

Bushby Care Ltd

# St Georges Lodge Residential Care Home

## Inspection report

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Georges Lodge Residential Care Home is a residential care home providing personal and nursing care for up to 26 people over the age of 65, who have a range of needs, including frailty of old age. At the time of the inspection 25 people were living at the home. The home accommodates people in one adapted building.

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

People and their relatives felt the home provided a safe environment. A relative said, "I feel Mum is safe; the front door is locked at night. We can visit at any time, early or late". People's risks were identified and assessed, with guidance for staff on mitigating risks, which was followed. Staffing levels were enough to meet people's needs and call bells were responded to promptly by staff. Medicines were managed safely. One person told us, "I always get my medicines on time".

People were positive about the skills and experience of staff who supported them. People were encouraged to be involved in decisions about their care; relatives were also involved. One person said, "The manager came in recently and updated my care plan with me". Staff received a range of training to meet people's care and support needs.

People were supported to have a healthy diet and with their nutrition and hydration needs. The lunchtime meal was a sociable occasion. Special diets were catered for. One person said, "Staff support me to eat and spend time with me. I'm always offered an alternative, but they know what I like". People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs. People expressed satisfaction with their rooms and with the newly refurbished areas of the home.

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

People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences and interests. People were encouraged to go out if they wished and to participate on outings. Many activities involved people from the local community.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People commented on the pleasant, homely environment and felt that the provider and management team were approachable and friendly. The owners [provider] visited the home weekly and the registered manager felt supported by them. People were encouraged in their involvement and development of the

home and their feedback was encouraged.

Staff felt supported in their roles. Staff meetings provided opportunities for suggestions and ideas which were then followed-up.

A system of audits monitored and measured all aspects of the home and were used to drive improvement. There were strong links with the community. For example, children from a local nursery visited regularly. The home worked proactively with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection was Requires Improvement (published 23 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Lodge Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow-up

We will continue to monitor 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# St Georges Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Georges Lodge Residential Care 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.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people and three relatives. We spent time observing the care and support people received. We spoke with the registered manager, the deputy manager, the administrator, the head of care and two senior care assistants. We also spoke with a person from a company who was delivering training to staff in moving and handling. We reviewed a range of records. These included three care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# 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 Requires Improvement. At this inspection, this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to ensure that medicines were stored within safe temperature limits according to manufacturer's instructions. Medicines were not administered safely by a staff member who was observed at lunchtime. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines were managed safely. We observed medicines being administered to people at lunchtime. The staff member checked the Medication Administration Record (MAR) before removing the relevant medicine from the medicines trolley. The staff member offered each person their medicine, explained what it was for and stayed with the person to ensure they swallowed their medicine(s). The staff member then signed the MAR to confirm each person had received their medicine as prescribed.
- People told us they received their medicines as prescribed. One person said, "I've never had any problem with my meds. I go out a lot with my daughter so have my own tablets for the day and evening; I can take them at the right time". Another person told us, "I always get my tablets for my Parkinson's on time".
- Medicines that were to be taken as required (PRN) were administered in line with the provider's policy for medicines. MARs were completed to show why a particular medicine was administered and whether it had been effective or not. For example, we saw a staff member offering people pain relief at lunchtime. One person said, "They're good at getting me painkillers if I need them".
- Since the last inspection, the provider had re-designed part of one of the communal areas. A section had been partitioned off to house the medicines trolley and also used as a staff office. Medicines were stored within a medicines trolley. An air conditioning unit had been installed and temperature records showed that medicines were stored within acceptable limits. Medicines that were required to be refrigerated were stored within a safe range of temperatures.
- Staff had been trained in the administration of medicines. The deputy manager had implemented an auditing system that was effective in ensuring medicines were managed safely.
- Staff competencies to administer medicines had been checked. The registered manager told us they sometimes came to the home in the evenings to supervise staff administer medicines. She explained, "We've been strict with all staff and we discuss medicines at supervisions".

### Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. People were protected from the risk of abuse by staff who had been appropriately trained.

- People told us they felt safe living at the home. One person said, "Everything makes me feel safe. I'm happy. The girls are friendly and nothing is too much trouble. They do everything to make you happy, the best they can". Another person told us, "Just having people around makes me feel safe. It's better than being on my own".
- Staff knew what action to take if they suspected any form of abuse. One staff member said, "There are lots of types of abuse such as physical, sexual or financial. I've never witnessed anything, but I know what to do. I would talk to [named registered manager and deputy manager] and they would report it. I could contact CQC if I wanted to be anonymous".
- The registered manager understood her responsibilities under safeguarding and the need to notify CQC of any abuse or allegations of abuse, in addition to informing the local safeguarding authority.

#### Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely. People were encouraged to be as independent as possible. For example, a staff member explained how they might gently persuade people to wash their own faces, rather than relying on staff to do everything for them.
- Many people chose to remain in their rooms for much of the day. We saw staff constantly checking that people were safe. A relative said, "They're always popping in to check on Mum. I do think they spend time with her because of what they tell me".
- Risk assessments were detailed and relevant to each person living at the home. For example, one person lived with diabetes, so was at heightened risk with their sight and skin integrity. The associated risk assessment showed the high risk that was calculated using Waterlow, a tool designed for the purpose. The person had regular check-ups with their optician and support from a diabetes nurse. This ensured their diabetes was managed safely and their risk of becoming unwell was lessened.
- Premises were managed safely. Checks on gas, electric and fire safety were satisfactory. Equipment, such as hoists, was regularly serviced.

#### Staffing and recruitment

- There were sufficient staff to meet people's needs. Staffing rotas confirmed the numbers of staff on duty.
- People felt there were enough staff and said they were responded to promptly when they asked staff for assistance. One person said, "If I do use the call bell they answer it quickly. I get looked after well and I think there's enough staff for my needs". A relative told us, "There's always a buzzer going. The demand on the staff is high, but they seem to cope well. They always make time for Mum, especially as she needs help eating".
- Staffing levels were assessed based on people's dependency needs. In addition to care staff, the registered manager and deputy manager assisted with supporting people.
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.
- The registered manager told us that agency staff were rarely used. At the time of the inspection, there was a full complement of staff.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. There were hand-washing stations dispensing alcohol gel at various points around the home.
- We saw that the home was spotlessly clean and smelled fresh. One person said, "They keep my room very neat and tidy". A relative said, "The person next-door to my Mum was ill the other week. They isolated her. They put a notice on her door and all her washing was done separately".

- Tests had been undertaken to check whether Legionella bacteria was present in the water supply. When a couple of tests indicated a positive result, immediate action was taken in line with the advice provided by the specialist contractor. Records confirmed this.
- Staff had completed training in infection control. We observed staff used disposable aprons and gloves when providing personal care or serving meals.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- After the last inspection when we found that the lunchtime medicines had not been administered safely, the provider took immediate action. A system of audits was implemented that would identify any issues in relation to the management of medicines and any emerging actions to be taken.
- The registered manager told us of an event where one person was administered another person's medicine; the medicine was the same, but in a lower dosage. The GP was consulted and a safeguarding raised; the person in question suffered no ill effects.
- The two staff who should have checked and signed the record before the medicine was administered were suspended from administering medicines. They then had to refresh their medicines training. The action taken was in line with the provider's policy and procedures relating to the management of medicines.

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

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed.
- People's health needs were continually reviewed and monitored in line with best practice. The service worked with a variety of healthcare professionals. For example, two people lived with type 2 diabetes and were regularly reviewed by diabetes nurses and relevant specialists. The service also worked closely with the admissions avoidance matron who advised staff on how to monitor people, including care planning and delivery.
- A relative said, "They [staff] do talk to us about Mum's needs and I find the whole team approachable".

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. This included mandatory training on moving and handling, fire safety, health and safety, dementia, first aid and slips, trips and falls. Records confirmed this.
- Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. New staff, with no previous experience of working in care, studied for the Care Certificate, a universally recognised, vocational qualification. They shadowed experienced staff as part of their induction programme.
- A member of staff told us there were opportunities for staff to access additional training. They explained, "We're starting some new ones: diabetes, sexuality/sexual relationships, stroke awareness. Training will just be on that topic. Some training is on-line and some is face-to face".
- The registered manager explained that staff needed to achieve in excess of 75 per cent in any on-line training. Some staff required additional support to understand the subject matter. For example, staff who did not have English as a first language or who had difficulty in interpreting the written word. The registered manager supported staff to ensure they understood any training material so this could be put into practice.
- An external trainer who was due to deliver moving and handling training to staff told us how receptive staff were to their training and that training sessions were always enthusiastically received.
- Staff received regular supervision from their line managers. One staff member said, "We have supervisions and observations. There aren't usually any problems, we can talk to a manager at any time. We don't wait for supervision".

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

- People were supported to eat and drink enough to maintain a balanced diet.

