

Ms Karen Ann Bexter

St Georges Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 3 December 2014 and was unannounced. At the last inspection of the home in October 2013 no concerns were identified.

St Georges Care Home provides accommodation and personal care to up to 20 older people. It is located in a quiet residential area of Taunton. At the time of the inspection there were 16 people using the service. This included one person who was having a short respite stay.

The manager had been in post since July 2014 and had applied to the Care Quality Commission to be registered. 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 found improvements were needed to ensure records were reviewed and up dated to make sure staff had adequate information about people's care needs. During the visit we found risk assessments, including manual handling assessments, were not up to date and could potentially place people at risk of receiving inappropriate care.

Summary of findings

We also found improvements were needed to make sure the quality monitoring systems in place were fully effective in identifying and addressing shortfalls in practice which could affect the well-being of people.

People described the new management team as very approachable. The manager had a clear vision for the home which had been communicated with, and adopted by, staff.

People told us they felt well cared for and their needs were met by staff who were competent in their roles. Comments included “Staff are all very good and certainly know what they are doing” and “The staff are excellent. They help when you need help and let you be independent too.”

The risks of abuse to people were minimised because all staff were thoroughly checked before they began work. Checks included written references from previous employers and checks to ensure staff were safe to work with vulnerable adults. Staff were aware of what may constitute abuse and how to report it. All were confident that the current management would fully investigate any concerns and take action to make sure people were safe.

People said they continued to make decisions about their day to day lives. People were able to make choices about what time they got up, when they went to bed and how they spent their day.

We were told there were no strict routines in the home and people were free to follow their own life style choices. One person told us “They go along with your routines. You can still live your life the way you want to.” Another person said “I don’t regret moving here. I do as I please but I feel safe.”

People received meals in line with their needs and preferences. People were happy with the food provided and many praised the chef. Minutes of resident’s meeting showed that food and menus were always discussed and people were able to make suggestions about meals they would like to see on the menu. The menu offered a good variety of food and catered for specialist diets and preferences.

People received support with medicines from staff who had appropriate training to carry out the task safely. One person said “I prefer the staff to do my tablets. They do them properly and I get them at the right time every day.”

People had opportunities to express their views through resident’s meetings and one to one conversations with staff. Some suggestions made at meetings had been acted upon and resulted in changes in the home.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 totally safe because risk assessments, which gave staff information about how risks to people could be minimised, were not up to date.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

People were supported by sufficient numbers of staff to meet their needs.

Requires Improvement



Is the service effective?

The service was effective. People told us they felt well cared for and their needs were met by staff who were competent in their roles.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Good



Is the service caring?

The service was caring. Staff showed kindness and compassion in their interactions with people.

People received care and support in a manner that respected their dignity and independence.

Visitors were always made welcome in the home and people were able to see personal and professional visitors in communal areas or their personal rooms.

Good



Is the service responsive?

The service was not fully responsive. People's care was tailored to their individual preferences but improvements were needed to ensure records were reflective of people's care needs.

People spoke enthusiastically about the activities in the home which included regular trips out in the home's mini bus.

People knew how to make a complaint and all were confident their concerns would be listened to.

Requires Improvement



Is the service well-led?

The service was not consistently well led. Although there were some systems in place to monitor the quality of the service these were not always robust enough identify and address shortfalls in the service.

Requires Improvement



Summary of findings

People told us the manager was open and approachable.

There were regular meetings to enable people to share their views and keep up to date with changes.

St Georges Care Home

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 3 December and was unannounced. It was carried out by one inspector.

Before the inspection we looked at the information we held about the home. This included the report from the last inspection and notifications about significant events that had occurred in the home.

During the inspection we spoke with nine people who lived at the home and one visiting health and social care professional. We also spoke with seven members of staff which included care staff, management and ancillary staff. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, three staff personal files and health and safety records.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said “I definitely feel safe here.” Another person told us “I feel secure here. I know I can call on someone anytime and they will help me. The staff are all very calm and they take away all your worries.”

