

Bupa Care Homes (BNH) Limited

St George's 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 27 April 2016. This inspection was to follow up on actions we had asked the provider to take to improve the service people received. St Georges Nursing Home provides nursing and residential care for people who are living with dementia. The service is registered to accommodate up to 63 people. On the day of our inspection there were 43 people living at the service. The accommodation is a purpose built single storey building.

There was no registered manager in place on the day of the inspection. 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 Regulations 2014 and associated Regulations about how the service is run. We were assisted by the new manager that had recently transferred from another BUPA service. They had submitted their application to become the registered manager.

At the last inspection on 14 October 2015 this provider was placed into special measures by CQC. This inspection found that there was sufficient improvement to take the provider out of special measures.

During our last inspection of this service on 14 October 2015 we found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to staffing levels at the service, the lack of Mental Capacity Act assessments, safe care and treatment was not always provided, people were not always treated with dignity and respect, the premises was not always well maintained, care plans were lacking in detail around the specific needs of people and there was a lack of good governance at the service. The provider sent us action plans weekly and provided timescales by which the regulations would be met. The provider also sent us the updates in relation to progress they had made.

At this inspection we found that improvements had been made and the provider had met the requirements regarding the regulations.

Staff were deployed around the service effectively to ensure that people were kept safe. People and relatives said that there were enough staff to support people.

Risks to people were identified and managed well. Care plans included detail around the risks to people and there was guidance for staff to follow to reduce risks. Robust recruitment practices took place to ensure that only suitable staff were employed. The premises and equipment was well maintained.

Personal evacuation plans were in place for every person who lived at the service. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

Systems and processes were in place to protect people from the risk of abuse. All staff understood how to protect people from abuse.

Medicines were stored securely and administered in a safe way. Medicines Administration Records (MARs) for people were signed for appropriately and medicines were disposed of safely by staff.

People's rights were protected under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect them from harm. Assessments had been completed around people's capacity however the manager told us that more work needed to be undertaken to re-assess people's capacity. We have made recommendations in relation to this.

DoLS applications had been submitted to the local authority around whether people's liberties were being restricted.

People received care from staff who had received appropriate training that centred around the needs of people that lived there. Staff competencies were taking place with staff and staff received regular supervision with their manager.

People told us that they liked the food at the service. There were effective systems in place to monitor people who were at risk of malnutrition and dehydration.

People had access to health care professionals to support them with their health needs.

The environment had been set up to meet the needs of people who lived with dementia.

People were cared for by staff who treated them with dignity, respect and in a caring way. People and their families were involved in their care planning and it was clear that staff knew people's preferences. Family and friends were always welcomed into the service.

Activities on offer were person centred and specific to the needs of people. People told us that they enjoyed the activities at the service.

Care plans were detailed and reflected the care that people received. The manager told us that more work was being undertaken to ensure that all of the care plans had information around people's backgrounds and personal interests. Staff responded well to the changes in people's care.

There was a complaints procedure in place which everyone knew how to access. Complaints were recorded and appropriately responded to.

Staff were receiving annual appraisals to discuss their performance, training and development needs. Staff told us that they felt valued and involved in how the service was run.

People, relatives and staff said that they liked the way the service was being managed. People and relatives were asked for their feedback on the service.

There were effective systems in place to assess and monitor the quality of the service. Detailed audits had been undertaken and used to improve the quality of care for people. Records were completed accurately

and kept securely.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were enough staff deployed at the service to meet people's needs.

Risks of harm had been managed and the environment had been set and maintained to a safe standard.

Medicines were stored and disposed of safely. People received medicines when they needed.

People told us that they felt safe. Staff understood their responsibilities in relation to abuse and reporting this to the safeguarding authority.

Safe and robust recruitment practices were followed.

Is the service effective?

Requires Improvement 

The service was not always effective.

People's human rights were protected as the provider had followed the requirements of the Mental Capacity Act 2005. People's capacity assessments had been completed but these needed to be reviewed.

Staff received training that was specific to the needs of people who lived at the service. Staff's competencies were assessed.

People were provided with nutritious food and drink and people's nutrition risk were monitored.

People had access to healthcare services to maintain good health.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness, dignity and respect. People were cared for by staff who knew and understood them.

People and relatives were consulted around preferences of care and people's rooms were personalised to them.

Family and friends were always welcomed to the service.

Is the service responsive?

The service was responsive to people's needs.

Care plans were detailed around the care that people needed. Additional work was being undertaken to ensure that all care plans had people's history and preferences.

The most up to date information was available to staff about people's care needs. Changes in people's support needs were always met.

There were enough activities that suited everybody's individual needs. People said that there was plenty to do.

People and relatives knew how to access the complaints policy and appropriate systems were in place to effectively handle complaints.

