

St Georges Hotel - Care Home

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Inspection report

St George's Road
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Tel: 01872272554

Date of inspection visit:
13 February 2017

Date of publication:
06 April 2017

Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on 18 February 2016. A breach of the legal requirements was found. This was because the service did not have effective governance systems in place. Supervision was not being formally recorded in line with the service's own policy. Not all support plans had been updated and systems audits were not complete. People's views of the service were not being sought. Where restrictions were in place for the movement and observation of one person the registered manager had not considered applying for a Deprivation of Liberty Safeguard (DoLS). One person did not have a risk assessment plan which would support staff in meeting the person's needs in a consistent way and to help ensure risks were reduced.

Following the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on the 13 February 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the question 'is the service safe?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Hotel Care Home on our website at www.cqc.org.uk

St Georges Hotel Care Home provided accommodation and personal care for up to 22 elderly people. There were twenty people using the service at the time of this inspection. The service was situated in the centre of Truro. St Georges Hotel Care Home is required to have a registered manager and there was one in post. 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.

The service had taken action to improve risk assessments so the directive was clear and all staff had access to the information. Risk assessments identified potential risks to people and provided instructions for staff members as to how to manage and minimise individual risk.

The registered manager had taken steps to improve how it recorded staff supervision. This was an ongoing process with all staff now having a supervision record and dates set for regular one to one support with the registered manager.

All policies and systems in place had been audited in October 2016. The registered manager was aware information needed to be accurate so some of the procedures had been changed to reflect this.

The registered manager had increased the access to training for staff. Updates had taken place for medicines administration and safeguarding. The certificates were in place for staff who had attended these training courses but the training record required updating to reflect this. This was pointed out to the

registered manager who agreed to address this immediately.

The service had carried out a survey in April 2016 to seek the views of people using the service. The responses were positive. In addition to surveys the registered manager and staff regularly sat down with people to chat with them. Also, relatives were spoken with when they visited the service. This was seen during the inspection with a family talking with the manager about how their relative was doing.

At this focused inspection we found the registered provider had taken effective action to meet the requirements of the regulations and the breach had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well led. Risk was being identified and managed to keep people safe.

Records for the governance of the service had been updated and changes made to ensure they reflected current good practice.

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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.

We undertook an unannounced focussed inspection of St Georges Hotel Care Home on 13 February 2017. This inspection was completed to check that improvement had been made to meet legal requirements following our comprehensive inspection on 18 February 2016. We inspected the service against one of the five questions we ask about services; is the service well led? This was because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke with the registered manager, one staff member and two people using the service. We looked at two care plans with updated risk assessments. We also checked supervision records, most recent survey results and medicine policy.

Is the service well-led?

Our findings

At our previous comprehensive inspection in February 2016, the service did not have effective governance systems in place. Supervision was not being formally recorded in line with the services own policy. Not all support plans had been updated and systems audits were not complete. People's views of the service were not being sought. Where restrictions were in place for the movement and observation of one person the registered manager had not considered applying for a Deprivation of Liberty Safeguard (DoLS). One person did not have a risk assessment plan which would support staff in meeting the person's needs in a consistent way and to help ensure risks were reduced.

At this inspection we found the service had taken action to address these risks. Two care plans showed risk assessments were written in a way which staff understood. They showed staff what risks affected the person and the level of risk. The information included evidence of senior staff carrying out monthly reviews and making changes where necessary. For example one person's behaviour had recently changed which meant staff needed to be more vigilant in observing the person so they stayed safe. The service had also requested professional support for this person so their condition was being adequately responded to. One file did not have a date when a falls assessment had been carried out. We advised the registered manager of the importance to ensure all records were dated so there was a clear audit of information. The registered manager agreed to act on this immediately.

The registered manager had improved how they assessed people who might have restrictions in place to monitor their movement. One person had a Deprivation of Liberty Safeguard (DoLS) authorisation in place and another person was currently being assessed following referral from the service. This showed people's right to liberty were being managed effectively where restrictions were needed for their safety and well-being.

During the inspection of February 2017 we found the registered manager was not following the services own policy for supporting staff through supervision. Since then the registered manager had introduced documentation for each staff member to show when they had received one to one support. This included making observations of practice. There was an annual plan for each member of staff to attend supervisions. As this is a small service staff were spoken with regularly and there was an open door policy which encouraged staff to discuss issues at any time.

At the previous inspection the registered manager was not updating policies and procedures. Since then policies and procedures and records for the operation of the service had been reviewed and updated where necessary. The training matrix showed what training had been undertaken and when. Safeguarding and medicines management training had recently been carried out. The certificates were in place for staff who had attended these training courses but the training record required updating to reflect this. This was pointed out to the registered manager who agreed to address this immediately.

The registered manager had taken action to improve how it took account of peoples views of the service. They did this by introducing a survey system in April 2016. In addition to surveys the registered manager and

staff regularly sat down with people to chat with them. All responses were positive and relatives were spoken with when they visited the service. This was seen during the inspection with a family talking with the manager about how their relative was doing.

We judged that the service had taken action to meet the requirements of the regulations and the breach was now met.