

# Rotherwood Healthcare (St Georges Park) Limited

# St Georges Park

## Inspection report

School Street  
Telford  
Shropshire  
TF2 9LL

Date of inspection visit:  
06 February 2017  
09 February 2017

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25 April 2017

### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 October and 1 November 2016. Breaches of legal requirements were found during this inspection. The overall rating for the service was 'Inadequate' and the service was placed in 'special measures'. Services in special measures are kept under review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

On 6 and 9 February we carried out an unannounced focussed inspection to check on the safety and wellbeing of people living at the service. St George's Park is registered to provide residential accommodation for people who require nursing or personal care or the treatment of disease, disorder or injury. They provide care for up to 70 older people with dementia and nursing needs. At the time of the inspection there were 44 people living at the service.

A manager was in post at St Georges Park; however they had not registered at the time of the inspection. The provider was planning to register the manager with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider had made significant improvements and had met the requirements of the law for providing safe care and treatment and having sufficient staff. There were sufficient staff to meet people's needs and staff were safely recruited. People were supported to manage risks to their safety and were safeguarded from abuse. Staff did not always use the systems in place to ensure people were receiving their medicines as prescribed and there had been some medicine errors, however the provider was working to ensure these issues were addressed.

The provider had made significant improvements to the leadership and management of the home. They had improved staff knowledge of safeguarding procedures and reassessed risks to people's health and wellbeing. The provider had notified us of significant incidents and events as required by law. The services last inspection rating was on display in the home as required by law.

However further improvements were required to the governance arrangements in order to meet the requirements of the law. Staff did not always recognise where their practice created a risk to people's safety. Systems in place to check on the quality of care people received were not always used effectively to drive improvements. Staffing levels were not routinely assessed to ensure there continued to be enough staff to meet people's needs. People's feedback was not routinely sought.

## 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** ●

People were not always safe.

People did not always receive their medicine as prescribed.

People were supported by sufficient staff to meet their needs.

People were safeguarded from harm by staff that could recognise abuse.

People were supported to manage risks to their safety.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The provider had made significant improvements to safeguard people and ensure their needs were met.

The provider had ensured there was leadership for staff and people felt the management team were approachable.

The provider did not have systems in place to routinely check people received the care they required.

The provider did not routinely seek feedback from people, relatives and staff on the quality of the service.

# St Georges Park

## 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 checked 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.

We carried out an unannounced comprehensive inspection of the service on 31 October and 1 November 2016. Breaches of legal requirements were found during this inspection. The overall rating for the service was 'Inadequate' and the service was placed in 'special measures'. Services in special measures are kept under review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

On 6 and 9 February we carried out an unannounced focussed inspection to check on the safety and wellbeing of people living at the service. The inspection team consisted of two inspectors. The team inspected the service against two of the five questions we asked about services: is the service safe and is the service well led.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries and allegations of abuse. We spoke with the local authority and commissioners about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with three people who used the service and four relatives. We spoke with the general managers, who had overall management responsibility, the manager who was newly appointed, two deputy managers, three nurses and seven staff.

We reviewed a range of records about how people received their care and how the service was managed. These included 13 care records of people who used the service, five medicine administration charts, three staff records and records relating to the management of the service such as safeguarding records, accident records, training schedules and staff rota's.

# Is the service safe?

## Our findings

At our last inspection on 31 October and 1 November 2016 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the staffing levels in the home. We found people's needs were not effectively met and they were exposed to the risk of harm as there were insufficient levels of staff available to meet their needs. The provider was also in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found people were not receiving their medicines safely and as prescribed, and in some cases were at risk of receiving medicines, which were not effective. People were at risk of harm as staff did not understand risks and how to manage them. The provider was also in breach of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding people from abuse and improper treatment. We found people were not always protected from the risk of abuse or harm as staff were not reporting concerns and investigations were not carried out.

At this inspection we found the provider had taken action to meet the regulations, however further improvements were required.

