

Newton Chinneck Limited

St George's Witham Nursing Home

Inspection report

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Witham
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St George's Nursing Home provides accommodation with personal and nursing care for up to 40 older people, some of whom may be living with dementia. The service accommodates people across two floors, which has separate adapted facilities.

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

People were respected by staff and valued as individuals. They were considered as being partners in their care. People, their family members and visiting health professionals, described the service people exceptional. People experienced exceptionally compassionate and kind care. They described the service as being, "Outstanding" and "Marvellous," and "Overwhelmingly responsive."

Staff knew how to recognise and report any suspicions of abuse, and people told us they felt safe and cared for. The registered manager had a robust recruitment process.

Staff was well supported and encouraged by the registered manager to develop their skills and knowledge. Accidents and incidents were appropriately recorded and investigated. Detailed risk assessments were in place for people who used the service. People's medicines were managed safely, and staff members understood their responsibilities.

There was enough staff available to meet people's assessed needs. Staff were responsive to people's needs, enjoyed their work and worked well as a team.

People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

The registered manager and staff involved people to make decisions about the service they received and obtained people's feedback on how the service should be run. People told us that staff understood their needs and preferences well, and they received effective care and support from well-trained staff.

Staff had developed caring relationships with the people they supported. Family members told us there was a positive atmosphere and people were encouraged to take part in stimulating and meaningful activities.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

The quality of the service was monitored and assessed consistently. Regular audits and improvements were carried out when these were needed. The registered manager gathered people's views and used this information to look at ways they could continuously improve the service.

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 Good (5 June 2017)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up We will continue to monitor the 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St George's Witham Nursing Home

Detailed findings

Background to this 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 three inspectors.

Service and service type:

St Georges Nursing 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 and was carried out on 15 October 2019.

What we did before the inspection:

We 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 of this information to plan our inspection.

During the inspection:

We spoke with four people who used the service and four relatives about their experience of the care

provided. We spoke with ten members of staff including the operations director, the registered manager, deputy manager, senior care workers, care workers and the chef.

We looked at six people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of 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 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 was enough staff to meet people's needs in a safe and responsive way. The registered manager assessed how many staff was required and adjusted this as people's needs changed.
- Without exception, staff said there were enough of them available.
- Call bells were within reach of people and people were responded to quickly. One person said, "The staff is very good. They come when I need them. I press my button." Another person said, "You only need to ask them once, and they come really quickly."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel safe when I go to bed at night. I have nothing to worry about here. I just feel well looked after."
- Staff had trained in safeguarding and were confident if they raised any concerns with the registered manager they would be dealt with correctly. One staff member said, "I would report any concerns to my registered manager and if not, I would raise these higher or go to the CQC."

Assessing risk, safety monitoring and management

- The registered manager continued to review people's risks in a robust way. For example, the activity person liaised with other staff, including nurses to complete robust risk assessments, before people went out on activities.
- When people had been admitted to the service, information was quickly considered, and action was taken to reduce the risk of harm occurring.
- Risks were identified and managed through the assessment process.
- Risk assessments were evaluated monthly or if people's needs had changed. They covered a wide range of areas such as falls, skin integrity, choking, bed rails, diet and nutrition, and manual handling. One person said, "I am hoisted with no trouble."
- When an accident and incident had happened, the event was recorded. The registered manager used this information to establish if any changes were needed. They looked at ways they could improve outcomes for people and keep them safe.
- Personal Emergency Evacuation Plans (PEEPs) were in place for the people who used the service. Regular fire drills were carried out and fire alarms were regularly tested. One person said, "I am definitely safe. I have no worries. Every week they test the fire alarm, always on a Wednesday."

Using medicines safely

- The provider had a safe system in place for managing people's medicines. Medicines were stored, administered, and recorded appropriately.

- People told us they received their medicines safely and as prescribed.
- Staff nurses completed training and regular assessments of their competency were carried out by the registered manager.
- Medication audits were robust, and action had been taken when improvements were needed

Preventing and controlling infection

- Staff had access to protective equipment and used this appropriately to ensure people were protected from infection. For example, we saw staff washing their hands, and using aprons and gloves in the correct way to reduce the risk of spreading infection.
- Regular infection control audits were carried out by the registered manager.
- The service was clean and there were no odours.

