

Weldglobe Limited

St Georges Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected this service on 30 April 2015 and the inspection was unannounced. St Georges Care Home provides care and support for up to 35 older people, some living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager has managed this home for many years and has been there longer than any of the staff working there or the people living there. This means that they have an extremely good understanding of the people's needs having carried out their initial assessment and worked with them since they moved into the home. People's relatives told us that they have confidence in the registered manager, who always makes themselves available if they want to speak with them. The staff have told us that they also get on well with the registered manager and always feel able to approach them if they need guidance or to discuss concerns.

Summary of findings

It is possibly because of their open and relaxed relationship that the registered manager has developed a style of management that does not rely on formality, which has led to them failing to meet our requirements in some areas. People living in the home are not consulted on the quality of the service they received as there are no systems in place to capture that information. Surveys were not sent out to people or their relatives and neither were house meetings held, which would have given people and their relatives an opportunity to discuss concerns and suggest improvements.

Staff have not been offered one to one supervision sessions so that they could discuss areas of concern, discuss their personal development, voice suggestions for improvement to the service or receive direction from their manager in a safe and private environment. Nor did the registered manager arrange staff meetings.

People's capacity to make decisions for themselves have not been assessed which could mean that people were denied the right to make even the simplest decision about the way they want to live and what they want to do.

The provider monitored the service and produced reports of their visits, the registered manager audited the care practice and records, but did not have any systems in place to record that these audits were carried out.

The registered manager has also failed to send us information that we expect them to send us routinely in

the form of statutory notifications, this is information about important events which the provider is required to send us by law. It is important that we receive information about people who live in the service and events that may affect them so that we can monitor their service between inspections.

The registered manager has acknowledged that these systems need to be in place and has assured us that they will be taking action to put them in place.

People are safe because staff are aware of their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There are enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

There was an open culture and the registered manager encouraged and supported person centred care. People's health needs were well managed by staff who consulted with relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well. People were encouraged to follow their interests and hobbies and were supported to maintain relationships with friends and family so that they were not socially isolated.

Summary of findings

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.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good



Is the service effective?

The service was not always effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. But, where a person lacked capacity, the correct processes were not in place so that decisions could be made in the person's best interests.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

Good



Summary of findings

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

The service was not well led.

The provider did not ensure that statutory notifications were sent to us as required.

People and their relatives were not consulted on the quality of the service they received.

The provider had processes in place to monitor and audit the quality of the service as did the registered manager, but they did not have systems in place to record the outcomes of the audits.

The service was run by an able manager who was approachable and who demonstrated a commitment to providing a good quality service, but did not consult people for their opinions. There was an open culture and people were encouraged to raise issues.

Requires improvement



St Georges Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 30 April 2015 and was unannounced and the inspection was carried out by one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last

year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. We spoke with four people who used the service. Other people were unable speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke three people's relatives, the registered manager and three care staff.

We also looked at four people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

The majority of people who live in this home have a diagnosis of dementia and had the difficulties communicating related to this disease. As we chatted with people generally they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said that, “My [relative] was not safe when they were in their home on their own, now I have no worries about their safety.”

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the registered manager would take action if they reported any concerns and were aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The registered manager was also knowledgeable about what action would be needed if they suspected people had been harmed, but had not needed to make any referrals to the safeguarding team to investigate. Nor had they had any safeguarding made against them.

Risk assessments were in place that were designed to minimise the risk to people in their day to day life so that

they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support the person required to reduce the risk.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire.

The registered manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences.

There were sufficient staff on duty to keep people safe and protect them from harm. One person said, “They [the staff] are diamond, I don't have to hang around too long.” Another person told us, “I like her [pointing to a staff member] she's always there when I need her.” During our observations we saw that people were attended if needed without them having to wait too long

Staff told us that they felt the staffing levels were good and if a member of staff was unwell they were replaced with another member of the permanent staff team if possible. This meant that people received care and support from staff who knew them well.

Medicines, including controlled drugs, were well managed by the service. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by the manager to check practice.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was not fully following the MCA code of practice. An assessment should be carried out to assess people's capacity to make day to day decisions for themselves. Those that did not have the capacity to consent to any area of their care and treatment relatives and health or social care professionals should be involved in making decisions that would be in the best interests of the person.

The registered manager understood the process for making DoLS referrals where required. Staff had undertaken MCA and DoLS training and were able to explain about people's capacity to make decisions and demonstrate an understanding of DoLS.

