave assurances that an audit would be undertaken immediately to ensure the safe storage and administration of all medicines. We saw that daily checks on medicines were made by staff, which identified any missing signatures or medicines not given. The checks done on the day of our inspection confirmed they had receipt of the correct amount of medicines and that all prescribed doses had been given.

Is the service safe?

We saw that controlled drugs were stored correctly and the supporting records in the controlled drug register had two staff signatures. There was only one controlled drug being kept for one person at night in the service. This had been signed and was up to date.

During the inspection there was a registered manager, deputy manager, assistant manager, one support staff and a housekeeper on duty. During the morning we saw that people were often waiting to speak to staff as staff were busy. Although people were waiting only a short time and people were given a time to come back, we wanted to understand how staff were deployed and if there were sufficient numbers. The registered manager confirmed that from analysis of dependency levels there were sufficient staff to meet people's needs and that she was able to request extra staff at any time if she felt it was required and this would be agreed by her line manager. She explained that the morning period was particularly busy and managers were also expected to assist with supporting people as well as undertaking management activities. She went on to explain that until recently there had not been full capacity of people staying at St Georges House and there were adequate permanent staff in post. However, numbers had increased relatively quickly and they had been using bank staff ensure that people's needs were met. She told us an advert had gone out on the day of the inspection for two permanent recovery workers. This was confirmed in the documentation we saw. One person at the service was particularly unwell and needed to be observed closely. We saw evidence that the registered manager had been working with the local mental health team to ensure the persons support needs were adequately met at St Georges House. This situation was under constant review.

We recommend that consideration is given to the appropriate deployment of staff, to ensure people's needs are met at all times.

We looked at five people's care plans and saw that three of the protection and safety plans had not been reviewed in the past year. The last review dates were April, May and June 2014. The registered manager confirmed that reviews

should be completed three monthly or when there was a change in circumstances. The registered manager showed us evidence that the reviews had been flagged up during a recent audit, however the date to complete the actions had expired. We could not be sure that risks were being appropriately identified and measures put in place to minimise such risks. This meant that any changes to people's needs may not have been identified and could lead to unsafe and inappropriate care.

This is in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager and staff had a good understanding of safeguarding issues and the types of abuse that may occur. They were also able to tell us how to report and record concerns and use the whistle blowing procedures if required. One member of staff told us, "It was important to listen and take allegations seriously." Staff had completed training and policies and procedures covering the steps to take were in place. We saw that safeguarding issues were referred to the local authority and notifications came to the Care Quality Commission.

There was an updated fire risk assessment in place dated April 2015. Emergency lights are checked monthly and we saw that fire signage was available and fire equipment available.

We looked at the staff files for four members of staff and saw that appropriate recruitment checks took place before staff started work. We saw completed application forms which included their full employment history and relevant training undertaken. Each file included two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

We saw that fire procedures were built in to the staff induction and fire training. A fire evacuation had been conducted in February and June 2015 and also noted that regular service visits had taken place to check on fire equipment as well as call outs. Recent records confirmed this. The service retained records of false alarms and fires.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles. One person said, “Staff are good, they help me when I need it, I only have to ask.” Staff told us that they received training through the provider and in house. They told us that the staff team had a wide range of skills and knowledge which was always shared with the rest of the team.

We saw training records that confirmed staff received mandatory training, either face to face or e- learning. Topics included, safeguarding adults, infection control, health and safety and food hygiene. Staff had individual learning development plans and they were accessed through an on line systems as well as during supervision sessions. In addition after training there was one day of reflective practice organised through the provider.

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff files indicated that staff had received one to one supervision ranging between monthly and two monthly. There was also evidence of regular annual appraisals for the staff files we looked at. We saw that the content of supervision sessions recorded were relevant to individual's roles and included topics such as personal wellbeing in the role, dynamics within the team, service users and staff training. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive.

People told us that staff asked them for their consent before they supported them. They also said they were able to make choices about how they were supported. We observed staff asking people what they wanted in terms of their support, for example we heard a staff member asking if they would like them to accompany a person to a GP appointment. The registered manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they

always presumed that people were able to make decisions about their day to day support and if they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional in order for a best interest decision to be made.

