

St. George's Care Ltd

St George's Home

Inspection report

116 Marshall Lake Road
Shirley
Solihull
West Midlands
B90 4PW

Tel: 01217454955

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Georges Home is a care home that provides personal care and accommodation for up to 29 older people. At the time of our visit there were 16 people living at the home.

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

There continued to be significant shortfalls in consistent leadership and how the service was led. Breaches of regulations remain in place. The provider's delivery of high-quality care could not be demonstrated and while a new manager was in post, further development was needed in leadership, governance and the culture in place.

There were inconsistent approaches in how infection control measures were undertaken which potentially puts people's health and well-being at risk. The expectations to give people a clean home had not been met.

The care and support people received was inconsistent as staffing support had not been in place to maintain staff's professional skills or knowledge of best practice in caring for people. People hydration needs required more detailed monitoring to ensure their needs were met. People would benefit from an increase in time with staff for a meaningful length of time.

People's dignity was not always maintained. This included people using the toilet not being protected from the view of other people or visitors to the home. This was not intentional, however it the provider had not upheld people's dignity and respect.

People's planned care needs had been recorded and were in the process of being improved, however end of life care plans did not meet people's needs. The service has not fully implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss. We have made a recommendation about the premises being improved to best promote people's independence.

People were complimentary about the staff and how they were supported. Families also positively commented on the care their relatives received and no concerns were raised.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 26

June 2019) and there were multiple 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 enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing, cleanliness and how the service was managed at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to meet their condition of registration to have a registered manager. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures' because this service has been rated as 'Inadequate' in any/other Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

St George's 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

There were two Inspectors, one Inspection Manager 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 George's Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 continued to have no manager registered with the Care Quality Commission and the provider is in breach of regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. 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 could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were no domestic staff currently employed to maintain the cleanliness of the premises and equipment. As a result, people were placed at an increased risk of infection. The manager told us they had appointed one domestic member of staff, however, the expected working days and hours had not been agreed. The current allocated hours for cleaning had been ineffective.
- At our last inspection, the provider had not ensured there were enough staff at mealtimes, to provide the support people needed in a dignified way.
- At this inspection people had to wait for staff assistance at meal times and once they had finished their meals. There were three care staff on duty and 10 service users who required the assistance of two staff. These service users experienced delays whilst waiting for staff to become available. One relative told us, "Sometimes they take a little longer, I guess they are busy with other residents."
- Staffing levels at lunchtime meant meal service was rushed. For example, we saw hot deserts were served to service users before they had finished their main meal. One person told us, "They could use more staff."
- A senior care worker told us they had not had time to complete audits of the home which was part of their role as their time was spent with service users. One relative told us, "They [staff] are rushed off their feet."

We found no evidence that people had been harmed however, people experienced delays and staff were not always able to complete cleaning tasks. This placed people at risk of infection and harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The home environment had not been maintained and the current cleaning regime was ineffective and placed service users at an increased risk of infection.
- There was a strong unpleasant odour on the first floor of the home and two toilets were dirty.
- The expectation of the manager was staff would also assist with the cleaning, however staff had not had time to do so owing to care commitments.

We found no evidence that people had been harmed however, people experienced an environment which failed to support the reduction of the risk of infections and placed people at harm. This was a breach of Regulation 15(1)(2) Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there was a breach of the regulations because the provider and manager had not followed their obligations under safeguarding procedures when concerns were reported to them. At this inspection we found sufficient improvement had been made to ensure people were safeguarded from the risk of abuse. The provider was no longer in breach of regulation 13.

- The provider's systems and process now supported people to remain safe in the home and any potentially safeguarding matters were recorded and reported.
- People told us they felt safe and staff helped them to reduce the risk of harm. One person told us "There is always someone about."
- The provider's process now reviewed a potential safeguarding incident and where required the provider submitted a statutory notification to CQC and the local authority.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. However, on one occasion we saw one staff member carry out a potentially unsafe move. This was addressed by the manager who identified the staff member required a training update with moving and handling.
- The management team had started to move to an electronic risk assessments process to further reduce the risk of harm and to promote safe practice. For example; assessment of falls and hydration. These still required full implementation to fully assess all people living in the home.

