

Afra Siyab

St Georges Residential Care Home

Inspection report

30 St Georges Road
Mitcham
Surrey
CR4 1EB

Tel: 02086875896

Date of inspection visit:
16 August 2017
22 August 2017

Date of publication:
30 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Georges Residential Care Home provides accommodation and personal care for up to three adults with learning disabilities. At the time of our inspection there were three people using the service. The manager of the service was also the owner and sole provider so did not need to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

This inspection took place on 16 and 22 August 2017. Our first visit was unannounced. At the previous inspection in November 2016 the service was not meeting all the regulations we inspected.

At our inspection in November 2016, we found that medicines management was not always safe as we could not always confirm people were receiving their medicines as prescribed. This was a breach of the regulation relating to safe care and treatment and we issued a warning notice to the registered provider following our inspection.

At this inspection we found that improvements had been made and medicines were now being managed safely. Medicines were being supplied in sealed blister packs by the pharmacist and records showed that people were receiving their medicines as prescribed.

At our last inspection we observed that staff sometimes did not refer to people in an age-appropriate manner, use their preferred names or keep them informed about what they were doing. During this inspection we saw that staff knew people using the service well, were aware of their likes and dislikes and treated them respectfully.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005. One person using the service had a Deprivation of Liberty Safeguards (DoLS) authorisation in place for their safety. The provider had applied for authorisations for two other people and these were awaiting assessment from the local authority.

The provider and staff were aware of safeguarding procedures. Any risks associated with people's care, daily routines and activities were identified with action taken to minimise these. Care plans addressed the support people required with personal care, maintaining their health and their activities of daily living. There were enough staff on duty to support people safely.

The provider understood their role and responsibilities. There were systems in place to help ensure the safety and quality of the service provided.

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.

Identified risks to individual safety and welfare were being managed appropriately.

Health and Safety checks took place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005.

People using the service were supported to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

The privacy and dignity of people using the service was upheld.

The provider and staff knew people well and provided support in line with their preferences and wishes.

Is the service responsive?

Good ●

The service was responsive.

People's care met their physical, social, cultural and religious needs.

An appropriate complaints procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

The provider monitored the safety of the service and kept involved health professionals up to date with any changes or

events.

St Georges Residential Care Home

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 16 and 22 August 2017. Our first visit was unannounced.

The inspection was carried out by one inspector. We spoke with two people who used the service.

We also spoke with the registered provider and one member of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for two people. We reviewed how medicines were managed and the records relating to this. We looked around the premises and at records for the management of the service including staff training and health and safety records.

Is the service safe?

Our findings

At our last inspection in November 2016 we found the provider was in breach of the regulations in relation to medicines management. Medicines were not being managed safely and people did not always receive their medicines in line with instructions from their doctor or pharmacist.

During this inspection we found that improvements had been made and medicines were now being managed safely. One person told us staff supported them to take their medicines every day. Medicines were now being supplied in sealed blister packs from the pharmacist with administration records fully completed and up to date. People's medicines were stored securely and any creams and ointments in use were within their expiry date after first opening. The registered provider regularly audited the medicines to help make sure these improvements were maintained.

People using the service said they felt safe being supported by staff who knew and treated them well. One person said, "I'm happy here." Another person told us, "I feel better since I came here."

There were enough staff to meet people's needs. There was one member of staff on duty at all times and we observed them interacting with people around the home supporting them with their daily living activities. When additional staff were required for tasks such as appointments or activities the registered provider was available to support these. The provider had not recruited any new staff since our last inspection so we did not look at recruitment procedures during this visit.

The home had policies and procedures in place to safeguard people from harm and abuse. Staff knew the signs of abuse and records showed they had undertaken training in this important area. People received support to manage their money and finances. Records of people's individual financial expenditure were kept with receipts obtained for auditing purposes.

Care files included assessments of risks associated with the person's care, daily routines and activities. We saw that assessments had been undertaken to support to help make sure the person was kept safe. For example, looking at their mobility and what actions could be taken to prevent falls.

Any risks associated with the environment and equipment were assessed and reviewed. Regular checks took place, for example, of the fire alarms and fridge temperatures. Improvements took place during our inspection to replace a broken shower screen in the upstairs bathroom. The provider stated that a longer term goal was to renovate this facility for the benefit of the people living there.

Is the service effective?

Our findings

People spoken with were happy with the support provided by staff working at St George's residential care home. One person said they were happy and had lived at the home for a long time. Another person said they were 'very happy' living there.

Staff and the provider received training to help meet people's needs and support them effectively. Records showed that online and classroom training included safeguarding, first aid, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also received regular supervision with the provider where they could discuss their work role and identify any development needs. The provider told us they visited the home most days and were contactable by phone in an emergency.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had made applications as required to the local authority for DoLS authorisations for people using the service. An authorisation was in place for one person and this was now due for re-assessment. Two further applications had been acknowledged and were awaiting assessment by the local authority.

