

Marantomark Limited

# St George's Nursing Home (Oldham)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Prior to this inspection we carried out recent checks on the home in February 2017 and October 2016. We carried out an unannounced comprehensive inspection on 4 and 5 October 2016. At that inspection we identified breaches of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment (Regulation 12) and good governance (Regulation 17). We identified concerns around the safe management of medicines, shortfalls in the maintenance of records, inconsistent recording of information around best interest decisions and failure of the auditing systems to pick up the issues we found. We took enforcement action against the provider and issued Warning Notices and asked them to make improvements to the service. We rated the service as 'requires improvement' overall.

We carried out an unannounced focussed inspection on 2 and 3 February 2017. That inspection was to check if the service had made the necessary improvements and also because we had been made aware of an incident which indicated potential concerns around the management of the risk associated with bed rails. At that inspection we specifically looked at the 'safe' and 'well-led' domains. We found that, although some improvements had been made, there was a continued breach of the regulations the service was in breach of at our October 2016 inspection. Namely, we again found concerns around the management of medicines. We also identified that where people were using bed rails, there was no risk assessment in place to identify if they were safe to use for each individual person. This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to maintain the quality and safety of the service. At that inspection we rated the 'safe' domain as inadequate.

We carried out this inspection on 8 and 9 November 2017. This inspection was to check what improvements had been made and to rate the service. We found that overall the service had made considerable improvements since our last two previous inspections. However, we found that medicines were not always managed safely and there was therefore a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Medicines were not always stored at the correct temperature. Some medicines may become ineffective if stored above or below the recommended temperatures. We found eye drops for two people were past their recommended expiry date. This meant we could not be sure if they were still effective. Where people received their medicines covertly (hidden in food or drink) there was no record of any input from a pharmacist to advise the home how to disguise each medicine without reducing its effectiveness. We identified some issues around the recording of fluid thickeners.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to

ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

The home was clean, well-maintained and well-decorated. Procedures were in place to prevent and control the spread of infection. Maintenance checks on services, such as the gas and electricity supplies and checks on equipment, such as hoists were in date. There were systems in place to protect staff and people who used the service from the risk of fire.

All new staff received a thorough induction and regular refresher training was undertaken by staff to ensure they had the skills and knowledge required for their roles. Staff received regular supervision which gave them an opportunity to discuss any work related problems and identify training needs.

Staff encouraged people to make choices where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a good choice of food. Where people were found to be at risk of malnutrition they had been referred to a dietician for specialist help. People had good access to other health professionals when needed.

We observed kind and caring interactions between staff and people who used the service. Care plans, which were reviewed regularly, were detailed and reflected the needs of each individual.

There were a range of policies available for staff to refer to for guidance on best practice. Systems were in place to monitor the quality of the service and drive improvement. However, our concerns around medicines management had not been identified by the auditing process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines management was not always carried out safely.

Arrangements were in place to safeguard people from harm. Staff had been trained in safeguarding and were aware of their responsibility to report any possible abuse.

The home was clean and well-maintained. Procedures were in place to prevent and control the spread of infection.

### Is the service effective?

Good 

The service was effective.

New staff received a thorough induction and staff received regular refresher training in a variety of subjects. This enabled them to carry out their roles effectively. Staff received regular supervision.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were offered a choice of food and drink to help meet their nutritional needs.

### Is the service caring?

Good 

The service was caring.

We saw caring and kind interactions between staff and people who used the service.

People were treated with dignity and respect.

### Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and were reviewed regularly to ensure

they were up-to-date. Activities were available for people to participate in.

The service had a system in place for receiving, handling and responding to complaints.

The home was equipped and staff were trained to care for people at the end of their lives.

### **Is the service well-led?**

The service was not consistently well-led.

There had been considerable improvements in the overall service provision at the home since our last inspection.

There were systems in place to monitor the quality of care and service provision at this care home. However, we found continued problems around medicines management.

**Requires Improvement** 

# St George's Nursing Home (Oldham)

## 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.

This was an unannounced inspection which took place on the 8 and 9 November 2017. On the first day the inspection was carried out by three adult social care inspectors, a pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. On the second day one adult social care inspector returned to the service.