At our last inspection there were not enough staff to meet people's needs. At this inspection people and their relatives told us they thought there was enough staff. One person said, "There are enough staff here to help, there are times when it's busy, if I ring my alarm they come quickly most of the time". A relative told us, "If there is a requirement for care for [my relative] the staff do come quickly now, I don't think the number of staff has gone up, but they are able to meet [my relatives] needs now". Staff told us they felt staffing levels were meeting people's needs. They told us people did not have to wait to get up or for their meals. One staff member said, "The staffing has improved over the last few months". Another staff member said, "The staffing levels are better, there are more staff available now and there are nurses available". The staff member added, "People do not have to wait to have their needs met now". Staff told us although agency staff were still in use they now used consistent agency workers which they felt was better as they had an understanding of people's needs and how to meet them. Staff told us this meant they were able to provide safe care to people. We saw staff were busy, however people were able to receive care and support when they needed it. We saw people were supported to get up when they wanted to and they did not have to wait for meals. We also saw staff were able to spend time talking to people during the inspection. We spoke to the general managers about the staffing levels and they told us they felt they were sufficient staff. They told us they had recruited a number of new staff which meant they were able to meet people's needs and recruitment was continuing at the time of our inspection. The general managers told us there was not a system in use to check the number of staff that were needed; however they would introduce a system when new admissions began and the numbers of people using the service increased. This meant there were sufficient staff to meet people's needs, however in order to improve the rating we needed to see this was sustained and a continual assessment of staffing levels to ensure right level.

People received support from safely recruited staff. The manager told us staff recruitment procedure's included an application process, collecting work history, two references and employment checks. These checks were carried out with the Disclosure and Barring Service (DBS) to ensure people were safe to work

with vulnerable people. We saw records which supported what we were told. This showed the provider had systems in place to recruit staff safely.

At our last inspection we found people were not receiving their medicines as prescribed, medicine was not always available or managed safely. At this inspection people and their relatives told us they felt peoples medicines were managed safely. One person said, "The nurse gives me my medicines, they are pretty good at giving it me on time". A relative said, "Medicines are much improved, [my relative] has a thickener in their drinks, this is now safely stored with their name on and staff use it all the time". Staff told us they received medicines training and were aware of the policy for medicines administration. They told us they felt confident to administer medicines following the training. They told us medicines rounds were undisturbed, and our observations confirmed this. We observed staff administering people's medicines as prescribed. We saw staff recorded the opening date on the medicines, in line with the medicines policy and complete the medicines administration records as required. We saw staff speaking to people about their medicines; one staff member was discussing progress since the person had started some newly prescribed medicine. We saw where one person was receiving a temporary course of medicines this had been recorded on their MAR chart and in their care plan. Medicines were stored safely. There were lockable trollies in use and controlled drugs were stored and administered safely. Where medicines required refrigeration, this was provided and staff checked the temperature of the fridge on a daily basis.

We looked at MAR charts and found body charts were in place to show staff where to apply topical medicines, there were instructions in place for people that needed medicines on an as required basis, we saw staff follow these instructions. We saw one person had missed one dose of their medicine, this had been reported by staff and advice had been sought about this. Staff told us MAR charts were checked daily and medicines were counted. The deputy manager confirmed this. However we found medicine counts were not always being carried out and recorded by staff. We checked medicine stocks and found there were some discrepancies between the amount of medicine in stock and the records on the MAR charts, which meant it was unclear if people had received their prescribed medicines. We also found one person had not received their medicine from the pharmacy when it was prescribed. This had been identified and action taken by the provider to ensure the medicines would be delivered to the home. This showed although medicine systems had vastly improved there were still occasions when staff were not following the providers systems to ensure medicines were administered safely. However the general managers continued to review medicines administration and ensure medicine systems were safe

Relatives told us they felt people were safe at the service. One relative told us, "Things have really improved, I have a phone call now if there are any incidents, [my relative] had a fall and staff took action to prevent this from happening again". Staff told us risk assessments had been updated since the last inspection. We saw the provider had introduced a new document within peoples care plans to show staff what the current risks were for people and how to manage them. Staff could describe where people were at risk and what action they needed to take to keep people safe. We observed examples of staff supporting people to manage risks in line with their care plans. For example, we saw staff following a nutritional risk assessment for one person, ensuring they received a specific diet. We also saw staff ensuring people were monitored when mobilising, in line with their care plan. We observed safe transfers taking place. We observed people received care to minimise risk, for example regular repositioning to give pressure relief and monitoring food and fluid intake where there were risks of malnutrition. Whilst the current care plans were not all up to date, the provider had made information available to staff about risks to peoples safety, the manager told us any updates about risks would be shared with staff as the need arose. The manager said as new care plans were introduced for people monthly evaluations would be undertaken of people's risks. We saw records which supported what we were told. This meant the provider had taken steps to improve staff knowledge of peoples assessed risks.