Learning lessons when things go wrong

- The registered manager had worked collaboratively to make changes to ensure the service genuinely involved people, their relatives, and staff to find solutions and to make improvements to the service.
- Staff had been designated as 'champions' to look at how safety could be improved for people. The areas they had focused on had been around, reducing pressure ulcers, end of life, wound care and falls.
- Champion roles were rotated between staff to ensure that learning about these key areas could be shared.
- The registered manager carried out regular monitoring of accidents and incidents. When incidents had occurred, these were used as learning opportunities. Trends were monitored to reduce any reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- The registered manager carried out a comprehensive assessment of people's needs. This looked at several key areas, such as people's physical, mental, and social needs.
- The registered manager had considered all aspects of people's needs, including their identity and how these needs could be met. For example, care plans were in place related to people's sexuality. The registered manager explained, "When we do the assessment we correlate the information that is given. When people say they aren't married, we sensitively explore this further."

Staff support: induction, training, skills, and experience

- The registered manager had a proactive approach when providing support to staff. The training covered a wide range of mandatory and specialist subjects which staff said, enabled them to be confident in their role. The registered manager encouraged staff to develop skills, competence, and knowledge. One staff member said, "If we need any extra training we can ask for it."
- Clinical training and supervision were offered to nurses. One nurse explained how training comprised of a mixture of external, online and classroom-based learning.
- Staff was given an induction, which included them shadowing other members of staff. The care certificate was then completed. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- The registered manager or senior staff carried out regular supervision with staff and observed their practice. One staff member said, "I will only sign staff off if they are competent."
- The registered manager supported a diverse work staff team and focused on developing staff understanding of issues relating to equality and diversity. One staff member said, "We have had supervision sessions around LGBTQ. The guidance 'It's safe to me' was used as guidance."
- If staff needed additional support, the registered manager was on hand to advise. They explained, "We have a very diverse staff team, which I am proud of. Some of our staff identify as LGBTQ. If they have problems or concerns in their relationships, they feel comfortable talking with someone who understands where they are coming from. I have given staff information about support groups and sessions that they can link into."

Supporting people to eat and drink enough to maintain a balanced diet

- The service had a strong emphasis on the importance of eating and drinking well and provided good quality food with a variety of different options to choose from. People were offered a choice of drinks, which including fizzy drinks. One family member said, "The other day [Name] had soup and wanted brown bread, so they did it. Then they changed their mind and wanted ice cream, so they gave them ice cream. Nothing is a problem."

- People told us they loved the food. One person said, "We get two or three choices. The food is very good, and I love it."
- Detailed information was in place if people were at risk of poor nutrition, or choking. Some people had a Percutaneous Endoscopic Gastrostomy (PEG) feed and staff knew exactly how to support this person in an effective way. A PEG is a medical procedure where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate, due to the risks of choking, because of poor swallowing.
- If required, referrals had been made to relevant health care professionals. One person said, "The nurses came down to look at my throat, and the staff know that I have a problem with swallowing. They now sit with me and I have given up bread." Another person said, "The nurse comes in to do my insulin and they know all about my diabetes."
- Menus were produced in a range of different formats to support people with different communication needs.
- People's relatives were encouraged to share meals. One family member said, "The food is good. It is all homemade. If [Name] doesn't want something, then they can have something else. In the summer we shared a picnic together in the garden. I am well happy we chose here."

Staff working with other agencies to provide consistent, effective, timely care

- Staff effectively supported people and their families when other health professionals were involved to ensure people received consistent and personalised care and support. One person's relative said, "I know the staff spoils them here. They love living here. Personally, I can't fault it. [Name] is happy, healthy, and looked after. They were in a dreadful condition when they arrived, but they are thriving now. They look fitter and better than I do. I honestly cannot fault this service."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in line with 'smiling matters' guidance to ensure people's oral health needs were met.
- Staff had been given mandatory oral health training. The registered manager carried out an observation of practice to ensure staff supported people in the correct way.
- People and their family members told us health professionals were quickly involved if this was needed. The involvement of health professionals was clearly recorded within people's care plans. One family member said, "The communication is overwhelmingly positive. They have really good communication with the GP."