Before the inspection we reviewed information we held about the service. This included the previous inspection report from our last inspection in February 2017 and the provider information return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we spoke with the quality monitoring officer of the local clinical commissioning group. They had no concerns at that time.

During our visit we spoke with the registered manager, three care assistants and the lead nurse on the Manor unit. A registered mental nurse on the Grange unit. The training coordinator and a care assistant on the Brookdale unit. A care assistant on the Medlock unit, eight people who lived at the home and one relative. After our inspection visit we spoke with a further two relatives on the telephone. We looked around all six units, checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry.

We spent time observing a lunchtime meal. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

As part of the inspection we reviewed the care records of five people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, audits, meeting minutes and maintenance and servicing records

# Is the service safe?

## Our findings

People who used the service told us they felt safe at St George's. Comments we received included, "I feel safe here. I get medication on time and I think it's tidy and clean"; "I like living here and I feel safe"; "I feel safe here, of course I do, yeah. I've lived here for eight years now. I get my medication when I should each day. The staff are very good, they respect me and my choices. There seems to me to always be enough staff around." A relative told us, "Yes, I definitely feel (name) is safe at St Georges, I've no concerns about their care and I have always found the place clean and tidy on my visits. I go every day." One relative said, "Yes, (name) is safe here (St Georges), the staff are good and they are chatty and friendly. A senior carer told us, "People here are safe and well-cared for." However, we did have one negative comment from one relative. They told us, "St Georges is a bit hit and miss really, we do have some concerns. (Name) feels that their personal hygiene isn't what it should be."

All new staff received training in safeguarding adults and children as part of their induction programme and then subsequently as refresher training. The service had a safeguarding policy to guide staff on best practice. All safeguarding incidents were recorded and reported to the local authority safeguarding team so that investigations could be carried out when needed. We looked through the safeguarding records with the registered manager and discussed several on-going safeguarding concerns. These were being looked at by the local authority safeguarding team and have yet to be concluded. The findings and outcome of the investigations will be considered by the Care Quality Commission when the investigations are concluded. We found the registered manager to be honest and open when discussing the management of safeguarding incidents at St George's.

During our inspection we looked round all six units of the home to check on the maintenance and cleanliness. At our inspection in October 2016 we found that some areas of the home and some equipment were not always cleaned to an acceptable standard. At this inspection we found everywhere was clean and there were no unpleasant odours. The units were well-decorated and equipment and furnishings were clean and of a good standard. Where staff identified areas that required maintenance work, this was recorded in a book and signed by the maintenance person when completed.

We saw that the home was secure. The entrance was kept locked and people were let into the building by the receptionist. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Areas where it was not safe for people to enter, such as cupboards where chemicals were stored, were kept locked.

We looked at what systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels. They also displayed handwashing posters, which showed the correct method for thorough handwashing. Pedals bins were in all toilets and bathrooms which meant soiled items could be disposed of correctly. Alcohol hand gel was available on the corridors. There was an adequate supply of personal protective equipment such as disposable aprons and gloves. We observed staff regularly washing their hands and wearing gloves where necessary, such as during the lunch service. Cleaning equipment such as mops and buckets were colour-coded to minimise the risk of



germs being spread across different areas during routine cleaning.

The kitchen had achieved a rating of four stars out of five at the last environmental health inspection in September 2017. This meant food ordering, storage and preparation were classed as 'good'. We inspected the kitchen and found it to be clean and tidy and the cleaning schedules and records of fridge and freezer temperatures were up-to-date.

All checks and servicing of equipment, such as for the gas and electricity, portable appliance testing (PAT) and hoists were up-to-date. This showed equipment was well maintained and safe to use. There were systems in place to protect staff and people who used the service from the risk of fire. An up-to-date fire risk assessment was in place which had been carried out in July 2017. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection. Recent fire drills, for both day and night staff had been carried out. All members of staff had been given pocket-sized booklets detailing information about the fire and evacuation procedures. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency, and contain information about their mobility. These were kept in people's care records and also in the emergency bag located in the reception area so that they were easily available for the emergency services.

We looked at medicines storage, management and administration arrangements on the Medlock, Haven, Beal, Manor and Brookdale units. At the last two inspections the home was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because administration of medicines was not always safe. An action plan had been produced and some improvements were seen at this inspection. Staff had undertaken regular checks to ensure medicines were managed properly. However, we found further issues with both storage and administration of medicines.

