

St. George's Care Ltd

St George's Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St George's Home is a residential care home providing personal care to up to 29 people. The service provides support to older adults. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

The provider had not fully embedded the systems and processes required to keep people safe. This meant improvements in areas such as fire safety and infection prevention and control had not been fully implemented. Staff did not always complete charts relating to the health and well-being of people living in the home and some maintenance and cleaning tasks had not been completed.

The provider had implemented audits, but the systems did not allow the manager to complete these fully or understand where improvements could be made to improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been recruited safely and in line with the providers policies and procedures. Staff received regular supervision and felt well supported by the manager. Accidents and incidents were investigated and learning from these was shared with staff.

The manager and staff had developed a caring and open culture within the home. People were happy and staff demonstrated a good understanding of their needs. Relatives were pleased with the care provided and felt included and part of the 'family' within the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 June 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection we recommended that the provider should improve oversight and governance of the home. At this inspection we found the provider had acted on some recommendations and had made improvements however we identified other areas of concern. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to staffing levels, high levels of falls reported at night, people leaving the

building without staff being aware and restrictions on visiting. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We made the decision to include caring which had been rated requires improvement after seeing the improved levels of care being provided during the visit and the positive feedback from relatives.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from these concerns. The provider gave CQC additional evidence to show the actions they had taken to mitigate the risks from the concerns raised. Please see the safe, caring and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety and governance of the home. This because the oversight and audits did not fully show areas for improvement such as fire safety, maintenance, completion of some records and management of infection prevention and control.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St George's Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Two inspectors completed the onsite visit and an Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

St George's Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St George's Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager confirmed they were about to put in their application to become registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 7 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager, care workers and the chef. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The home had made improvements under the guidance of the new manager, however there were some areas still needing to be improved.
- Fire safety risks were not always managed safely. We found two fire exits which were blocked by equipment, bedroom doors were being propped open and the fire safety equipment checks had not been completed regularly. The folder containing information in case of an emergency had not been updated for some time and did not contain accurate information to enable the evacuation of people if there was a fire. No staff had been trained to be fire wardens.
- The manager acted immediately to correct these issues to ensure people would be safe.
- The home was without a maintenance person who had recently left the role and two bathrooms did not have working lights in them. People were not using these bathrooms and the manager took immediate action to ensure people could not access them until the lightbulbs had been changed. There had been no impact on the safety of people using the home. The manager was recruiting for a new maintenance person.
- Risk assessments for people were personalised and stated people's preferences. They gave information on how staff should mitigate risks and keep people safe.

Using medicines safely

- The manager and staff completed regular audits of medicines however the electronic system in use was not robust enough to give good oversight. The manager could not see which people's medicines had been checked, only if a concern had been noted. The previous system had involved using the medicines administration sheets, but these had changed. The manager was aware of the issue and had been working with the local pharmacy to resolve this.
- We observed people being offered their medicines and staff taking time to ensure they had been taken.
- Medicines were administered safely by staff who were trained and received regular competency checks.
- Protocols for as and when required medicines such as those for pain management were in place and being used by staff.

Preventing and controlling infection

- We were not fully assured that the provider was using PPE effectively and safely. Staff were not always wearing masks correctly. The home used some old wooden tables to store PPE which could not be effectively cleaned.
- We were not fully assured that the provider was promoting safety through the layout and hygiene

practices of the premises. Improvement was needed in the cleaning records. It was unclear which areas of the home had been cleaned, including those areas which had been frequently touched.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives confirmed there were no restrictions on visiting their home and they could go whenever they wanted to.

We have also signposted the provider to resources to develop their approach.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Five people had a DoLS authorisation in place although not all staff we spoke with could say who these people were. The manager confirmed staff would receive a reminder and additional training if required to ensure they understood the impact of the DoLS authorisation on each individual.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe in the home. One person said, "I do feel safe here."
- Relatives said they were happy with the care being given by staff and said people were safe in the home. One relative said "My relative is very safe in their hands. Before they went into the home, they had a number of falls. Since being in the home they have not had any falls."
- Staff understood how to report concerns to the managers or senior carers.
- The manager made regular safeguarding referrals to the local authority and CQC.

Staffing and recruitment

- We observed there were enough staff on duty to meet the needs of each person on the day of inspection. Staff knew people well and there was a lot of interaction between everyone in the home.
- Most relatives confirmed there were enough staff. The door was always answered, and they could always find someone to speak to. One relative said "The staff respond well whenever a buzzer is pressed. I never hear the buzzers for long." Another said, "I think there is enough staff to provide a good level of care."
- Staff were recruited safely. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager had recently increased the number of staff on duty during the day, this was due to an

increase in the number of people living in the home.