At our last inspection we found staff were not reporting incidents and accidents and where people had injuries these could not be explained. At this inspection we found staff understood how to respond to accidents or incidents. Staff could tell us the procedure for reporting accidents and incidents and we could see these were documented and analysed. The manager told us, accidents and incidents were monitored to look for any patterns and action was taken to reduce the risk of reoccurrence. For example, one person had an unwitnessed fall, we could see how this had been reported, records showed body maps were completed and the incident was evaluated to see if it was avoidable. Incidents were now being recorded on the handover sheet to allow staff to continue to monitor people. This meant accidents and incidents were monitored and action was taken to reduce the risk of reoccurrence.

At our last inspection we found there were incidents which had not been reported to the appropriate authorities to investigate. We also found people were not always safeguarded from abuse as staff did not recognise potential abuse. At this inspection we found people were safeguarded from abuse. Staff told us they had recently received safeguarding training. They told us they understood how to identify signs of potential abuse and what action to take. One staff member said, "I would report any concerns to the nurses, we have also been told how to report concerns outside of the provider, to the local authority or CQC". We saw staff raise concerns about a safeguarding incident which had taken place. The staff member reported the matter promptly and we could see all required action had been taken to keep people safe. We reviewed records of incidents which had been investigated and reported to the local safeguarding authority as required. The records showed investigations were completed and information shared with appropriate bodies in a timely manner. The manager told us all safeguarding incidents were tracked and outcomes were used to improve practice and the quality of the care people received. This showed the provider had made the required improvements to safeguarding people from abuse.

## Is the service well-led?

### Our findings

At our last inspection on 31 October and 1 November 2016 the provider was in breach of Regulation 14 Care Quality Commission (Registration) Regulations 2009 (part 4), Absences. This was because the provider had not informed us of changes to their management arrangements. The provider was also in breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (part 4), notification of other incidents. The provider had not notified us of incidents as required by law such as safeguarding. At this inspection we found the provider had taken action to meet the regulations.

The provider was also in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. This was because they did not have systems in place to ensure people's safety for example with medicines, risk management and managing people's health. They did not use information gathered to make improvements to the quality of the service. At this inspection we found the provider had made significant improvements to governance systems however the provider needed further time to meet the requirements of this regulation.

The provider had made some improvements to the governance arrangements in the home. For example increased the management capacity and improved leadership structure meant staff understood could escalate concerns about people and seek support. The general managers had developed an action plan which had set out to make improvements across the service. For example, medicine administration procedures had improved. Staff had received safeguarding training and work had been completed to assess the risks to people. Care plans were being updated and reflected people's needs and preferences. This meant people were safe and were receiving the care and support they required. Although significant improvements had been made provider required further time to fully complete and embed an effective quality assurance and governance system.

For example, the provider had not yet developed a system to ensure people received the care and support they required. The general manager told us managers were working alongside staff to identify any issues with care delivery. There were no records of any issues identified through these processes; however we did not find any evidence of people not receiving care and support. In a further example we found people were at risk due to hazards created by staff. We saw staff had placed a tray table on top of crash mats, which created a hazard for people. Staff were not aware of the potential risks to people from this practice. This was removed immediately and the general manager told us concerns about staff practice would be addressed. This showed staff undertook practices which had potential to create risks to people.

Systems for gathering feedback from people and relatives had been put in place. However these were not used. For example an email address for relatives to seek feedback had only received one contact. A feedback box in the home had not been used. The manager told us they did receive verbal feedback from relatives, but this was not routinely recorded. They told us they would be introducing resident meetings and undertaking an annual questionnaire; however this had not yet commenced. This meant the provider could not demonstrate how feedback was being used to drive quality improvements.



In another example we found although the general managers had introduced a system to complete daily checks on medicine administration, staff were not consistently following the procedure. We found there were discrepancies between medicines in stock and MAR chart records, which should have been identified through the daily checks. We spoke to the deputy about this and they investigated immediately and found these were administrative errors. This meant the systems in place to identify issues with medicines administration were not always followed by staff.

When we were planning our inspection, we reviewed information shared with us by partners. We found there had been concerns raised with the provider about infection prevention control at two visits in March 2016 and again in November 2016. We discussed this with the management team and they told us about their plans to address these concerns which included using an audit tool to check on infection prevention controls, regular updates to the infection control team and appointing a lead nurse for infection control. However this had not commenced at the time of the inspection. This meant the provider had not taken timely action to address concerns.