Staff were recording medicines store room and fridge temperatures daily. However, the room records for the Medlock unit were above the recommended 25 degrees Celsius for all but two days in August 2017. We were told the service had tried a variety of methods to manage the temperatures in this area, such as through the use of fans and portable air conditioning units. However, these had not been effective. The service was currently looking into installing externally venting air conditioning units in all medicines storage areas. This would ensure that the temperature in rooms used for medicines storage would be within the correct limits.

In October 2017, the readings for the Medlock fridge were recorded out of the appropriate range of 2-8 degrees Celsius on 20 days, and all eight days of November 2017 prior to the inspection. Actions had been recorded as 'adjusted' and 'temperature lowered' on the record but no actions taken regarding the affected medicines. The Beal, Haven and Manor units did not record the minimum and maximum temperatures of their fridges. These issues were raised at the last inspection. Medicines may be ineffective if stored above or below recommended temperatures. We brought this matter to the attention of the registered manager during our feedback at the end of the inspection.

We looked at the medicine administration records (MAR) for sixteen residents across the home. We found all residents had a photo, their GP and their allergy status recorded which helped to keep them safe. There were no gaps in administration and stock checks matched the records, which meant that people received their medicines as prescribed. Medicines with a reduced expiry once opened, had stickers in place. We found eye drops, used to treat glaucoma, for two people that had been opened for longer than the recommended four weeks. One person had the drops administered for five days after the recommended expiry date and the second person had refused the drops for the previous ten days. We raised the issue with the nurse on duty and were informed that a new supply would be ordered immediately, and the second person had an

appointment at the hospital eye clinic for assessment.

We looked at records for people who received their medicines covertly, that is hidden in food or drink. There was documentation showing this had been agreed as being in their best interest, but there was no record of input from a pharmacist to advise the home how to disguise each medicine without reducing its effectiveness.

Some people were prescribed one or more medicines to be given "when required". Additional information to help staff give the medicine safely was not always seen. Some people were prescribed pain-relieving medicines to be taken when needed that had a variable dosage and it was not clear what dose staff should give.

Medicines that are administered as a patch applied to the skin were prescribed for several people in the home. The patch position on the body was sometimes recorded but not always and the position was not always rotated following manufacturers guidance. Patches can cause skin irritation if the same position is used repeatedly. One person was known to remove their pain-relieving patch but staff did not regularly check if the patch was still in place.

A number of people were prescribed a powder to thicken their drinks because they had difficulty swallowing or were at risk of choking. Since the last inspection, thickener powder was stored securely. Records of how much thickener was required for each person was stated in their care plan records but not clearly visible for care assistants that prepared drinks. On one unit, three people were given thickener using a tin prescribed for one person. There was no stock available for the other people who required it. Care assistants recorded when drinks had been given, but did not record if thickener was added. There is a risk of choking if an incorrect amount of thickener is administered and prescribed thickeners should not be shared.

We looked at documentation and saw that fourteen staff had completed their medicines administration competencies in the last 12 months, which meant sufficient staff were available to administer medicines when needed. Regular audits were being undertaken on each of the units at St Georges and actions were taken as a result of findings. The audits did not highlight or prevent the issues we found at this inspection.

As a result of the storage conditions, use of expired medicines and lack of management of thickener powder there is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed three staff personnel files which were well organised. They contained all the required documentation, including application forms, reference checks and photographic confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. We saw that checks were undertaken on qualified nursing staff to ensure they remained registered with their professional body, the Nursing and Midwifery Council. Our checks of the personnel files showed that staff employed by the service had been through a thorough recruitment process. The registered manager kept an easy-to-read checklist which showed the stage that each new job application had reached. This ensured that all the required documentation was received and checked and the application process was followed correctly.

We looked at staffing throughout the home. As well as the registered manager, there was a lead nurse on each of the six units, staff nurses, senior care assistants and care assistants. The service also had administration staff and a care support worker who helped with auditing and quality assurance monitoring.