Staff received training on the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. It also allows people's movements to be restricted for their own safety. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. There was a recent staff workshop with a question and answer session that had been provided on this subject. There were no DoLS in place at the time of inspection.

People at the service were on a three phase programme to enable independent living and each level determined how much support they required, including assistance with preparing and cooking meals. Staff worked closely with them in a planned way, in order to achieve their goals. We saw that people had access to make toast, cereal, hot drinks and cold drinks throughout the day. They had a choice of food and cooking groups took place daily for people requiring support, which we observed on the day of inspection. People were encouraged to eat a healthy balanced diet. We saw the service had a five star rating “very good” awarded by the Food Standards Agency in September 2014.

People told us that they had been able to see their GP when they want. They were supported by staff to make appointments and attend the surgery if they requested. Care records showed that the service liaised closely with relevant health professionals such as GP's and community mental health teams. People's care plans showed that they had access to the medical care they needed.

Is the service caring?

Our findings

People we spoke with told us that staff were helpful and understanding. They said staff were approachable and they felt they could go to them with any issue. One person said, “Staff are friendly and are nice people.” Another person told us that trips out were arranged and up until recently, there had been a weekly meal out at the local pizza parlour.

We saw that staff enabled and encouraged people to do as much as possible for themselves whilst giving positive feedback on achievements and successes. Staff were engaging with people appropriately offering choices whilst ensuring they were supported to develop the skills needed for independent living. Some people told us that they do their own cooking and we saw a person preparing lunch. There was also a laundry room where people were encouraged to do their own washing and they were also encouraged to personalise and maintain their own bedrooms.

We observed staff interactions with people and saw they showed dignity and respect as well as demonstrating an understanding of people’s individual needs. Staff we spoke with had a good understanding of equality and diversity issues and were able to tell us how they ensured people’s cultures, beliefs and the way they wished to live their lives were recognised and supported. Staff received training in equality and diversity and policies and procedures were in

place to support and guide them. The registered manager was a member of a steering group for equality and diversity, as the organisation was currently working towards Investors in diversity accredited status.

Staff we spoke with had good knowledge and understanding about people they were supporting, including their life history, preferences and how to engage them. This was supported by the documentation we saw that was very clear and detailed.

People were encouraged to be fully engaged in what was happening in the home and we saw that people took a lead in community meetings, including being the chair person and arranging the agenda. Most activities that people undertook were individual but there were some groups, including cooking and the gardening club. We saw people interacting with each other and it was clear that people had developed meaningful relationships with each other as well as the staff team. We saw people making drinks for others and asking if people needed anything, some were outside sitting at tables with a drink and smoking together.

Visitors were encouraged and allowed into the home at any time up until 11pm, and that overnight stays were permitted if a 24 hour request in advance was made. We saw Information posters in all communal areas of how people could feed into improving the organisation as well as posters on food and mood to raise awareness of how different foods can affect mood and mental health.

Is the service responsive?

Our findings

People told us they were involved in decisions about their care as well as planning their care. We saw evidence of this in care records and people told us they had seen and agreed to their care plans. One person told us, “I have to be back home by 11pm and I agreed to that with my keyworker, it’s for my own safety”.

We looked at support plans for five people using the service. The deputy manager told us they were reviewed every three months or sooner if circumstances changed. However, we saw that one person had no plan in place. Two had only general plans in place which were not personalised plans, despite one person moving in in May 2015. One review was undertaken in February 2015 and hadn’t been reviewed since.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

In the support plans we saw there was evidence that support that had been identified was being put in place, for example one person required two key work sessions per week. This was taking place with access to a dual diagnosis worker. External agencies such as smoking cessation and the dentist had been invited to community meetings as this met an identified need. We also saw contingency plans in place for people when their mental health deteriorates.

There was a keyworker system in place which meant people had a designated staff member assigned to them to support them with day to day tasks as well as achieving longer terms goals and aspirations. People met at least weekly with their keyworkers to discuss care plans or any other issues.