People were happy with the meals provided. One person said, "We go out shopping, I like the chapattis." Staff knew what people enjoyed to eat and drink and people were able to choose from a variety of home-made meals from their culture of origin. People were provided a vegetarian diet where their cultural and religious needs required this. We saw a staff member providing a person with support to eat their meal. People were offered snacks and drinks and one person used the kitchen independently to get drinks for themselves and another person during our second visit.

Records showed people were supported to access their GP and to attend other healthcare appointments as required. We saw their needs were addressed in a health action plan to make sure they received the support they required. Health action plans are documents that help people with learning disabilities get the support and services that they need to be healthy. One person's plan included reference to aids they required and we saw these in use during our visits. Detailed information was also presented about a person's epilepsy including what staff should be aware of if they had a seizure.

Is the service caring?

Our findings

People using the service had lived there for a number of years. The ethos of the service was to provide a homely setting reflective of people's cultural backgrounds.

At our previous inspection in November 2016 we observed staff sometimes using language that could be seen as judgemental or infantilising. We also saw that sometimes staff did not offer people choices or explain what they were doing.

At this inspection we did not observe any instances where people were not treated in a caring or respectful manner. The provider and staff member demonstrated they had a good understanding about how to treat people with dignity and respect. For example, using people's preferred names and keeping them informed about the support being given. They clearly knew people well and spoke about supporting them as they would a family member.

Local authority assessments and annual care reviews were undertaken to make sure each person's needs were being met and support plans were updated to reflect any changes in the support required. The provider and staff member had an in-depth knowledge of the person's needs and gave numerous examples of how they supported them providing assistance and encouragement when required. For example, helping them when they became upset or distressed.

Support plans were written in the first person and included detailed information about each person's care preferences. For example, about how they liked to be supported each day and the foods they liked to eat. Each plan included information about things people liked and things that may cause them to be unhappy. For example, a noisy environment or too many people around them.

Each person had their own bedroom and access to a communal bathroom within the home. The provider and staff told us about people's daily routines including how they liked to spend their evenings and weekends. The support was personalised and was consistently provided by people who knew people well.

Is the service responsive?

Our findings

Both people we spoke to said they went to the day centre regularly. One person said, "The staff comes and gets me from the day centre every day."

Each person had their own timetable of activities including regular attendance at day placements with the transport facilitated by the provider. One person told us they liked to watch television in the evening and to read their books. Another person was seen to be making art on an electronic tablet during our second visit. They showed us their collection of soft toys which were clearly important to them.

Daily records documented people's weekly activities including going out for drives, shopping and seeing family members. Staff said that people had been on day trips to the seaside during the Summer instead of a holiday this year. Photographs documented visits by family and friends to celebrate Birthdays and other important events. One person told us that their relative had recently visited from abroad and how they were supported to keep in contact with them.

One person using the service was no longer accessing day services. The provider spoke of their difficulties in finding appropriate placements for them where they could mix with their peers outside of the home environment. We made contact with the responsible placing local authority following our inspection to help the service identify further social and activity support for the person concerned.

Care plans were up to date. They contained detailed information about what people were able to do for themselves and the support they required from staff. Each plan addressed areas such as personal care, nutrition, sleep, mobility and social needs. Information about people's specific health needs was also included, for example, around epilepsy. This documented how the person was affected and the action staff should take in response.

A complaints policy was in place and we saw that no complaints had been made in the last 12 months.

Is the service well-led?

Our findings

At our last inspection in November 2016 we found we found that the provider's systems for checking and improving the safety and quality of the service were not sufficiently robust. This was with particular reference to medicines management. We also found that the provider had not submitted any statutory notifications to CQC. Registered providers are required by law to notify us about significant events that take place within services. This includes notifications that must be submitted when an application is made to deprive a person of their liberty, which applied to one person using the service.

During this inspection we found that improvements had been made and medicines were now being managed safely. New systems were in place that allowed for easier auditing of medicines to make sure people were receiving them as prescribed. No events requiring statutory notifications had taken place at the service since our last inspection. The provider was aware of the need to notify CQC about any significant events that had taken place within the service.

The provider and staff had been in post for several years and knew people well. Daily routines within the service were well established providing consistency for people using the service. The two people we spoke with were happy with the service they received.

The provider got feedback from people using the service informally or as part of the review process for the support provided. The placing authority carried out annual reviews and had also received input from people's relatives and day placements. Minutes of two reviews held in 2017 were available with no concerns noted about the care and support provided.

We saw that some additional formal quality assurance systems were in place. For example, health and safety checks were being carried out regularly and systems to ensure that staff training and supervision were up to date. We also saw evidence that the provider regularly checked care records and updated care plans. There was a range of policies and procedures to help ensure safe and consistent practices were adhered to.

Staff told us the provider was supportive and that they were able to contact them at any time in an emergency.