There were also staff to cover maintenance, kitchen, laundry, activities and cleaning duties. On the Brookdale Unit there was always a member of staff on duty in the lounge. The service had identified that, when there had been confrontations between people, the majority had taken place in the lounge. By having a member of staff constantly in that room it kept them alert to incidents and enabled them to respond promptly. This helped keep people who used the service and staff safe.

We asked staff and visitors if they were happy with the current staffing levels. The lead nurse on the Manor unit told us they felt there were enough staff for the number and dependency of people on that unit. One care assistant told us, "There are always enough staff for the people who live here," and another said, "If we are ever short staffed people come from different units to support us so we manage well." One relative told us, "the staff are kind and caring. Sometimes they can be a bit short staffed I've noticed."

There was an on-going recruitment drive for care assistants and registered nurses. The registered manager told us recruitment of nurses was difficult and consequently the service was reliant on agency staff. One care assistant commented to us, "The only thing with staff is that we use agency too much. It causes problems, as they don't know people." The registered manager told us that where possible regular agency nurses worked at the home so that continuity of staff was maintained. From our observations at the time of our inspection we found there to be sufficient staff to meet people's needs.

The care records we reviewed showed that risks to people's health, such as poor nutrition, choking, falls and risk of pressure sores had been assessed and, where needed, plans put in place to help minimise the identified risks. These were reviewed regularly. At our last inspection in February 2017 we found that where people were using bed rails they had not been assessed as safe to do so. The service did not have adequate bed rail risk assessments and was therefore in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this concern had been rectified and all people who were using bed rails had completed bed rail assessments in place which showed that their use was safe.

Accidents and incidents were recorded and reviewed to make sure risks to people were minimised. The registered manager logged incidents each month and produced a report for all units which described the number of incidents, type of incident and the precise location. Diagrams and graphs were used in the report to make analysis of incidents easy and to help identify trends.

## Is the service effective?

### Our findings

We looked at the training and supervision of staff. The service had its own training coordinator who was responsible for the induction programme for new staff and for providing all the on-going refresher training. Through our discussion with them we found them to be enthusiastic and committed to their work. They told us, "I am passionate about what I do." All new staff took part in a two day induction course, which covered a range of topics including fire safety, safeguarding, Mental Capacity Act, moving and handling, dignity and respect, equality and diversity, managing violence and aggression, health and safety and infection control. Each topic was assessed through the completion of a workbook. A period of shadowing more experienced staff ensured new starters were competent before they were allowed to work unsupervised. All new staff had a probationary period of 12 weeks, during which they completed the Care Certificate. This is a qualification for health and social care workers which is based on a recognised set of national standards. At the start of the probationary period they were given a 'buddy book' which showed the different areas they were expected to become proficient in. Each section was 'signed off' by a nurse or senior carer as and when they could show they were competent. Nurses undertook yearly medicines administration training and training was also provided in a number of clinical subjects, such as care of percutaneous endoscopic gastrostomy (PEG) tubes, catheter care and the safe use of oxygen therapy.

The training coordinator kept a training matrix which identified when staff needed to refresh each training course. This was passed to all units on a monthly basis so that staff could be informed of the timescale for completion. Where staff failed to complete the required training despite being reminded they were taken off their shifts until their training was completed. The training coordinator told us that she tried to be flexible when arranging training classes. Where people persistently failed to attend courses she told us there was usually a valid reason and that being flexible was important to ensure that everyone got the chance to attend. Staff we spoke with were happy with the level of training they received. One care assistant told us, "Training is thorough. We get all the training we need."

Records we checked showed that staff received regular supervision and an annual appraisal which were carried out by each unit nurse. We found that the supervision schedule for the Medlock unit was not up-to-date, although staff had received supervision. This made it difficult to see at a glance if staff had had supervision. We brought this to the attention of the registered manager who told us she would address this issue with the unit lead nurse.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. We saw from reviewing the care records that best interest meetings were carried out when required. For example, we saw that a best interest meeting had been held when a person was refusing to take their prescribed medicines and required them to be given covertly (hidden in food or drink). At our inspection in October we found inconsistent recording of information relating to best interest meetings, which contributed to the breach of Regulation 17

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence in the care files that where people lacked mental capacity an assessment had been carried out and if necessary a DoLS put in place, authorised by the local authority. One person needed to be physically restrained during personal care and we saw that the necessary DoLS and care plans were in place. Staff had been trained in 'safe holding' techniques, which ensured this person did not come to harm while being restrained.