- We observed the lunchtime experience. Some people ate in the dining room, whilst others preferred to have their meal in their room.
- Eleven people sat down to lunch in the dining room. Tables were attractively laid with cloths, glasses and condiments. Music played softly in the background. People could choose from a selection of soft drinks or an alcoholic beverage if preferred.
- Staff supported people in a discreet way. There were two choices available for the first course or dessert; alternatives to these were also on offer. Staff knew people well. For example, one person preferred brown sauce rather than ketchup and staff brought this without being told. People were asked if they required assistance and whether they wanted their food cut-up.
- People were complimentary about the food on offer. One person said, "There's lots of food; it's mostly very nice. Staff come round the day before and give you a choice of two". Another person said, "I'm quite restricted with what I can eat, but they accommodate what I want". Special diets were catered for. The registered manager told us there was no-one with any eating disorders that required specialist dietary input.

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

- The service had been adapted to meet people's needs. The provider had recently refurbished parts of the home to a very high standard. Whilst people were not directly involved in choosing the decorations or colour schemes, people were clearly happy with the results. For example, we observed people enjoying activities in the lounge. There was a quiet lounge for people to receive their visitors in a more private setting.
- Signage was not used as the provider wanted to create a homely, comfortable environment. People moved freely around the home and from our observations, no-one required assistance and everyone had good orientation skills.
- People could access all parts of the home easily. There was a stair lift and a passenger lift for people to move between floors. The garden was accessible for wheelchair users, with some raised flowerbeds, and provided a pleasant space for people to enjoy the fresh air.

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

- People received healthcare support as needed from a range of healthcare professionals. Care plans showed that people had access to dentists, opticians, chiropodists and hospital specialists; district nurses also visited people at the home. A physiotherapist attended the home weekly and was available for 1:1 support or conducted therapy with groups of people if they wished. There was no additional charge for this service.
- One person said, "They're very good at getting the doctor if you need one. I fell in the bathroom and they helped me quickly. The ambulance took a long time and the staff were so kind to me". A relative told us, "Mum recently had shingles and the doctor was called. When Mum has gone to hospital, they informed the family straight away. They're always very good at getting the doctor. We will take Mum to outpatient appointments, but staff do as well".
- On the day of our inspection, one person quickly became very unwell. A staff member responded swiftly and an ambulance called. Paramedics were concerned about the person and so they were admitted to hospital the same day.

#### 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.

- Consent to care and treatment was gained in line with MCA and DoLS Guidance.
- The registered manager told us that a representative from the DoLS team of the local authority had visited recently to complete an assessment for one person where DoLS had been applied for.
- Some people were subject to restraint, for example, the use of bed rails to prevent them falling out of bed. People had given their consent to this, whilst others did not have the capacity to understand what bed rails were for, so a decision was taken in their best interests.
- When people had appointed others to make health and welfare or financial decisions on their behalf, copies of Lasting Power of Attorney documents were on file.
- Staff had completed training on MCA and DoLS. One staff member explained, "People are seen as having capacity unless it's proved otherwise. People's capacity can fluctuate sometimes at different times of the day". Another staff member told us, "We have to assume that the individual has capacity until proven otherwise. If I had concerns and a person didn't fully understand something, I would go to [named registered manager and deputy manager]".
- We saw that people's consent was obtained by staff throughout the inspection. One person said, "I feel able to make decisions about my care and they encourage me to be independent".

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- People's religious needs were respected. One person followed a particular religion which meant they could not be given a blood transfusion if this was needed. Staff were aware of this and information was on file to share with healthcare professionals as needed.
- Staff knew people well and how to support them. Some people required hearing aids and staff ensured that the batteries were checked regularly so people could hear properly.
- We observed staff treated people kindly and there was a shared sense of humour. One staff member said, "As soon as a new person comes in, they go to their room with their families and we offer them a drink. We sit with people and asked about their likes and dislikes, could be food. We try and encourage people to come down and be involved. We also try and match people, if they seem to have things in common. People can always phone their families if they want to. A lot of people say it's homely and friendly here".
- People confirmed staff were kind, caring and friendly. One person said, "I get on well with the staff; I have a natter with them. We all seem to get on well together. Staff don't force anything on you". A relative told us, "My Mum has been here for a while and we have a good relationship with the whole staff team. I ring Mum at any time and if staff are in the room, they talk to me as well. As soon as we come to visit, staff tell me what's been going on".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People expressed their views and were involved in decisions about their care.
- A staff member explained how they respected people's decisions. They told us, "Everyone living here is nice. If people don't want to do something, we can always come back later, for example, if we offer them a shower or a bath". Another staff member said, "If we're helping someone, we try and encourage them. We might say, 'Would you like to wash your face or do you want us to help you?' People want to maintain their independence".
- People confirmed they were involved in planning their care. One person said, "They do talk to me about my care plan and keep it updated. They have recently done it". A relative told us, "I helped them draw up the care plan. I think staff are very well-trained".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.
- People were treated with dignity and respect. One person said, "I find all the staff very nice and helpful.