Requires Improvement ●

Is the service well-led?

The service was well-led.

People, relatives and staff were happy with how the service was managed.

The provider had ensured that there were appropriate systems in place to monitor the safety and quality of the service. Records were kept in good order and were complete and accurate.

Where people and relatives views were obtained these were used to improve the quality of the service.

Staff told us they felt valued.

The provider had ensured that notifications of significant events in the service had been made appropriately to CQC.

Requires Improvement ●

St George's 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 was an unannounced inspection which took place on 27 April 2016. The inspection team consisted of two inspectors, one specialist advisor in dementia care and two experts 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.

Prior to the inspection we reviewed all the information we had about the service. We reviewed information sent to us by the provider about the staff and the people who used the service. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with the manager, 11 people that used the service, six relatives, seven members of staff and two health care professionals. We looked at four care plans, three recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. Some people were not able to communicate with us verbally, we ensured that we observed care and interactions between people and staff throughout the day including lunchtime.

Our last inspection of the service was on 14 October 2015 where the service's overall rating was inadequate and it was placed in special measures.

Is the service safe?

Our findings

At our previous inspection in October 2015 we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staffing. The provider had submitted weekly action plans since November 2015 to confirm the improvements that they were making. We found at this inspection that the registered provider had met the required improvements to ensure there were enough staff deployed at the service to meet the needs of people.

On this inspection people said that there were enough staff and that they felt safe. One person told us that they knew that they could use the call bell if they needed a member of staff. They said, "If you press the blue button, five or six people (staff) come running, I know because I did it by mistake once." Relatives said that there were enough staff and that their family members were safe with staff. One relative said, "Things have definitely improved. Six months ago I thought there weren't enough staff. I used to see six or seven heavily dependent people in the lounge and there was often no staff supervising them. That doesn't happen now." Another relative said, "Rosters are better for staffing and planning workload." A third said, "I never have to worry about her (their family member) because I know she is looked after well and I know she is safe."

The health care professionals that we spoke with told us that they had seen an improvement in the way staff were deployed around the service. One told us that they used to have concerns that people were left unsupervised for long periods of time, but that this wasn't happening now.

Throughout the inspection people's needs were responded to by staff when they needed. On the day of the inspection one person needed to go to a health care appointment and additional staff were brought in by the manager to assist them with this. We saw that people in their rooms received care when they needed it from staff and were not left for long periods of time. The manager told us that they had assessed the number of staff needed and they adapted this dependent on people's needs and kept the assessment under review. 10 carers and two nurses were required each day and five carers and two nurses were required at night. The staffing rota confirmed that there were never less than the required numbers of staff on duty. Staff confirmed that there were enough staff to meet people's needs. One told us that the staffing levels had increased and that, "It's really much better now, I am more confident." Another member of staff said, "There are always enough staff." whilst another told us that due to the better deployment of staff this had reduced some people's behaviour that was challenging to the service. The manager told us and we confirmed, that additional staff were brought in when people needed to go to health care appointments or if an activity had been planned outside.

At the previous inspection in October 2015 risks to individuals were not appropriately managed. We found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that related to safe care and treatment. Risks assessments lacked detail and guidance for staff on how to reduce the risks to people. We found that the environment was not safe as furniture was arranged in a way that made it difficult for people to manoeuvre around. We found that the registered provider had met the required improvements and steps had been taken to reduce the risks to people.

During this inspection care plans contained risk assessments to identify any risks to people and measures to reduce these. For example risks to people from behaviour that is challenging, falls, pressure ulcers and inadequate nutrition or hydration had been assessed and actions taken to reduce these risks. Risk assessments had been reviewed each month to take account of any changes in need. Detailed guidance was provided to staff that ensured they understood how to reduce the risk of things occurring. Where people required repositioning in their beds to prevent or reduce the risks of pressure sores that this was being done.

Environmental risks had improved on this inspection. Furniture had been arranged in the lounges that made it easier for people to move around with their walking aids. There had been an impact on the amount of falls that people were having as these had reduced since the last inspection. Accidents and incidents were recorded and we could see that action was taken to reduce the risk of falls. Five people had been referred to the falls clinic.

At the previous inspection in October 2015 people were at risk of being care for by unsuitable staff because appropriate checks had not always been undertaken on staff before they started work. We found that there was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that related to fit and proper persons employed. On this inspection the registered provider had made the necessary improvements.

During this inspection the manager told us that they had reviewed every member of staff's file and ensured that where there were gaps in their employment history that these were filled. We reviewed the records of staff that had started working at the service and found that appropriate checks were carried out on staff. Staff recruitment files contained a check list of documents that had been obtained before each person started work. Documents included records of any cautions or convictions, evidence of their conduct in their previous employment, evidence of the person's identity, evidence of nurse's professional registration and full employment history. This gave assurances to the registered provider that only suitable staff were recruited.