At the time of our inspection there were 27 people living at the home with an authorised DoLS in place and a further 29 awaiting authorisation from the local authority. The registered manager kept a monthly log of those people who were subject to restrictive practices, such as DoLS or one to one observations. This ensured any DoLS requests for re-authorisations were made on time. We found the service was working within the requirements of the MCA (2005).

During our inspection we looked around the home to see how the units were decorated and furnished and to check if they were suitably adapted for the people living there. The home had a welcoming and bright entrance lobby with a residents' and visitors' notice board, and a display board showing information about a recent visit of the 'dementia bus'. This is a training experience to help people understand what it feels like for a person to be living with dementia. Notice boards on each unit were quite informative and contained help sheets on dementia care, Alzheimer's disease, eyesight and the prevention of falls.

The unit corridors were bright and well-lit and wide enough to allow easy movement of equipment. Handrails helped guide and steady people who were mobile. Walls were decorated with displays, posters and pictures. For example, on the Manor unit the walls had a themed display for Remembrance Day and on the Grange unit there was a large tactile collage of a village street. On both these units, doors displayed memory boxes with age relevant memorabilia. On the Beal unit there was a wall display about promoting dignity. Bedrooms we viewed were large and personalised with photographs, furniture and other personal effects. Signage on doors identified the rooms with names and pictures. All the units had large communal rooms with dining tables, kitchenettes and lounge areas, where chairs were grouped together to provide separate seating areas. The Haven unit had a conservatory which led out onto a patio area and well-kept garden. There was also an attractive garden accessible from the Beal unit which contained plants and shrubs and garden furniture and was easily accessible for people who used wheelchairs. Garden areas were secure.

From reviewing the care files we saw that people who used the service had access to healthcare professionals, for example speech and language therapists and dieticians. Where people attended hospital appointments, or received visits from healthcare professionals, information was recorded in the care files so that staff were kept informed. Everyone had a 'health passport', which gave detailed information about their health and medical needs. This was sent with a person when they attended hospital or were transferred to another service and helped ensure that all professionals caring for that person were well-informed about their needs.

We asked people if they were happy with the food at St George's. One person said, "I like the food. I had cheese and beans and a cup of tea for my breakfast. Beans are my favourite," and a second person told us, "The food is fine. I generally like the food and I get enough, definitely. Yes, there is a choice if I want something different to what is on the menu for that day." One person said, "The food is okay, I don't mind it.

If I don't like it, I can have something else and there is enough on my plate each day. They are good at giving us a choice." One visitor told us their relative didn't like the food. They said, " (name) doesn't like a lot of the food here, so we bring in the food that she does like for her."

Food was cooked in a central kitchen and delivered to each unit on hot plates and bain-marie. We observed the lunchtime meal on the Medlock, Haven and Grange units. On the Medlock unit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us. There were sufficient staff to serve the meals and assist people who needed help and we saw that staff interacted well with people, chatting and encouraging them in a friendly manner. Where people did not like the hot meal available, sandwiches were provided as an alternative. The menus were written on whiteboards. However, there were no pictorial versions, which are more suitable for people with communication problems or dementia. We discussed this with the registered manager. She told us they were in the process of reviewing the menus and gathering the views on food choices from people who lived at the home. Once the new menus were in place they would look into providing pictorial versions.

People's nutritional requirements were assessed on admission to the home and were reviewed regularly. People were weighed monthly, or weekly if needed. Malnutrition universal screening tool (MUST) score was also recorded. The MUST score helps staff identify if a person is malnourished, at risk of malnutrition or obese. The care records we reviewed showed that where people had been assessed as being at risk of malnutrition they had been referred to a dietician for specialist advice. We checked the diet and fluid charts on the Grange unit and found them to be up to date. Staff recorded the amount and content of the meals and snacks which provided a clear picture of people's dietary intake. At our inspection in October 2016 we found that food and fluid charts were not always completed accurately and this contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area.

