

Afra Siyab

St Georges Residential Care Home

Inspection report

30 St Georges Road
Mitcham
Surrey
CR4 1EB

Tel: 02086875896

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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

St Georges Residential Care Home is a small family run service providing accommodation and personal care for two people living with a learning disability.

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

Right support: Model of care and setting maximises people's choice, control and Independence;

People were kept safe from avoidable harm because the provider knew them well and understood how to protect them from abuse. One person was able to tell us they felt safe living there and enjoyed helping out with daily domestic tasks.

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

There were risk assessments in place covering the support provided, including safe access to the community.

Medicines were managed appropriately. Infection control measures were in place. Health and social care professionals were involved in people's care to ensure they received the care and treatment which was right for them.

There was a stable staff team consisting of the provider and their family who had supported both people for many years.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were caring and supportive, which one person confirmed. The stable staff team and people had formed close relationships over many years.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives;

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

Regular checks helped to ensure the quality and safety of the service people received. The service made improvements as necessary.

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

Rating at last inspection

The last rating for this service was Good (published 29 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last 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 Georges Residential Care Home on our website at www.cqc.org.uk.

Follow up

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?

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 Georges Residential Care 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

The inspection was completed by 1 inspector.

Service and service type

St Georges Residential Care Home is a 'care home' without nursing. 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. 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 a registered manager in post.

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. 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 a person who used the service and the provider. We reviewed a range of records relating to the care and support provided. This included support plans, 2 staff files in relation to recruitment, and various records relating to the quality and safety of the service.

After our visit we received feedback from 1 relative of people using the service.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them very well and understood how to protect them from abuse.
- One person told us they felt safe and enjoyed living at the home. A relative of a person using the service said they felt their family member was safe and cared for.
- The provider and staff had training on how to recognise and report abuse and they knew how to apply it. Records showed this training was kept up to date.

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored, and managed safety well.
- There were assessments in place addressing any identified risks associated with the care and support being provided. For example, around moving and handling and accessing the community safely.
- The support plans contained guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.
- People were referred for support from external health professionals when this need was identified.

Learning lessons when things go wrong

- Staff recorded incidents and accidents to help keep people safe. There had not been any recorded incidents or accidents for some time.

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. Any conditions related to DoLS authorisations were being met.
- Both people had lived at the service for many years. Staff knew about people's capacity to make decisions

through verbal or non-verbal means.

Staffing and recruitment

- The number and skills of staff matched the needs of people using the service.
- People's support records contained clear information on how best to support them. Staff were all well known to the people using the service within the family run home environment.
- There were effective recruitment and selection processes in place. Employment checks, which included identity and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff provided the support people needed to take their medicines safely and as prescribed.
- Staff followed safe systems and processes to administer, record and store medicines safely. Medicines Administration Records (MAR) we looked at were fully completed and up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting the person living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- St Georges is a family run home which has been owned and run by the same family for many years.
- One person told us they were happy with the care they received. A relative told us they were happy with the support provided.
- There were systems in place to audit practice and plan ongoing improvements. This included environmental and medicines audits. Any issues identified by audits were addressed as necessary.

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

- People lived in a home with an inclusive atmosphere and felt part of a family unit. One relative told us the service supported them to keep in very regular contact with their family member. One person told us they enjoyed helping with domestic tasks and liked going out.
- Relatives said there was good communication, and they were kept informed about any incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked with other professionals to make sure people's needs were met. This included reviewing people's care needs and keeping professionals up to date with changes and achievements.