People's medicines were managed safely. We spoke with the nurse in charge, who advised they were responsible for medicines management on the day of our inspection. The nurse in charge told us that all staff responsible for administering medicines received training in this area and had their competency assessed before being authorised to do so. The nurse in charge said staff also shadowed an experienced colleague on medicines rounds before administering medicines themselves. Weekly audits of medicine took place to ensure that the correct systems were working effectively and regular medicine training was provided to staff to reduce the risks of any errors.

Medicines were stored securely and in an appropriate environment. Medicines were stored in a locked room and dispensed from a drugs trolley. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly.

We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were individual protocols in place for the administration of as required (PRN) medicines. Where people had expressed a wish to manage their own medicines, we saw evidence that risk assessments had been carried out to identify any support the person needed to do this. One health care professional told us that they had previously had concerns about the amount of medicine errors by staff but this had been addressed and these were now less frequent. We had been notified by the registered manager

of some medicine errors by staff which had been addressed appropriately.

Systems and processes were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would refer any concerns they had to the manager or to the local authority if needed. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

Is the service effective?

Our findings

At our previous inspection we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS). The provider had submitted weekly action plans since November 2015 to confirm the improvements that they were making. We found at this inspection that the registered provider had made improvements although additional MCA assessments needed to be completed to review people's capacity.

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

On this inspection people's human rights were protected because the requirements of the MCA and DoLS were always followed. Staff understood the principles of the MCA and how to apply these in their work. Staff encouraged people to make decisions about their care and respected their choices. People's care plans contained information about their ability to make choices and decisions about their care and any support they needed to do this. Where people lacked capacity, there was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider had involved people's families in best interests meetings. Any decisions reached at best interest meetings, and the people involved in making them, were recorded in people's care plans for example in relation to bed rails and sensor mats.

The manager told us that steps had been taken since the last inspection to assess each person's capacity to make specific decisions. We saw that these were mostly up to date however the manager said, "This is still work in progress, we are really working hard on this but it's not perfect." A tracker was being used to identify whose MCA assessments needed to be reviewed and when this needed to be done by. Although the registered manager assured us that these assessments would be completed they were not fully in place. We will check the progress at the next inspection to ensure that everyone has had appropriate assessments and staff are working in line with these.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were being met. There was evidence that applications had been submitted to the local authority in relation to whether their liberty was being restricted for example in relation to locked doors and the use of bed rails.

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staff being suitably supported, competent and skilled in their role. The provider had submitted weekly action plans since November 2015 to confirm the improvements that they were making. We found during this inspection that the registered provider had

made improvements that included an ongoing training programme.

During our inspection we asked relatives whether they felt their family member received effective care from staff. One relative said, "I am impressed with how well they (staff) looked out for and cared for my mother." Another relative said, "The care home were always ahead of the game with (their family members) care." A third said, "I feel staff really understand dementia care, everyone with dementia is different."

People were cared for by staff that were competency assessed in relation to the work that they carried out. Since the last inspection the provider had enlisted the services of a specialist dementia nurse who provided training to staff at the service. The manager told us that four members of staff had or were becoming coaches in 'Person first/Dementia second' training and that all staff were required to complete a work book which covered all aspects of dementia care.

We saw that staff allowed people to talk at a pace that was easier for them and from observations staff understood the needs of people who lived with dementia. Staff told us that they were able to manage the behaviours of people better now. They told us that the manager had arranged training which had given them the skills to know how to de-escalate behaviours and to identify potential triggers. One member of staff said, "There is more training now for all staff." Another member of staff said that they used to find it difficult to understand the needs of people who lived with dementia but that this was much better now. All of the staff we spoke with confirmed this.

Staff were kept up to date with the required mandatory training which was centred on the needs of the people who lived at the service. Training included moving and handling, infection control, and emergency first aid.

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training needs the member of staff may need. One member of staff said, "The manager has started appraisals now and mine is planned for next month." Another member of staff said, "The support is so much better, I have been encouraged (by the manager in their one to one) to think creatively about activities that would meet people's needs." Another member of staff said, "I feel more competent working with the residents living with dementia." All of the staff had regular one to one supervisions with their manager that included clinical supervisions for the nurses. In addition to this there were group supervisions which gave staff an opportunity to discuss good practice and reflective practice. Staff at the service had either undergone their annual appraisal or one had been booked for them.

At our previous inspection we found breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the environment not always being suitable for people living with dementia. We found at this inspection that the registered provider had addressed this breach.