Adapting service, design, decoration to meet people's needs

- The premises were suited to people's needs and people were seen to be choosing to move around freely. One family member explained, "I can't think of a single thing that is bad about the place. The work they have done outside has been really nice and made a huge difference to [Name]. They put fake grass and now it's like they are looking out to the garden. They say how much they like to look out of the window. It is little things like that, that makes it good here."
- The activity room was well used and inviting. It was full of things to encourage people to touch feel and explore. Stimulation for people, especially if they have sensory impairment can enhance people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had given their consent to care and treatment and this information had been retained within their care plan.
- We looked at care records and found the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- The registered manager had a detailed understanding of the mental capacity act and understood their responsibility in terms of how this legislation was applied.
- People were clearly involved in making decisions about their care and treatment and staff had a thorough understanding of how to support people to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect. At the last inspection, this key question was rated as Good. At this inspection, this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was an exceptionally strong, and visible person-centred culture within the service. Without exception people and their relatives, described the care as being, fantastic, above and outstanding, and faultless.
- The registered manager and staff used many different ways to support people in a truly person centred way, including considering people's individual backgrounds. For example, the staff worked to understand and get to know people. They used this information to keep people connected to their lives.
- Staff had an in depth knowledge of the people they supported and understood how to meet people's needs in an exceptionally personalised way.
- The registered manager worked very hard with people who had specific sensitivities. They had made special arrangements which meant the staff had changed how they worked to ensure they could accurately meet people's needs.
- Consideration had been given about how equipment could be used to meet individual specific needs.
- People and their relatives told us staff offered care and support that was exceptionally compassionate and kind. One relative said, "The staff here are friendly and there is a nice feel about the place. The staff are fantastic. They involve people. They are really engaged. I can't think of any way it could be any better."
- Staff were motivated and offered care and support in a way that was very kind and caring. One relative said, "From my perspective, the staff have been outstandingly responsive. Because of my professional role, I have pointed out certain things that should be done but later realised they had already been done. This is really good. Nothing is a problem here."
- The atmosphere of the service was calm, and the staff interacted with people in a warm and genuine way. One relative said, "I always get that nice feeling when I come in. The staff will chat with people you can tell it's not put on. There is no huffing or puffing when they need to do something. It's just not a problem It is just a really, really nice atmosphere."
- Some people could get agitated due to their health condition, but the staff knew what these triggers were and how to deescalate their anxiety. Staff had an exceptional understanding of how to meet people's needs.
- People's comments included, "I cannot fault its very good." And, "The staff are lovely, and I have made some lovely friends." And, "It's so lovely here, I came for a week but never went home because I liked it so much."

Respecting and promoting people's privacy, dignity, and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was reflected in the service people received. One person said, "The staff know me really well, they are my friends. You can recognise when people put their heart and soul into it and that is what the staff do here."

- People decided who provided their care and support. One person said, "If you say you don't want a male that is okay. But I like the male carers. They will bring me a commode at any time of night. Then they leave and give me privacy. You never feel awkward or embarrassed."
- People told us that night staff was respectful and responsive as the staff that supported them during the day. One person said, "The night staff brings me a hot drink in the middle of the night any time, and it is always done with a smile." Another person said, "The staff are wonderful, I went home but I never forgot them, When I had a fall and couldn't manage at home, I came back here. What was nice was that they all remembered me."
- Staff encouraged people to be independent. They recognised that compassion and patience were needed. One relative explained, "When [Name] came here we had been told they were only weeks away from death, but [Name] is fine now. They have nursed them right back, we have seen had a complete turnaround. They are eating and drinking, they will even make them drinks in the middle of the night." One person said, "The staff has helped me to get back on my feet. I have been getting more independent each day. They encourage me but don't push me. They help me where and when I need it."
- All staff positively welcomed the involvement of advocates. One person was supported by an advocate who visited every couple of months.
- Staff was seen knocking on doors, and ensuring doors were closed and personal care delivered in private. One person said, "The staff are very respectful, they always put a big towel in front of you."
- The staff we spoke with were committed to providing a good service that considered people's dignity. One person said, "I don't ever feel like I am a nuisance here. They never make feel like I am a burden or a silly old woman."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt confident to express their views and make decisions about their care.
- Care plans explored people's needs and preferences and worked to involve wider family members.
- Staff focused on building and maintaining open and honest relationships with people. One staff member said, "Every little thing about people here, matters to us."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choices, and current needs.
- People and their relatives felt very strongly that they received care which was centred on their individual needs and preferences. One person said, "I can do what I want. I like to get up at 5:00 am. I buzz when I am awake, and they get me up." Another person said, "If you want a bath or shower, you can have one every day."
- We saw staff were responsive to people's needs throughout the day. Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. One relative explained, "The staff are really good because when they walk into the room [Names] face lights up. You get that feeling they get on really well."
- The guidance was available for staff relating to oral health. Sessions had been delivered to develop staff awareness around oral health care.
- The care people received was personalised. One person said, "They let you do what suits you and your body." Another relative said, "My perspective is that they are outstandingly responsive. I ask them to do things, but find out they have already done it."
- Activities were bespoke and personalised. For example, one person used to be a wood carver, so they sourced foam blocks for them to carve. One person was interested in poetry, so a poetry club was started. Subsequently, this resulted in a poetry book being published. It also included art that people at the home had produced.
- Activities for people who were unable to get out of bed were offered. For example, people were encouraged to plant flowers, have one to one time. One relative said, "[Name] does a lot of drawing and art. They do it in their room. One time I went their room and a person holding an owl came out. Even though they are in their room they are not forgotten."
- Trips and excursions outside of the home were on offer along side seasonal and indoor activities.
- Staff had completed training with National Activities Provider Association (NAPA.) This training is to enable all staff to provide meaningful activities for people in their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- Staff understood the importance of supporting people living with dementia in communicating their needs and wishes and staff were tactile and knew people well. They made eye contact and listened to what people