## Is the service caring?

### Our findings

We received positive comments about the staff at St George's. On relative told us, "I am very happy with the care here. (Name) is well looked after. Always clean and well presented. The staff are lovely. I have absolutely no worries." Other comments from relatives included, "The staff are kind and caring."; "The staff are very compassionate and kind. They listen to me about what we want to happen with (name) care." We read a card that the service had received from a family. It said, "We would like to thank you for all the support and care you offered (name) throughout their two years living at St George's."

Staff received training about dignity and respect during their induction programme and subsequently as a refresher course. From our observations during the inspection we saw that staff put their knowledge into practice and supported and cared for people in a respectful manner. For example, we observed a care assistant support a person to go back to their room when their clothing needed readjusting. A person living at the home told us, "The staff are very kind. They respect me and they listen to me. They knock on my door and are polite, and they always say please and thank you to me." We observed staff knocking on bedroom doors before entering, and knocking on toilet doors before taking service users to use them.

We saw that people in the home looked cared for: their clothes and appearance were clean. During our inspection we observed many positive and caring interactions between staff and people living at the home. For example, we saw staff responding to a person in distress in a kind and patient manner. During the lunchtime meal we saw that staff knew people well and adjusted the portion sizes to suit different people and encouraged people to eat in a gentle manner. At breakfast time we overheard one care assistant say, "Have you had enough to eat? Can I tempt you with anything else?" The person responded that they would like an ice cream and we saw that this was brought to them promptly. Where one person was partially sighted and unable to see their food properly, a care worker explained exactly what they had on their plate.

People were able to choose what they wanted to do, such as the times they got up or went to bed and where they preferred to sit during the day. We observed staff offering people choice, for example in what they would like to eat or drink. One care assistant told us, "We give people as much choice as possible."

People were able to attend a religious service and take communion if they wished, as a priest regularly visited the home.



## Is the service responsive?

### Our findings

We reviewed six care files in total. One on the Manor unit, one on the Grange unit, two on the Brookdale unit and two on the Medlock unit. We found that the care plans and risk assessments gave sufficient detail to guide staff on how to provide support to people in a way that met their needs. People had care plans which described how staff should support them with personal care, eating and drinking, pressure ulcer prevention/skin integrity, communication, continence, social dependency and mental health and behaviour. Where people were unable to move independently they had a moving and handling care plan which described how staff should assist them through the use of a hoist and sling. People who were unable to take food orally and were fed through a PEG tube. They also had a care plan which described how the tube should be maintained and how much water was required to flush the tube between feeds and after medication. A PEG tube is a narrow tube inserted through the skin into the stomach. It allows people who have swallowing problems to receive food, fluids and medication. All care plans were reviewed regularly to ensure they remained relevant. Following our inspection in October 2016 we made a recommendation that the provider review their care plans to ensure they fully met the needs of people who used the service. At this inspection we found improvements had been made and care plans gave sufficient details to guide staff in how they should support people.

In July 2017 the service had completed the Six Steps to Success – Northwest end of life care programme for care homes, which aims to provide staff with the knowledge to offer high quality end of life care. We looked at the Six Steps portfolio, which had been produced as part of the course. It provided a wide range of information about end of life care, which was used as a training resource for staff. From our review of care files we saw that, where appropriate, consideration had been given to planning people's end of life care, such as the wishes for their preferred place of care. Where needed, a Do Not Attempt Resuscitation (DNAR) request was on file, and some people had 'anticipatory drugs' ready for use in the final stages of a person's illness. The home was equipped and staff were trained to care for people at the end of their lives.

At the beginning of each shift there was a staff handover. These meetings are important as they ensure any alterations in a person's health or care needs are properly communicated. One member of staff told us, "Handovers are efficient and everything is logged down and shared." The registered manager told us that how the handover was conducted varied between units, but it was the responsibility of the unit lead nurse to ensure staff received up-to-date information about the people in their care.

Visitors told us they were kept informed if there were any changes to their relative's health. One person said, "They are always prepared to listen to us about (name)'s care. They regularly phone us up when they need to." Another visitor said, "It's really my sister who is here more often than me. They do phone her and tell her if (name)'s needs change. They also keep us involved and the care plan is up to date." One staff member told us, "We have good relationships with families and we keep them informed of decisions or appointments."