The management team were working hard to address the governance issues and accepted there was more work to do in order to fully embed a governance system and meet the regulations. They were committed to continuing to make the required improvements.

This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

At our last inspection we found the provider did not have clear management arrangements in place and people, relatives and staff were unable to raise areas of concern. At this inspection people and their relatives told us this had improved. One relative said, "There are deputy managers and nurses now on each floor, it is much better, if someone says they will come back to you, they do". Staff told us they were able to seek advice from managers, the deputies and nursing staff if they needed it. One staff member said, "There is a clear reporting line now, I know which manager I need to go to". We found staff escalated matters during their shifts to nurses and managers; we saw staff communicating verbally and through daily reporting logs. This meant people relatives and staff understood where to seek support from the management team.

The provider had developed a better understanding of their legal responsibilities. For example they were notifying us of significant events, as required by the law. This included allegations of abuse and serious incidents. The rating from the last inspection was on display in the home in line with the regulations and the law. The provider had also notified us about changes with management arrangements within the service. At the time of our inspection, there was no registered manager in post. The provider had recruited a new manager, however they had not commenced the registration process, but plans were in place to start this process to ensure they were meeting the requirements of the regulations.

At our last inspection we found there were not sufficient staff to meet people's needs. At this inspection staffing had improved. We found there were sufficient staff on duty to meet people's needs. However admissions to the home were suspended by commissioners which meant the number of people residing at the service was substantially lower than the registered maximum. The general manager told us staffing levels were currently decided through the observations of managers and the needs of people residing at the home, however longer term they would look to use a system based on people's dependency levels. The general manager told us they would need to increase staff when the home was at full occupancy. The manager told us they would plan this with commissioners to increase staffing levels in line with admissions. This showed the provider had taken action to improve staffing levels, however further improvements were required to ensure staffing levels were sustainable.

At our last inspection we found the provider did not have systems in place to ensure people's health was monitored and concerns were not escalated appropriately. At this inspection we found there had been improvements. The deputy manager told us every person was currently having their weight monitored. They said this was to enable a base line to be established. They told us, when care plans were reviewed and put in place, only those people who were at risk in terms of their nutrition would continue to be monitored. They shared records with us which showed where people had lost weight, professional advice had been sought. For example one person had been referred to a dietician for advice. This meant the provider ensured people's needs were monitored and where appropriate concerns were escalated to health professionals.

People and their relatives told us there had been an improvement in the overall atmosphere in the home. One relative said, "The carers are happier now, which is better for the residents". Another relative told us, "The communication with managers and staff is much better, it is more open". Another relative told us they were looking to start a families group to support the home with the changes they were making. The relative said they were keen to work with other families to ensure they could support the provider with making changes. The relative added, "I want to encourage the managers to keep going, the current team is doing really well to improve things". Staff told us they felt happy working at the home now, things had improved and they felt able to raise concerns. One staff member said, "The management are more approachable, we can go to the deputies now for extra support". We saw staff were smiling and talking with people and relatives throughout the inspection. We saw the manager and deputies were accessible to people, relatives and staff and were continually approached throughout the inspection. This showed there were communication systems in place and the management team were approachable.

However we received feedback from relatives and staff that they did not always feel the management team kept them informed of plans for changes to the service and they did not always feel involved in the change process. Staff said they could see activity taking place such as changes to risk assessments and care plans, and they commented that there was more direction on each shift from managers; however they felt they were not formally involved in understanding the issues following the last inspection. Relatives told us they had an initial meeting and communication following the last inspection, they said had not received any further updates about progress, however they could see things were changing. We spoke to the general manager about this and they told us they had involved staff in the early days of the improvements and continued to do so on a "one to one" basis. They said there had been meetings held to share information following the last inspection, but they had not yet held a further meeting with staff. They felt this was too soon and would keep this under review. The general manager informed us, following the inspection, that a meeting will be called to discuss the inspection report once this is available. The deputy manager told us, the focus had been on managing risks and ensuring people were safe, the next steps would be about nurturing staff and engaging them more in the development of the service. This showed there had been an improvement in communication with people, relatives and staff, but they did not always feel fully informed or involved in the changes taking place at the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had continued to fail to ensure people were kept safe through effective monitoring of the quality of the service.