Care plans contained some risk assessments to make staff aware of how to provide care to people in a way that respected their freedom but minimised risks. However these risk assessments were not always up to date. We saw that one person was using pressure relieving equipment to minimise damage to their skin. However there was no record of this in the person’s care records. Staff were aware of the equipment that needed to be used to minimise risks to the person and said this information had been shared with them verbally. We saw that another person’s care records contained risk assessments which were generic and not personal to their individual needs. These risk assessments had not been reviewed or up dated since April 2014. The lack of up to date risk assessments could potentially place people at risk because staff could be unaware of people’s assessed risks and the measures in place to minimise the risk. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of what may constitute abuse and how to report it. All were confident that the current management would fully investigate any concerns and take action to make sure people were safe. The provider had notified the local authority safeguarding team when allegations of abuse had been made. They had fully investigated all allegations and taken action to make sure people were fully protected. The minutes of a recent staff meeting gave evidence that the home’s whistle blowing policy had been discussed. The whistle blowing policy enables staff to share serious concerns with appropriate agencies outside the home in a confidential manner.

There was a robust recruitment process which minimised the risks of abuse to people who lived at the home. We looked at three staff personnel records which showed all

staff were thoroughly checked before they began work. Checks included written references from previous employers and checks to ensure staff were safe to work with vulnerable adults.

Everyone we spoke with felt there were sufficient staff on duty at all times to meet their needs. One person told us “You never have to wait to be helped. If you want anything they are always happy to assist.” Another person said “I have a bell I can ring. I hardly ever do but if I have had to they have come immediately.” Throughout the visit we observed that people were supported in a relaxed and unhurried manner. We noticed that requests for assistance were responded to promptly and call bells were answered quickly. Staff told us they thought there were enough staff to meet people’s needs and to spend time chatting and supporting people with activities. One member of staff commented “Definitely enough staff, we have time to sit down with people and spend quality time with them.”

Medicines in the home were administered by staff who had received specific training to safely carry out the task. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an as required basis. We saw that one person’s prescription stated the medication should be given when required ‘to reduce aggression.’ Staff told us, and records confirmed, the medication was seldom given as staff used distraction techniques, such as offering alternative activities, to reduce aggression and distress. However there was no care plan in place outlining how this person’s aggression should be managed.

Staff administering medicines did so safely and always asked the person if they were happy to take them. One person said “I prefer the staff to do my tablets. They do them properly and I get them at the right time every day.”

Is the service effective?

Our findings

People told us they felt well cared for and their needs were met by staff who were competent in their roles. Comments included “Staff are all very good and certainly know what they are doing” and “The staff are excellent. They help when you need help and let you be independent too.” We observed staff responded to people appropriately and assisted them in a way that promoted their independence. Staff said they had received training that enabled them to effectively meet the needs of the people who lived at the home. One member of staff said “I am confident in my job.” Another said “I feel I have the skills to care for people and there are always others around if you want to discuss anything.” A visiting health and social care professional said they were a regular visitor and “Everyone always looks well cared for, definitely no concerns.”

The manager told us they were currently auditing all staff files to ensure they had an accurate picture of the training that had been undertaken by each member of staff. They had also planned training in caring for people with dementia, behaviour management, life history work and providing activities for later in the month. All staff were also booked to up date all mandatory training in January 2015. This would ensure all staff working at the home had up to date skills and knowledge to effectively support people.

The staff monitored and responded appropriately to people’s health care needs. On the day of the inspection one person told us they were experiencing some discomfort and staff were arranging for them to be seen by a doctor. During the morning we heard a senior member of staff telling the person they had contacted the surgery and which doctor would be visiting. The person told us “They are very good if you are unwell. Always make sure you are seen.” Another person said “They make sure you are always comfortable. Often they have got the doctor or nurse to see me when I really wouldn’t have bothered but they say it’s best to nip things in the bud.”

Most people who lived in the home were able to make decisions about what care or treatment they received. One person said “It’s up to me but I usually take their advice about medical things.” We saw that staff always asked for a person’s consent before supporting them with care. During lunch we heard staff ask a person if they wished to see the doctor who had just arrived at the home. The person declined and their decision was respected.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us “Most people can make their own decisions but if we are concerned that they don’t understand things properly we talk with families and doctors.” This demonstrated staff understood the principles of the act and consulted relevant people, where appropriate, to make a decision in the person’s best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager and deputy were familiar with the Deprivation of Liberty Safeguards and were confident no applications were required for people who lived at the home.

People were happy with the food provided and many praised the chef. One person said “You couldn’t ask for better food.” There was a three week menu which was adjusted according to the season. Minutes of residents meeting showed that food and menus were always discussed and people were able to make suggestions about meals they would like to see on the menu. The menu offered a good variety of food and catered for specialist diets and preferences. Store cupboards were well stocked with good quality products including fresh fruit and vegetables.