Using medicines safely

- People received their medicines on time and as prescribed by their GP.
- Records had been completed when people had received their medicine.
- Medicines had been stored and disposed of securely.

Learning lessons when things go wrong

- The manager was aware of incidents and accidents and these had been reviewed monthly
- Previously implemented changes to practice now needed to be continually monitored so good practice is consistently followed.

Is the service effective?

Our findings

Our findings - Is the service effective? = Requires Improvement

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 requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff members were unsettled following a period of manager changes. People and relatives commented about recent staff changes and one relative told us, "There have been a few staff changes."
- Staff had recently received training, however staff had not had consistent, available management support, and some training was not put into practice. One relative told us, "Some of them are good and others learn with time."

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

At the last inspection People's needs were assessed before admission but the assessments failed to identify people with complex needs and we found people's needs were not always met safely and effectively at the home.

- At this inspection no one has recently been admitted to the home, so we were unable to check any revised any revised assessment documents.
- People's care had recently been reviewed and standards of care were being implemented and staff training was ongoing to support this.

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

- People's nutritional needs were met and there was a choice of food available which people enjoyed. One person told us, "The dinners are very good you get a choice menu." One relative told us, "[Person's name] diet has changed slightly and they accommodate that."
- Where people required support with eating and drinking this was given by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had seen health professionals to support their ongoing health needs. These included regular visits from district nurses, dieticians and chiropodists.

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

- At the last inspection the provider had not assessed the environment to determine how the this could better support those people living with dementia or who were registered blind at the home. At this inspection no improvements had been made.

We recommend the provider looks at best practice guidance to ensure decorations and adaptations to the premises are laid out in a way which is accessible and helps to promote independence.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- People were asked for consent by staff who listened to their response. One relative told us, "They talk to her, they ask what she prefers."
- DoLS applications had been made where needed and appropriate.

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 requires improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At our last inspection there was a breach of the regulations because people's privacy and dignity had not been upheld. At this inspection sufficient improvement had been made to ensure people's privacy and dignity was maintained. The provider was no longer in breach of regulation 10, however further improvements were needed.

- People's privacy and dignity was not respected when they chose to use one particular toilet. When staff opened the door to support a person they were visible to people in the lounge. The manager agreed the additional doors could be closed to further promote privacy when people were using the toilet.
- People received care which promoted and respected their privacy and dignity. One person told us, "They treat you with respect all the time."
- Staff were considerate and polite when talking with people and showed they took account of people's rights. One person told us, "Very respectful, they always knock on the door before entering."
- People received the right balance of support and staff were careful not to take over tasks from a person. One person told us, "They do really care, the way they speak to me [is] full of humour."

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

- There had been a number of staff changes, which had been highlighted by people and their relatives. The provider had not ensured people were supported by a consistent group of staff and a management team who knew them well. Improvements in care plans for staff to understand how people liked their care to be provided were not fully embedded.
- People were happy with the care provided and were treated well by staff. One person told us, "They are very pleasant."
- Staff were considerate of people and how to support them as individuals and one person told us, "Yes they are good to us and look after everyone."
- Relatives provided positive feedback about how their family member was cared for by staff. One relative told us, "They [staff] are very polite."

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

- People directed staff with requests for assistance and made sure the person was involved in the care they wanted. One relative told us, "They know my [relative's] needs. If I make a request they follow it through."
- Staff were inclusive of people's decisions and staff listened to the person and were careful not to make

assumptions. One relative told us, "Yes they are very polite and courteous and ask for consent."

- Staff ensured people were assisted to make choices and be involved in their care, such as offering places to sit or if they would like a snack.

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 remained the same. This meant people's needs were not always met.

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

- The provider had introduced new care plan documents, these were still in the process of being completed for all people in the home. Details of referral to other professionals were not updated in these care plan to ensure people's support was consistent and known by all staff.
- People's involvement was not always evident in the care plans or how the views of people's relatives had been included to produce care plans which reflected people's preferences and needs.
- People were pleased with the support they received overall and one person told us, "They [staff] respond to the bell, generally promptly, but not when its busy." Relatives felt involved and listened to and one relative told us, "I get information and updates about [family member's name]."

