

St. George's Care Ltd

St George's Home

Inspection report

116 Marshall Lake Road
Shirley
Solihull
West Midlands
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Tel: 01217454955

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26 April 2021

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23 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St George's Home is a residential care home registered to provide personal care for up to 29 people aged 65 and over. At the time of our inspection eight people lived at the home.

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

The registered manager had made improvements in the home since taking up post in November 2019. These improvements and those identified on inspection will need to be sustained over time.

People's risk had been identified and recorded, and where needed changes had been made.

The prevention and control of infection was effective, however further assurances is needed to ensure best practice is used for cleaning frequently touched areas.

People's medicines were administered as needed, but further improvements were required to ensure medicines were safely administered at night.

People's care and support needs were safely met by staff who were trained and supported in their role.

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 4 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from requires improvements This is based on the findings at this inspection.

We have found evidence the provider needs to make improvements. Please see the Safe and Well-Led

sections of this full report. The provider had taken effective action to mitigate the risks, such as more increasing the number of staff on duty and further staff training.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Requires Improvement to Requires Improvement. This is based on the findings at this inspection. The service is no longer in 'Special Measures'.

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.

We have identified breaches at this inspection in relation to good governance and there were areas which had not been checked.

Follow up

We will continue to monitor information we receive about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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

Three inspectors completed this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior care worker, care worker, the chef and domestic staff. We spoke with one professional who regularly visits the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- People were supported by staff in a timely manner or as staff identified a person required assistance.
- Staff were recruited safely, and appropriate background checks were completed to their suitability to work with vulnerable adults.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15. The premises was free of odour and cleaning of bathrooms had been improved.

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Further improvements were needed to ensure frequently touched areas were cleaned often and records completed to evidence this. Some areas of the home not in use, such as spare rooms, required a general surface clean.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Assessing risk, safety monitoring and management

- Improvements were needed where people were at risk of dehydration to ensure their needs were met. The risk assessments had not included the expected target or daily totals which support people to remain hydrated. People's risk had been identified, such as falls and were regularly monitored to ensure any changes were updated.
- Risk assessment were completed which staff told us they were able to access to provide care which minimised people's risks.
- The registered manager ensured risk assessments were being followed by staff and regularly provided care for people as a way to ensure these assessments met people's needs.

Using medicines safely

- People were supported to take their medicines as needed, by trained staff whose competency was checked. Not all night staff had receiving training in administering medicines and people might not always have immediate access to their medicines at night. The registered manager had identified staff who were completing their training to reduce this risk.
- The overall management and oversight of medicines were in place and were stored safely.

Systems and processes to safeguard people from the risk of abuse

- People were supported to remain safe in the home and staff knew how to protect and report any concerns about safety or welfare.
- The registered manager reported any safeguarding incidents to the local authority and CQC as required.
- The providers policy and procedures were followed to ensure people were protected from the risk of abuse.

Learning lessons when things go wrong

- People was supported by staff who reported any incidents which happened in the home.
- Incident and accidents records had been reviewed to ensure any changes were undertaken and any lessons learnt were implemented going forward.

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 inadequate. At this inspection this key question has now improved to 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 had failed to have effective oversight to ensure 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 had been completed but failed to identify some aspects of care delivery were not being monitored for example oral and nail care in line with people's care plans.
 - The registered manager was aware of the environmental improvements needed in the home. For example, the lounge had a number of stained armchairs and required redecoration. There was no formal action plan in place to demonstrate the providers commitment to making these improvements.
 - We acknowledge improvements had been made, however further time was needed to demonstrate these changes are embedded and sustained as the occupancy at the home increases.
- These shortfalls demonstrate a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager understood their regulatory responsibilities, such as submitting notifications.
 - Staff were clear about their role's and the registered manager supported them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's support was centered around them and staff knew people well.
- People looked to staff for guidance and social inclusion, which staff provided. Staff were seen to laugh and engage with people well.
- A local NHS 'care at home support team' supported people to achieve good outcomes. The staff team benefited from this support by listening and responding to care advice and guidance. One person was receiving additional support with their mental health from this team to improve their day to day

experiences.

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

- The registered manager was open and honest during the inspection. Our inspection feedback was acknowledged and responsive action taken where shortfalls were found.
- The complaints policy highlighted the management team's responsibility to be open and honest when things had gone wrong and offer an apology.

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

- The registered manager had been appointed since our last inspection. The staff now had the opportunity to discuss their role and any support needed.
- Regular staff meetings were now held. Staff were able to share their views, ideas and receive updates and reminders from the registered manager.
- The registered manager spent time with people, checking the care provided care and ensuring their needs were met.
- People's equality needs had been sought and staff were compassionate about people they cared for ensuring everyone was able to express their individuality.

Working in partnership with others

- The registered manager worked alongside other health and social care professionals, such as district nurses and GP surgeries.
- The registered manager was looking to improve working with others within the local communities, however COVID-19 had impacted on these moving forward.

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 Governance shortfalls demonstrate a continued breach.