There were two activities coordinators working at the home who supported people to take part in a varied programme of activities. These included quizzes, karaoke, bingo, arts and crafts, coffee mornings, trips out,



dance exercise and gardening. Throughout our inspection we saw that staff tried to engage service users in social activities. It was a cold day, but some people wanted to go outside and staff had put on their coats and supported them their gardening projects. One person told us, "I do a bit of gardening because I used to do that at home, a bit of planting and seeding. There is plenty to do here if I want to do it. Sometimes though I just enjoy a cup of tea and watch the world go by." On the Grange unit we saw staff sitting with people whilst doing craft work. They were involving people by talking to them and telling them what they are doing. At the time of our inspection each unit was asking people if they would like to go to the Christmas pantomime which is being held on the Beal Unit.

The service had a complaints procedure which explained how to make a complaint and the timescale for receiving a reply. This was displayed in the entrance hall. All complaints were reviewed and analysed on a monthly basis by the registered manager to see if there were any key issues or trends. We saw the following comment which thanked the registered manager for responding to a person's complaint, it said, "Your response and swift action must all have taken place within an hour of meeting you, which was heart-warming and very reassuring."

## Is the service well-led?

### Our findings

The registered manager was present throughout the inspection, having cancelled a previously arranged appointment so that she was available to assist us as much as possible. She is a registered mental health nurse with 27 years nursing experience and a level 5 NVQ qualification in management and leadership. The registered manager told us she received supervision from the provider's operations manager and they were in regular contact by email to discuss any concerns or problems. This helped ensure there was oversight of the day-to-day management of the home. Each unit had its own lead nurse, who provided clinical leadership to the care team.

We asked people who used the service, relatives and staff what they thought about the management of the home. One relative told us, "I can talk to (name), if she's in. She is approachable." Another relative said, "(the registered manager) is approachable and nice. I haven't had to make any complaints St Georges is a good place for (name) and we are happy with their care." One person who used the service said, "I'm not sure which one is the manager, but absolutely everyone here is kind and good to me." Another person said, "I think the manager comes in sometimes but I don't know their name." One staff member from the Medlock unit told us, "The nursing leadership is good on here. They are approachable and muck in when required." A senior care assistant told us, "We are well-managed."

At our inspection in February 2017 we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because of a failure to maintain the quality and safety of the service. At this inspection we found there had been a considerable improvement in the overall quality and standard of the service and care provided at St Georges. However, we again identified some concerns around the management of medicines.

We saw that each unit carried out a range of audits to monitor the quality of the service. A weekly environmental and documentation audit checked on the standard of cleanliness and maintenance and reviewed care documentation and charts. The treatment room audit looked at completion of MARS sheets, fridge temperatures and the controlled drugs book. Where problems were identified an action plan was instigated. We saw that the audits were up-to-date. In addition to weekly auditing the operations manager carried out a quarterly service audit where documentation, the environment and maintenance on each unit were reviewed. Again, where problems were identified an action plan, with a timescale for completion and person responsible were drawn up. The service had recently carried out an infection control audit. From reviewing the audits we saw that the management team were pro-active in monitoring and improving the service provided at St George's.

The registered manager took time during each morning to walk around the home visiting each unit. This enabled them to check on the environment and staffing levels and to speak to people who used the service and staff.

Staff meetings were held regularly. We were shown copies of minutes from nurse management meetings, unit staff meetings and monthly nurse meetings. Topics covered included discussions around clinical

documentation, menus, recent incidents and lessons learnt from them and staffing.

The service used a local church hall for afternoon tea for people who used the service and maintained links with a local 'rainbows' group. Children from a local school visited the home at Christmas to provide a carol concert.

The service had a statement of purpose which was displayed in the reception area. This was a comprehensive document which provided information about the home's philosophy of care, aims and objectives, its organisational structure, details of accommodation, qualifications and experience of staff, admission criteria and complaints process. It provided people with the information needed to make an informed decision about the suitability of the service for themselves or a relative.

The service had a range of policies and procedures, including, confidentiality, health and safety, infection prevention and control, safeguarding, medicines administration and complaints. These had been updated regularly and were available for staff to guide them on good practice.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was on display in the home and also on the provider's website.

This service cannot be judged as good in the well-led domain because we have identified a breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where a breach has been identified in a domain the well-led section cannot be rated as good.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The management of medicines was not always carried out safely.