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.

- People were supported by staff who used a variety of verbal and visual prompts to make sure people were able to communicate.

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

- At our last inspection, we identified people had opportunities to participate in some activities, but staff were not able to respond to people's individual needs to socialise. At this inspection improvements were still needed. One person told us, "We don't have much activity, but I like to read." Staff continued to recognise people enjoyed different activities but were not able to provide one-to-one support for people.
- In the mornings, the provider had introduced a 15-minute period where all staff were to spend social time with people, however one person told us, "We have few other activities."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, but no formal complaints had been received.
- People told us they were happy to raise concerns with staff or pass these through a relative. One person told us "I have never complained, I can speak to the manager if there is a problem."

End of life care and support

- The new end of life care plans required further improvement to reflect people's preferences relating to

protected characteristics, culture and spiritual needs.

- The provider had received compliments from the relatives of people who had received care at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question remained the same. This meant there continued to be widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last three inspections at St Georges Home we found the systems and processes to monitor the quality and safety of the service people received required improvement. At this inspection we found the required improvements had not been made. This continued to impact on the risks to safety and quality of the care people received.
- At our last inspection in May 2019, there was no registered manager in post. The provider had not taken sufficient action since this time to ensure a registered manager was in post.

The offence is an offence of failing to comply with the conditions of your registration (Section 33 of the Health and Social Care Act 2008). We are currently investigating this breach and once completed the outcome of this will be published.

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

Registered providers and registered managers have a legal responsibility to inform us (CQC) about any significant events that occur in the home including any serious injuries or safeguarding events. At our last inspection the provider had failed to ensure this had happened for three safeguarding incidents that had occurred. Records showed they had also not been reported to the local safeguarding authority.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents.

- Since our last inspection the provider has submitted notifications as part of their regulatory responsibilities.
- The management team continued to be inconsistent and until November 2019 not always available to support staff and people at the home.
- The lack of management oversight meant the service did not always run safely and effectively. For example, staffing levels had not sufficiently supported people in the home or to have effective cleaning arrangements in place.
- The provider had not ensured staff kept accurate and contemporaneous records in respect of each

person. Records completed by staff about people's care, such as daily notes, were completed at the end of their shift. One written entry for one person stated for the period 8am to 8pm '[Person] had a good breakfast but refused to eat lunch. The next entry covered the period 8pm to 8am. Therefore, details would not reflect actual times of the person's day and identify issues or concerns to drive through improvements in the person's care.

- The manager had a limited understanding of people's needs and had only managed the home for short period meant they needed to implement and oversee improvements consistently to ensure people received person-centred, safe care.

These shortfalls demonstrate a continued breach of Regulation 17 of regulation 17 of the HSCA (Regulated Activities) Regulations 2014 - Good governance.

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

- Staff continued not to have regular opportunities to discuss their training and developmental needs with management team. The new manager was looking at how best to support staff going forward.
- Staff told us regular meetings would be welcomed to provide the opportunity to talk about training, and the provider's expectations regarding supporting people.

Continuous learning and improving care

- The manager had not yet implemented their own systems to help drive improvement due to their limited time at the home.
- The provider had not shared their current plans for the home with the manager, however, weekly management meetings had taken place to share ideas and improvements they wanted.
- The provider will need to demonstrate a clear plan of improvement and show how the service is looking to continually improve care for people living at St George's.

Working in partnership with others

- People were supported by health and social care professionals to improve the quality of care at the service. For example, district nurses and local authority commissioners.
- The manager was exploring other opportunities within the local community to see if there were other services which would benefit people living at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment We found no evidence that people had been harmed however, people experienced an environment which failed to support the reduction of the risk of infections and placed people at harm. The enforcement action we took: See NoD
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance shortfalls demonstrate a continued breach. The enforcement action we took: See NoD
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We found no evidence that people had been harmed however, people experienced delays and staff were not always able to complete cleaning tasks. This placed people at risk of infection and harm. The enforcement action we took: See NoD