They're all extremely nice people".

- Staff described how they respected people's privacy. One staff member said, "I would obviously shut the door when providing care. If they're using the toilet, I ask them if they would like me to come back later. It's what people want. We don't discuss people's needs with anyone else, all information is confidential".

# 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 Requires Improvement. At this inspection, this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure care plans were person-centred to ensure people received care in line with their preferences. Activities were not organised in a way that reflected people's interests and hobbies. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- Since the last inspection, the provider and management team had worked hard to make significant changes to ensure that people received a high standard of person-centred care and that activities were organised.
- One person said, "The activities lady comes in and has a chat. She's very friendly. I prefer to stay in my room, but she has offered to take me out. I know she takes some of the others out. I have been out in the garden". Another person told us, "There's various entertainers and a few other things going on. If it's something I really like, I join in".
- Activities were designed and organised based on what people wanted to do, their interests and hobbies. For example, one person had a keen interest in gardening and had been encouraged to plant up some pots; a raised flower bed had been organised in the garden. The person who really enjoyed gardening was encouraged further by the provider and was given £100 to spend at a garden centre. The person, supported by staff, had spent the money and chosen a variety of plants and flowers which they planted up. A small greenhouse had been erected so seedlings could be cultivated. The person told us they really enjoyed gardening and spent a lot of time in the garden. The garden looked beautiful and well-cared for with tables and chairs for people to relax.
- Activities that people had enjoyed and participated in included visits from children from a local nursery, and a series of informative talks, such as a visit from Worthing Camera Club and other social occasions.
- Outings were organised. One person indicated an interest in Brighton Pride and this was an event staff supported them to attend annually. People were introduced to technology. For example, one person was taken to a supermarket and assisted by staff to use the self-check out for their purchases. This had been thoroughly enjoyed.
- On the day of our inspection, Archie the spaniel, who was a regular visitor, was engaging with people and proved a popular distraction.
- People were encouraged to stay in touch with people who mattered to them. Visitors were made to feel

welcome at any time. Relatives told us they were kept in touch with what their loved ones were doing and how they spent their days. One relative said, "We get an email about what is going on. [Named activities lady] brings round a little shop and books and things and if Mum needs anything, they get it for her". Another relative felt there had been a distinct improvement in activities for people and said, "You can see the improvement in what is available for the residents. Mum prefers not to join in, but can hear the music from her room".

- Social media was used to good effect. The home had a Facebook page which was enjoyed by people and their relatives and was a way for relatives to see what was happening as photos were posted. Access to this Facebook page was closed and secure and people/relatives were invited to be 'friends'.
- People had access to Wi-Fi and one person stayed in contact with their relatives using Skype.

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

- Care plans were detailed in information about people, how they wished to be cared for and included their personal histories. If people's needs changed, their care was reviewed. The registered manager referred to one person whose mobility had deteriorated and that they now needed to be hoisted. The appropriate equipment had been brought in so staff could assist the person to move safely.
- Care plans provided information and guidance to staff about people's personal care needs, social and human needs, emotional support and behaviour. Staff knew people well and provided care in line with people's needs and preferences. One person said, "Staff look after me. I went to hospital yesterday to see the Parkinson's nurse and they made sure I was ready". A relative told us, "When we took [named family member] on holiday to Benidorm, St George's were fantastic. They organised all the medications and correct paperwork for me to take".

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.

- Information was presented to people in a way that met their needs and which they could understand.
- For example, one person was registered blind and was unable to read. Staff discussed their care plan with the person and their relative, rather than giving them a hard copy. Staff had also offered the person audio books since they could no longer read. However, the person said they were happy listening to music and programmes on the radio.
- The registered manager told us that information could be presented in any format and this would be planned for when people moved into the home or when their needs changed.

Improving care quality in response to complaints or concerns

- When complaints were received, they were managed in line with the provider's policy.
- No formal complaints had been made since the last inspection.
- We asked people and their relatives if they ever had cause to make a complaint. One person said, "It's all fine as far as I'm concerned; there's nothing to complain about. You can talk to the managers about anything". Another person told us, "There is a procedure for how to make a complaint, but I've never had to". A relative said, "We have never felt the need to complain".

