

St George's (Liverpool) Limited

# St George's Care Homes

## Inspection report

Croxteth Avenue  
Liscard  
Wallasey  
Merseyside  
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Tel: 01516306754

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21 September 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St George's Care Homes is a residential care home providing personal care and nursing care for up to 60 people aged 65 and over. There were 26 people living at the home at the time of this inspection.

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

People said there were enough staff available to help them when needed. Comments included, "The staff come quickly when I need them" and "Staff come quick, press my bell and they are there, always enough staff." Staff were available to promptly assist people throughout our inspection and staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.

People told us the home was a safe place to live. One person commented, "I feel safe with the staff, I trust them. I know all the staff pretty much, it makes me feel safe." Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.

We observed a helpful, caring and attentive culture amongst staff at the home. Staff were familiar with the people they were supporting and had a good rapport with them.

Relatives said they had good communication with staff at the home and staff helped them to keep in touch with their loved ones whilst COVID-19 visiting restrictions have been in place. One relative commented, "We've developed a positive relationship with the staff. We have regular and honest communication with the staff and trust they'll contact us about [relative] if needed."

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

### Rating at last inspection

The last rating for this service was good (published 4 March 2020).

### Why we inspected

This focused inspection included the key questions of safe and well-led and was prompted in part due to concerns received about staffing levels at the home. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We also 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 coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# St George's Care Homes

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

St George's Care Homes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nurse, care workers and other staff.

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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff available to meet people's needs. People said there were enough staff available to help them when needed. Comments included, "The staff come quickly when I need them" and "Staff come quick, press my bell and they are there, always enough staff."
- Call bells were answered promptly and people who were in communal areas were quickly assisted by staff when they needed help.
- Staff were visible around the home throughout our inspection and people who required one-to-one support from staff received this level of support.
- Staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.
- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People told us the home was a safe place to live. One person commented, "I feel safe with the staff, I trust them. I know all the staff pretty much, it makes me feel safe."
- Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.
- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the provider had appropriate systems in place to manage concerns of a safeguarding nature.

### Assessing risk, safety monitoring and management

- Risks to people, were assessed, monitored and managed.
- The environment was well-maintained and regular safety checks were carried out on utilities and equipment.
- Fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.

### Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- The provider had systems and checks in place to ensure the safety and quality of medicines administration was maintained.

#### Preventing and controlling infection

- The home was clean and hygienic.
- Staff received training on this topic and used personal protective equipment (PPE) when required.
- Additional measures had been put in place in line with national guidance in response to COVID-19, such as regular testing of staff and residents, enhanced cleaning schedules and supporting people to isolate when required.

#### Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- The provider had robust systems in place to ensure appropriate action was taken in response to any accidents and incidents. This information was regularly reviewed by the registered manager to ensure lessons were learned and steps taken to prevent recurrence, when necessary.
- Relevant policies and procedures were in place to help guide staff.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- We observed a helpful, caring and attentive culture amongst staff at the home.
- Staff were familiar with the people they were supporting and had a good rapport with them.
- The registered manager was knowledgeable, maintained good oversight of the quality and safety of people's care and positively engaged with us during the inspection.
- The registered manager understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service.

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

- Ratings from the last CQC inspection were clearly displayed within the home and on the provider's website, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

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

- People and their relatives were able to give their feedback about the care at the home in a variety of ways, such as during care plan reviews and an annual survey.
- Relatives told us the registered manager was approachable and they had been able to speak with them when needed, either in person prior to COVID-19 visiting restrictions or via telephone or video call since these restrictions were implemented. One relative said, "The manager is approachable and listens. We were able to meet with them to talk about and deal with some issues we had."
- Relatives said they had good communication with staff about their loved ones whilst COVID-19 visiting restrictions had been in place. One relative commented, "We've developed a positive relationship with the staff. We have regular and honest communication with the staff and trust they'll contact us about [relative] if needed."

Working in partnership with others

- Staff at the home engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.

- Staff at the home positively engaged with organisations and professionals who could provide them with additional support and guidance. For example, the home was taking part in a pilot scheme with the local infection prevention and control team and other local providers to monitor and share best practice in managing COVID-19.

#### Continuous learning and improving care

- The provider had robust systems in place to monitor, assess and improve the quality and safety of service being provided.
- Records were clear, well-organised and closely monitored by the registered manager.