The main meal of the day was served at lunch time and most people choose to eat in the dining room. We observed that lunch was a pleasant sociable occasion. People received meals in line with their needs and preferences. For example we saw a vegetarian meal was available for someone who did not eat meat and a dairy free option was served to another person with a dairy intolerance. The food was well presented and people received ample portions. We heard staff making sure people had had enough to eat and offering extra portions to people.

Is the service effective?

Where staff had concerns about a person's food and drink intake they sought medical advice. We saw that one person had been prescribed food supplements following concerns raised with their GP.

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. Comments included; “Staff treat you very well, nothing is ever too much trouble for them,” “Staff are very good. Always polite and pleasant” and “Staff are all lovely. Couldn’t ask for better.”

There was a very relaxed atmosphere in the home and people were free to spend time in communal areas or in their personal rooms. Staff told us they aimed to create a homely environment for people. One person said “It’s home from home really. Small enough to still be like a family.” We saw staff checking on people throughout the day, making sure they were comfortable and asking if they needed anything. One person said they were a little chilly and a member of staff went to get them a cardigan at their request.

Staff demonstrated a good knowledge of each individual and we heard staff asking after people’s family members and discussing relevant issues. We heard compliments being paid to a person who had had their hair done and about people’s clothing. We heard how some people had developed friendships and staff ensured people who were friendly had opportunities to sit together in the lounge and dining room. We heard people chatting and laughing with each other and with the staff.

Each person who lived at the home had their own bedroom with en-suite facilities. This enabled personal care to be carried out in private. People told us staff respected their privacy. One person said “One of the best things about here is you can be private or have company. It’s your choice and

everyone respects that.” Bedrooms we saw had been personalised to reflect each person’s tastes and preferences. One person said “I have everything I need. It’s a bit like having your own little flat. No one comes in without my say so and I feel very at home.”

People received care and support in a manner that respected their dignity and independence. We saw staff discreetly assisting someone to their room when they required support. We also saw staff encouraging people with mobility by reassuring them and walking with them.

Visitors were always made welcome in the home and people were able to see personal and professional visitors in communal areas or their personal rooms. One visitor said they were always made to feel welcome. A person who lived at the home said “You can have visitors at any time just as if you were at home.” On the day of the inspection a visiting optician was seeing people in a private area and people were able to see their GP in their personal room.

There were various ways for people to express their views including one to one chats with staff and residents meetings. Minutes of residents meetings showed these were used to seek people’s views and share information. One person said “We have meetings where you can say things. I raised about portion sizes and they seem to have sorted that out. So they do listen.”

Staff showed kindness and compassion in their interactions with people. We saw a member of staff sitting alongside a person who had some speech difficulties. The member of staff showed patience and responded to the person in an unhurried manner enabling the person to ask questions.

Is the service responsive?

Our findings

People received care that took account of their wishes and preferences but care records we read did not always give up to date details about people's current needs. We saw staff assisted one person to get up from a chair and move to the dining room. The staff used appropriate equipment and supported the person in a way that was reassuring and promoted their independence. However this person's care records had not been reviewed or up dated to give staff details of the equipment or number of staff required to effectively support them. This could potentially place the person at risk of receiving inappropriate support. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had a good knowledge of people's likes and dislikes and were able to tell us how they tailored care and support to each person. For example they told us about one person who liked to spend the morning in their room and then come down at lunch time. We also heard about a person who liked to go for a walk each day. They told us "They know the things I like to do and I just tell them when I'm going out and when I'm back."

People said they continued to make decisions about their day to day lives. People were able to make choices about what time they got up, when they went to bed and how they spent their day. One person said "They always bring a breakfast tray up so you can decide whether to get up or eat in bed." Another person said "I'm still my own person and can do as I please. That means a lot."

Care records we saw contained very personal information which included information about people's lifestyle, interests and important family and friends. This gave staff information about people's individual preferences and the things that were important to them which supported them to provide personalised care to each person. We were told there were no strict routines in the home and people were free to follow their own life style choices. One person told us "They go along with your routines. You can still live your life the way you want to." Another person said "I don't regret moving here. I do as I please but I feel safe."