End of life care and support

- At the time of the inspection, no-one was receiving end of life care.
- The registered manager told us that people could live out their lives at the home if this was their wish and

their needs could be met. She explained that any additional equipment that might be needed to support people when they became increasingly unwell or frail would be brought in, with advice from healthcare professionals.

- People's wishes were recorded in their care plans. For example, one person's religious preferences indicated they would want to receive the Last Rites from a priest. This would be organised when the time was right.
- A member of staff said, "Out of all the care jobs, end of life care was one thing I felt was difficult when I first started many years ago. Now I think it's a nice thing to do, to make people comfortable and nice for them at the end of their life. I try and reassure relatives too".
- The registered manager told us that they had organised wakes for relatives and friends of some people who had passed away. A relative said, "When my Dad died, [named registered manager] offered to do the wake here. All our family came to St George's."

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, whilst a range of audits was utilised to measure and monitor all aspects of the home, these had not been effective in identifying the issues we found. These related to the management of medicines and person-centred care. Significant improvements have been made since the last inspection.

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

- A system of audits monitored and measured all aspects of the home and were effective in driving improvement. These related to infection control, medicines, health and safety, care plans and accidents and incidents. Where accidents and incidents had occurred, these were analysed to identify any emerging trends or patterns; remedial action was then taken.
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and on the provider's website.
- Staff were clear about their roles and responsibilities. One staff member confirmed that staff meetings took place and said, "The last one was about six months ago. If there's anything we want to discuss, we talk about it and we are listened to". Another staff member told us, "Managers listen to any ideas or suggestions, which is nice. I can't think of any changes though".

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

- People received a good standard of care from staff who understood how they wished to be supported.
- A relative said, "I just wanted to tell you how nice it is here and how happy Mum is". One person told us, "The new owner asked me if I liked my new room. I said that I found the chair uncomfortable, so he got me a new one. We do see the owner and all the family are nice".
- According to the provider's Statement of Purpose, 'At St Georges Lodge our prime objective is to provide a relaxed, homely and happy environment for ladies and gentlemen over 65. We wish service users to feel at home, to achieve fulfilment of life with no undue pressures and to attain peace of mind in a safe environment'. From our observations and evidence found at this inspection, it was clear the provider had achieved this objective.
- One comment on a review of care homes website from May 2019 stated, 'A relaxed, welcoming place with friendly, helpful staff. The building is clean, brightly decorated and well maintained with a pleasant garden. Catering offers a varied choice of menu. Residents are encouraged to participate in various activities, including a weekly session with a physiotherapist'.

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

- The registered manager understood her responsibilities under Duty of Candour. She explained, "You must be very honest and open, contact relatives, and apologise if anything goes wrong".
- People and their relatives felt confident to talk with the owners or the registered manager if they needed to. A relative said, "The owners have popped in to see us, we know them well now". One person told us, "You can talk to [named registered manager and deputy manager] about anything and they will help".

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

- There were strong links with the local community. For example, a local secondary school invited people from the home to their annual Christmas church service. Pupils from this school were learning about World War II and one person living at the home was particularly interested in the history of this period. An arrangement was made for the person to speak with pupils about their personal recollections of the War. The event was enjoyed on both sides and it was hoped to organise similar occasions in the future.
- People were encouraged to be involved in developing the service. Residents' meetings took place. One person said, "We all get on well with the managers. There are residents' meetings in the lounge and you can talk about anything; you know you will be listened to".
- A monthly newsletter kept people and their relatives informed about happenings at the home and of future plans.
- People and their relatives were asked for their feedback through annual questionnaires; all results were positive. Where improvements were identified, then actions were taken. For example, one person asked for a bedside lamp in their room and this was immediately provided.
- Staff felt supported by the provider and the management team. One staff member said, "The owners are nice. At Christmas we wanted vintage things and the owner came back with an old-style Father Christmas and soldiers. If there's a reason for asking for something and it's going to help people, then we get it".
- Another staff member talked about the kindness and support of the managers. They told us, "I like it here; there's a friendly atmosphere and the management side are very approachable. When I've had problems, they were so good. They were flexible when I returned to work after having time off. All staff are really friendly and there's good teamwork. When new staff come in, they fit in really quickly".
- The registered manager had developed strong working relationships with others. For example, if people's needs changed and they needed nursing care, the registered manager liaised with the person's relatives and the manager of a nearby nursing home, to have people's needs re-assessed. The registered manager worked closely with health and social care professionals to ensure people's changing needs were met and any transition into another care setting was managed smoothly.
- The registered manager attended events such as the West Sussex Managers' Forum, to share information and network with other home managers.