People had not had their mental capacity assessed. This might lead to people losing the right to make their own decisions in respect of their care and treatment. The registered manager acknowledged that the MCA assessments should have been in place and told us that without a deputy manager in post their time had been pressured. They assured us that they would undertake action to get the capacity assessments done within the next few weeks.

Neither had the registered manager taken action in regards of a ruling made by the Supreme Court early 2014, which meant that the people who used the service would need to be reassessed in regard to their DoLS, especially as this home had a code protected access and exit system in place that meant that people were denied the freedom to leave the building if they wanted to. The manager told us that staff had been told not to give the door code to anyone, including people with the capacity to leave the building at will and visitors. This was because the door had not always been closed properly and the code might get into the hands of people without business in the home. This meant that they were worried about the safety of the people who live in the home and security of the building

We noted in the latest provider's visit report that the MCA and DoLS had been identified as an area that needed to be actioned and timescales had been set for it to be done by.

This meant that the provider has failed to take action to ensure that they are working within the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us that they felt staff knew what they were doing and understood how to provide appropriate care. One relative told us, "My [relative] has really done well since they moved in. They weren't doing anything, not even getting dressed. Now the staff have got them up and walking about." Another said, "I don't have any worries about the care my [relative] gets."

Records showed that staff received sufficient training to give them the knowledge and confidence to meet people's needs. There was a training matrix in place and we saw that training had been booked throughout the year, which ensured that people were supported by staff that understood what they needed and had the necessary training to meet those needs. Staff said that they felt that they were trained and supported well enough to be able to do their job properly. We saw that new staff were recruited in a way that made sure that only people that were suitable and trustworthy were recruited. We saw evidence that, where needed, the providers had taken disciplinary action to stop bad practice and to keep people safe and well cared for.

New staff received an induction during which they read policies and procedures, care plans, risk assessments and they shadow experienced members of staff. Staff were given the opportunity to develop their skills and to undertake National Vocational Qualifications in social care.

The registered manager told us that they had not been keeping up to date with staff supervisions, but they had appointed a deputy manager and undertook to ensure that staff received regular one to one supervisions once the new deputy had settled in. They told us that they always made themselves available to staff who wanted to talk to them and they made sure that they available in the communal areas of the home to spend time with the people and to observe staff practice. Staff told us they felt well supported despite the lack of one to one supervision with the registered manager, saying that if they needed to they could always meet with them if they had any concerns or questions to ask

Is the service effective?

As part of the care planning system an assessment was carried out on whether there were any risks for the person, for example those associated with their nutritional needs. When risks were identified actions were in place to mitigate the risk such as referrals to relevant health care professionals including speech and language therapists for issues around swallowing or dietetic services for people with particular dietary needs. A relative told us that their family member had not been looking after themselves properly, but when they moved into the home a referral was made to a dietician and plans were put in place to help them eat properly and they had started to get on better.

People were happy with the food provided and told us that their views were sought about meals. A relative told us, "The food looks well prepared and my [relative] says it tastes good." One person told us, "I enjoy my meals, I certainly get enough." We observed the main meal being served and noted there was only one choice on offer for their dinner. When asked why people were not given more choice, staff told us that if people requested something different it would be arranged. This meant that people who were not able to voice their dislike for a particular meal did not have their preferences recognised or offered to them.

We spoke with one person who had particular eating preferences that meant that there was a wide range of food they could not eat, they told us that the staff knew about their choice and always made sure they got the food they wanted. Another person told us that they liked the food and that they got enough to eat, but added, "I have always had bread with my dinner, they [the staff] know that, but I have to ask for it every day, I suppose they have a lot to

think about." We observed the person asking for their bread and it being brought to them. Staff told us that sometimes the person, "...asks for it before we get around to fetching it from the kitchen."

The meal was served for both lounges from the main lounge, and was brought into the lounge on an unheated trolley. The meals for those who needed support with their meal was served up and covered until there was a staff free to help them eat. A person we chatted to over dinner told us that their meal was often colder than they would prefer and said, "It would be better if they had a heated trolley, in fact I thought they were supposed to have one." We talked with the registered manager about people not being served their meals at the temperature they would prefer. They said that they would suggest to the provider that a heated food trolley was needed.

Members of staff prompted and encouraged people to eat their food and when they had finished staff checked whether they had had sufficient and whether they enjoyed their meal. When someone required support to eat, this was carried out in an unhurried manner and with sensitivity.

The provider had processes in place that staff followed to support people with their health needs. A relative told us, "My [relative] has gone down lately, they [the staff] really work hard to take care of [my relative]. They get the doctor out if needed and always keep me informed." Another relative told us, "I know they [The staff] do their best, I couldn't ask for more." Doctor and other professional's visits and appointments were recorded in people's care plans.