were saying.

- Staff supported people to communicate in a personalised way. For example, one person had impaired speech. The registered manager and staff worked to compile a communication folder. We noted they no longer needed this as staff understood how this person communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Without exception, people said they took part in, and enjoyed, a wide range of activities both inside and outside of the service. For example, we saw people baking sausage rolls. People enjoyed their time together and shared laughter and jokes with each other.
- People we spoke with really valued the activities provided. People's comments included, "We have activities every day. There is painting drawing poems and overall there is a lot going on here." One person said, "I did exercise yesterday and ached when I got up this morning."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the home.
- The registered manager kept a record of concerns and used them to develop the service.
- Without exception, people told us they knew the registered manager and would happily approach them if they ever had any concerns. No one we spoke with could fault the service One relative said. "I can't think of a single thing that is bad about the place. The manager and the staff have made a huge difference [Name.]

End of life care and support

- At the time of our inspection, there were several people receiving end of life care. Conversations were held with people and their relatives. Additional emotional support was offered to people if they had developed close bonds with others.
- People's preferences for their future care and where they would like to receive future care. Do not resuscitate records (DNARs) were up to date and we could see discussions had taken place.
- The home had an end of life champion who had completed additional end of life care training, to ensure people received a comfortable, pain-free and dignified death. They provided support to staff and shared their learning.
- Preferred priorities of care were used to ensure people received appropriate support at the end stage of their life. This gave people an opportunity to discuss priorities at the end of their life. This had considered if power of attorney was in place and any health or other issues which may be faced.

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 now 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

- People and their relatives said the service was very well run. They spoke highly of the registered manager and the staff team. One person had said, "It is very supportive. It is first class. I have no complaints." Another said, "My overall opinion is that you are looking after [Name] exactly how I would like them to be treated."
- Staff told us the management team and owners were supportive and approachable and that they were happy working at the service. One person said, "All the staff are fantastic. They are very caring, helpful and understanding."

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

- The registered manager was visible, approachable and well known. "One person said, "[The registered manager] always walks past and waves. They are a very friendly person."
- A deputy manager and a team of senior staff and nurses supported the registered manager. Staff was clear about their roles and responsibilities.
- People had confidence in the registered manager. One person said, "The registered manager is funny. You can always have a laugh and joke with them." Another person said, "The registered manager is very nice. They are always checking on us."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what should be raised and had informed CQC of events as required.

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

- People were given several opportunities to be involved in the service. We saw relatives and residents' meetings took place and minutes were available in a variety of different formats.
- Quality assurance questionnaires to obtain people's views were sent out on a regular basis. Action had been taken when people had made suggestions.

Working in partnership with others; Continuous learning and improving care

- The provider had systems in place to ensure the service was operating to their standards.
- The registered manager and the staff team completed a range of audits to ensure care was provided in a safe and person-centred way.

- A wide range of audits was completed, to assess and monitor the quality of the service. These included medication, infection control, care plans, bed rails and meals and nutrition.
- The registered manager worked with other services, to share best practice, such as the local authority and commissioning and clinical commissioning groups. One professional had fed back, "You do a wonderful job. I have been very impressed with the staff at St Georges. You all do a fantastic job and it is a home to be proud of."