Staff took account of people's changing needs and wishes and adjusted their practices in response to changes. One person had been unsettled at night and a member of staff

had written a night routine with them and their family. This made sure all staff were aware of the support the person needed in the evening and night to ensure a good night's sleep.

People spoke enthusiastically about the activities in the home which included regular trips out in the home's mini bus. There was a monthly activity programme which included quizzes, visiting entertainers and speakers and trips out. People were given information about forthcoming events which enabled them to plan their time around the activities that interested them. One person said "There's always things going on and we have had some very interesting speakers." We saw photographs of trips out and a recent firework display.

The staff had recently introduced evening activities to in response to comments from people at the home. Minutes of a meeting held showed that one person had commented that they found the evening and night too long and another person had said they felt they spent too much time watching TV in their room. A member of staff told us "The residents seem so much happier in the evenings and are staying up longer." One person said "Last night we played skittles. We had such a laugh, it was wonderful."

People continued to take part in community activities and use local facilities. People told us about meals out, visits to local events and Christmas shopping trips. Some people attended local churches and church groups. There were pastoral visits from local church ministers for people who wished to take communion but were unable to attend church.

People were supported to maintain contact with friends and family and we were told visitors were always made welcome. During the inspection the manager was contacted by a family who wished to arrange a skype session with someone who lived at the home. They arranged a 'trial run' using the home's computer in preparation for a session which would enable the person to speak to overseas relatives at Christmas.

Everyone told us they knew how to make a complaint and said they would be comfortable to raise any worries or concerns with the manager or a member of staff. One person said "If something upsets you can raise it. That's what they always tell us." Another person said "I wouldn't hesitate to speak with someone if I wasn't happy. I'm very confident they would sort it out."

Is the service well-led?

Our findings

The manager of the home had been in post for four months and had applied to the Care Quality Commission to be the registered manager. A new deputy had also been appointed in September 2014. Since commencing work the management team had spent time getting to know people who lived at the home and observing and monitoring care practices. They had also carried out audits and put in place an action plan to address shortfalls highlighted by these observations and audits.

The manager shared with us their action plan and was open and honest about the shortfalls which needed addressing. These included ensuring care plans were up to date and were fully reflective of people's needs and personal wishes. However we found the care records belonging to someone who had recently moved to the home had not been completed and there was no evidence that a full assessment of their needs had taken place. This showed that the action plan was not fully effective in addressing identified shortfalls. Audits had also identified a lack of recording of staff training and courses had been booked to make sure all staff training was up to date.

The manager had completed a full health and safety audit of the home and had taken action to address issues such as better signage for fire exits. There was a more long term plan to replace the fire detection system throughout the building. During the inspection we looked at records of in house fire safety checks. Although the policy was for tests to be completed weekly or monthly we found that some had not been carried out since July 2014.

Audits and action plans completed by the manager had been shared with the registered provider. We were told that the registered provider visited the home on a regular basis but did not carry out any formal quality assurance audits.

The manager had a clear vision for the home and was encouraging personalised care. This vision had been communicated with staff through staff meetings and individual supervision sessions. Staff told us "Things have really changed. The place is happier and we are all committed to providing person centred care." Other staff said "It's all about providing the home that people want. It feels really positive and even relatives have commented on the great atmosphere."

During the inspection visit we saw the manager and deputy were very open and approachable. We observed that staff and people who lived at the home were very relaxed in their presence. We saw the manager serving lunch and chatting with people. People who lived at the home and staff were very positive about the new management arrangements with one person telling us "Things are definitely on the up."

Minutes of meetings held for staff and people who lived at the home showed that people were kept up to date with changes. They also had opportunities to share ideas and make suggestions. All staff were also receiving one to one supervision with a member of the management team. This was an opportunity to discuss their work and identify concerns or training needs in a confidential setting. We saw that one to one supervision had been used to address issues of poor practice with individual members of staff.

In addition to the manager and deputy there was a team of senior carers who were able to offer advice and guidance to less experienced staff. We were told, and duty rotas confirmed, there was always a senior member of staff on duty. This enabled there to be clear lines of accountability and responsibility on each shift. Staff told us they had a handover meeting at the beginning of each shift where they discussed people's wellbeing and each member of staff's responsibilities for the shift. One member of staff said "Communication is really good. We work as a team and we all know what we are doing."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20 (1) a</p> <p>The registered person had not ensured accurate records were maintained in respect of each service user to make sure they were protected from the risks of unsafe or inappropriate care.</p>