Learning lessons when things go wrong

- Staff attended regular staff meetings. The manager used these to discuss any learning from incidents so staff practice could be improved.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed staff were caring and treated people well. They engaged with people and spent time chatting to them in a way which was inclusive and demonstrated they knew people and understood their needs.
- Relatives felt staff were responsive and they felt included in the care their relatives received. One said, "I am very happy the lengths they [staff] will go to make sure that they [relative] are happy." Another said, "The staff are so supportive. Any of them would respond positively to any of my requests."
- Staff interacted well with both people living in the home and their visitors and this created a warm and friendly environment. One said "It was my relative's birthday last week. The staff pulled all the stops out and made a special tea and invited a number of residents as well."
- Staff understood people's communication needs and knew people and their previous life histories which they used to aid communication. One relative said, "The staff will do [relative's name] hair and nails which [relative] enjoys and we like to see."
- The manager knew people well and care plans reflected people's preferences, religious beliefs and cultural needs.
- The manager promoted a culture based on respecting people in the home and this was evidenced in the way staff provided support and care to people.

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

- People we spoke with said they could speak to the manager when they needed to.
- Relatives said there had been relatives' meetings in the past. Although there hadn't been anything recently, they found the manager and staff to be approachable, easy to communicate with and open to comments and suggestions. One relative said, "I speak to the manager on a regular basis. I find her very approachable. I find the same with all the staff. They all try to solve any problems we might have."
- The manager ensured people contributed to their care plans and felt involved in the care they received. People were encouraged to make decisions about all aspects of their daily lives. We observed staff offering people a choice of drinks and a snack and allowing people to take time to make their decision.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have systems in place to ensure effective oversight of the safe running of the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some improvement had been made at this inspection, however further improvements are required.

We found no evidence people had been harmed, however checks in place needed review and the provider remains in breach of regulation 17.

- Audits and checks were in place however the system being used by the provider did not give full oversight of how and when the audits were taking place. This had an impact on areas such as medicines management and infection, prevention and control. This meant the manager could not always be sure that tasks had been completed in a timely way to ensure people were safe within the home. For example, the cleaning check list had not been completed.
- Repositioning information for people who could not move themselves was detailed in their care plans, however we found staff were not always completing the charts in line with these. Gaps in the recording of when people had been moved meant they were at greater risk of developing pressure sores.
- Risks relating to fire safety had not been identified or managed well. This was in part due to a lack of training for the new manager who would benefit from having a higher level of training to understand the risks in this area.
- The provider had failed to have oversight in these areas which would have provided additional support for the manager.

At this inspection systems had been implemented but not fully embedded to assess and monitor risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager demonstrated a commitment to quality improvement and ongoing learning and was able to evidence this through the changes made to the environment and support for staff through regular team meetings and supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We observed people were happy and enjoyed living in the home and participating in the activities provided.
- Relatives were extremely complementary about the manager and staff. They said communication was good and they were welcomed into the home which had a good atmosphere. One relative said "The manager is very good, and she solves any problem that is put before her. She is very approachable. She keeps us informed of any changes." Another one said, "Care is at the centre of what they [manager]do."
- Staff said the manager was approachable and supportive and they enjoyed their work.
- The manager and staff engaged with professionals such as district nurses to ensure people received the best possible care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home did not have a registered manager in place however the manager was preparing to put in their application to CQC. They demonstrated they understood the responsibilities which would come with this. The manager had continued to make notifications to CQC which would be part of a registered manager's role.
- Although the home had not completed any surveys in the last 12 months, people and staff said they were able to give feedback whenever they needed to, and the manager would respond to this. One relative said, "if I see anything that can improve the level of care, I make a suggestion."
- Relatives said they received information about their relative in a timely way and could speak to the manager whenever they needed to, and action would be taken if needed. One relative said, "She always has time for relatives. We are really pleased with the progress he [relative] has made."
- The manager was open and honest during the inspection about the improvements they needed to continue to make within the home. They responded immediately to the concerns raised during the inspection and had started to make improvements before the inspection visit finished.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had governance systems in place but these did not identify all areas for ongoing quality improvement and to ensure people were safe.</p> <p>This was a breach of Regulation 17 (1)(2)(a)(b)(c)(e)(f)</p>