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, “The staff are friendly and kind, they always help me when they can.”

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, “They [the staff] have made my [relative] so much happier, they chat and laugh with them. It is so good to see.”

We saw interactions between people and members of staff that were consistently caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. We saw genial banter and laughs between people and staff. Staff were able to tell us about people’s needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, if a person became anxious staff understood what to do to reduce their anxiety. We saw a person become distressed. A staff member spoke kindly to them, distracting the person as they lead them to a different area and offered them a cup of tea. The person became calm and was soon laughing with the staff member.

One relative told us, “We spoke with [the manager] before my [relative] moved in here, we talked about everything my [relative] needed and liked to do.” The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member’s care.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, “It’s not nice having to have someone help you in the bath, but they [the staff] make sure I am not embarrassed.” Any personal care was provided promptly and in private to maintain the person’s dignity.

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, “I am so happy, where they were staying before, my [relative] didn’t do as well as they have here.” Another relative told us, “I come here every day to be with my [relative], they have been here a long time and has been looked after well.”

Relatives told us that they had provided information during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person’s likes, dislikes and their care needs. Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or

joining in a planned social activity. Entertainers came to the service regularly, and one person told us, “I enjoy a good sing along, I look forward to them [the entertainers] coming.”

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. One relative told us, “I’m here most days, they [the staff] don’t make me feel as if I’m in the way, I feel welcome.” Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us, “We haven’t had cause to complain about anything.” Another relative told us that if they had a problem they would speak with the staff or the manager. One person said, “I don’t have anything to worry about, I know who to talk to if I need anything sorted.”

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The registered manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. They also said, “Everyone knows where to find me, I’m often here into the evening so I get to see everyone.”

Is the service well-led?

Our findings

The provider has failed to send us as required notifications under regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009. Meaning that they were not sending us information about important events that happen in the service, for example when people die or incidents that may affect the running of the service. This was a longstanding failure, prior to our inspection we had not received any notifications from this service since February 2012. The registered manager acknowledged that she was aware that they were obliged to submit these notifications and undertook to do them as required in future.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives were not consulted on the quality of the service they received. Although the registered manager made themselves available to people to talk to, there was no formal way for people to comment on the care people received and its quality. Surveys have been sent out to people and their relatives in the past, but this had not been done in recent years. Nor were house meetings held, which would give people and their relatives an opportunity to discuss concerns and suggest improvements.

This meant that the providers were failing to seek and act on feedback from people for the purpose of continually evaluating and improving the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, who has managed this service for many years and has built up a good relationship with the provider, the staff and the people who live in the home. We observed them stop to chat with people who used the service as we were shown around the home. The manager knew people well and the interactions were open and relaxed.

The registered manager's office was situated near the entrance hall and there was an open door policy so that

people and visitors felt they could drop in at any time. People told us that the manager was very approachable and so were the staff. They told us they could talk to them about anything that was on their mind. All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. A staff member told us, "The manager is open to discussion, if I need to talk to her she will always listen to what I have to say."

There was a handover process between staff to make sure that important information was clearly understood by all staff so that important information was acted upon appropriately. The registered manager attended the handover sessions so that they were aware of any changes or plans such as doctor's appointments or district nurse visits. They told us that they also maintained a visible presence in the service, reviewing what happened on a daily basis, monitoring the quality of care and staff performance.

The provider had processes in place to monitor and audit the quality of the service and reported on these visits.

The registered manager told us that they carried out a range of audits that included people's care records, medication systems and staff training. However, they did not record these audits formally, which meant that we could not assess the quality or effectiveness of these audits. But we saw that records including people's care records, staff records, maintenance and safety checks were well maintained, contained a good standard of information, were up to date and stored securely. The registered manager undertook to develop a system to record the audits they carried out, which would enable them to identify shortfalls and mistakes and identify trends that may be developing, for example an increase of complaints about the quality of the food may indicate the quality was falling.

A maintenance person was responsible for maintaining and checking equipment and systems relating to health and safety. For example, there were records of regular checks on fire systems and equipment, water temperatures, electrical appliances and the general maintenance of the property. Any identified issues were dealt with promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered providers were failing to seek and act on feedback from people for the purpose of continually evaluating and improving the service.</p> <p>The registered provider does not have systems in place to monitor the quality of the service and keep records of the outcome.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered provider has failed to take action to ensure that they are working within the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services</p> <p>The registered provider has failed to ensure that we are notified of the deaths of people who use the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered provider has failed to ensure that we are notified of incidents that that effect the health, safety, and welfare of people who use the service.</p>