People were supported to become as independent as possible so that that in the future they could live independently or with minimal support. We saw people

were enabled to make choices with the least restrictions placed upon them. People were seen to come and go freely from the service, visiting local shops for snacks, cigarettes and whatever they needed. They told us that they had their own money and they decided how to spend it.

Staff told us that people were encouraged to set goals and that they would work with the people towards meeting the agreed goals. One person told us that they were about to start college in September 2105 to start a maths and English course. Another person told us they wanted to work in hospitality and their key worker confirmed they were working with them to towards building self-esteem. We saw that another person led a poetry group, whilst some people who had left the service came back to befriend those currently in the service.

The gardening group was a big part of community life at St Georges House. We spoke with people using the project who told us they really enjoyed planting and growing vegetables and felt it was a good way to spend their time. We spoke with the visiting gardener who ran the group and heard how he had seen people who had started working on the project when it started three years ago, move onto independent living. He told us that one person still works with him on other projects and is paid a wage for doing so. All the vegetables and fruits grown in the group were used to make jams, chutneys and salads. He told us how people really benefited from the group as working together helps relationship building, making connections and improving self-esteem.

Information regarding how to make complaints was given to people and visible on the notice board. People we spoke with told us they knew how to make a formal complaint and staff were clear about how to support people to do so. The complaints log gave details of the complaints and the outcomes. There was an up to date complaints policy in place.

Is the service well-led?

Our findings

People we spoke with told us they thought the service was well run. They told us staff were helpful and they felt the culture at the service was open and transparent. One person said, “It’s ok here, there’s lots of meetings so we can have our say and we know what’s going on.” The registered manager told us they were committed to ensuring the service was equipped to meet the needs of people using the service as well as supporting people to live independently.

The arrangements for reviewing the storing and administration of medicines as well as checks on the appropriateness of people managing their medicines were not fit for purpose. No audits or spot checks were undertaken and the provider could not demonstrate that medicines were administered safely and appropriately. There were also no processes in place to check the competency of the staff administering medicines. This was discussed with the registered manager who told us she would be taking immediate steps to audit medicine processes, to ensure safety and effectiveness.

We saw gaps in the weekly tests for the carbon monoxide alarm and the last weekly fire alarm test was recorded as 30 July 2015.

The registered manager told us they were responsible for checking that three monthly reviews were in place for support plans and safety and protection plans. We saw evidence of a check on documentation in June 2015 but this had not been followed up to see if actions had been completed.

Audits to monitor the quality and delivery of services were not being carried out effectively; they had not identified the shortfalls we found during the inspection. This meant that a high quality service could not be evidenced and people may be at risk of receiving inappropriate care and support.

This is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff told us they felt the registered manager was supportive and committed to improving the service. Some told us they felt more staff were needed to ensure people had adequate support and although recruitment was underway it was taking a long time, we saw evidence of this on the day of the inspection. We saw from documentation that regular business meetings took place and in these meetings there were discussions about people’s support and any issues impacting on the service for example the on-going recruitment.

There was evidence of a residents survey that had been undertaken through the head office. There were no dates on the survey form but we were told it was conducted in September 2014. We saw an analysis of the findings in relation to the specific questions, along with any actions required and recommendations for improvement. The responses were generally positive.

People told us that regular meetings took place each week where there were opportunities to raise concerns and discuss issues that may arise at the home, including maintenance, outings and on occasions incidents that may have occurred. They were happy that issues were taken seriously and usually resolved satisfactorily. They felt they were consulted about changes and more recently had been involved in talks about planned refurbishments. People we spoke with told us that they thought the registered manager was approachable and they could speak to her at any time if they had a concern. One person said, “I can go to the manager when I want and she always listens”.

Feedback from health and social care professionals involved with the service was extremely positive. It was felt that the registered manager and the staff team worked effectively with the relevant teams and ward staff to provide a well-managed, recovery focused service. They told us that staff had a range of skills that enabled them to support people with more complex needs, including negotiating and managing boundaries.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure the safe and proper management of medicines.

Regulation 12 (f) & (g)

Regulated activity

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user to ensure services are appropriate and meet their individual needs.

Regulation 9 (3) (a)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and securely maintain an accurate, complete and contemporaneous record in respect of each service user.

Regulation 17