During this inspection we found that the environment had changed significantly. A safe, well designed living space is a key part of providing the best care for people living with dementia. The design of the environment of the service helped people with dementia to be as independent as possible. Chairs were arranged in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around independently inside the service and we saw people doing this throughout the inspection. There were age appropriate points of interest, including a small in-house garden area with interactive sounds. Each area of the service was themed to help orientate people. There were sensory items on the walls for people to

interact with. People's rooms had memory boxes on the wall outside. These boxes had mementos of years gone by that were relevant to the person that lived in the room. One relative said, "There are lots visible changes in the home that are positive."

People told us that they enjoyed the meals at the service. Comments from people included, "The food is good, I'm not a big eater, I have a good relationship with the chef, he asks me what I might like to eat", "We always have two choices, they (staff) will always give me a salad if I want it", "The food is lovely, I always enjoy it" and "You can have your meals brought to you on a tray if you want, I always have breakfast in my room."

We observed that lunch time was a positive experience for people. Tables were nicely laid and soft music was playing in the background. The trolley came in with hot food and staff offered choices either verbally or showing the pictures of the food on offer to people who lived with dementia. There was a choice of two hot dishes and lunch was served in three categories including 'ordinary', 'mashable' or 'pureed' meaning that everyone had a choice regardless of how they had their meals prepared. All meals were very well presented and inviting. People in their rooms were also offered meals in the same way. We saw some people asked for a second helping. One member of staff said, "The atmosphere at lunchtime was much calmer now". Those that needed assistance were supported by staff to eat their meal in a calm and unhurried way. One person asked for a sandwich instead of the meal and a member of staff went and got a sandwich for them.

The chef was given information about people's dietary needs by care staff. Information about allergies, texture-modified diets and dietary requirements for people with diabetes was displayed in the kitchen. People's preferences about their meals and drinks were also recorded, such as how they preferred their hot drinks and how they liked their meals to be served. There was a system in place to monitor food and fluid intake where necessary. On the day of the inspection these records had been completed accurately and reflected what people had eaten and drank. One relative told us, "Her (their family member) charts are well documented so I can easily see where she refuses fluids and food." People were weighed regularly and where there was a concern was sought for example from the speech and language therapist or GP.

People were able to see a range of health care professionals. One person told us each week the GP visited the service and the GP was contacted by staff outside of this weekly visit if needed. One health care professional told us that they used to get regular calls from staff at the service but that this had decreased due to the confidence in staff. They told us that when they were called to the service staff had completed all of their observations on the person efficiently. They told us that staff followed guidance from them in relation to people's care. Another health care professional told us that the healthcare needs of people they supported were being met. On the day of the inspection one person was being taken to a health care appointment. We also saw health care professionals visiting the service on the day.

Is the service caring?

Our findings

At our previous inspection we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to people being treated in a caring and dignified way. We found at this inspection that the registered provider had made the required improvements that ensured people were treated in a caring and dignified way.

People told us that they thought staff were caring. Comments included. "They're all lovely. Really good. They are good to you, I must say. I've made friends with all the nurses; we have a good laugh", "We're very lucky here. I get on well with them all (staff)", "I am well looked after", "I like it. I love it. I've only been here a year." Relatives were also positive about staff. Comments included, "I think the caring staff are wonderful and I cannot fault them" and "(Staff) were considerate and supportive." Health care professionals said that staff were kind, considerate and respectful to people.

We observed instances of staff being caring and compassionate. One member of staff noticed a person was upset and spoke with them to establish why this was. The member of staff reassured the person with supportive words and a comforting touch and arranged a solution to their concerns. We overheard staff making complimentary comments on people's appearance, which had a demonstrably positive effect on people. For example one member of staff said on meeting a person, "I really like your jewellery, you look really smart today" and another member of staff told a person, "You've just had your hair done, haven't you? It looks lovely." Where people were in their rooms staff took the time to ensure that they were comfortable and happy. We saw staff putting music on in people's rooms that they enjoyed. One member of staff said, "The residents are happy now. The residents are smiling, the relatives are smiling, the staff are smiling."

People and their representatives were involved in care planning. One relative said, "The Home always update care plans with her (their family member)." They said that they were always invited to a review of their family member's care plan and that staff would also give other members of the family an opportunity to have an input. There was evidence that people and their relatives were encouraged to be involved in the development of their care plans. One of the care plans we checked had been partially completed by the person to whom it referred and staff told us they encouraged people to do this where they were able. One person's care plan stated that they liked to be involved in church services and there was evidence that this person attended a church service each week.

People were treated with dignity and respect. We observed staff knocking on people's doors before entering. Staff always said 'hello' and who they were and they mentioned the person's name on entry. If the person was asleep or 'busy' staff were heard to say they would come back later. Relatives told us that staff ensured that their family member was clean and well dressed. A relative said, "Its very important to me that my (family member) looks good." Another relative said, "My mum is always beautifully presented." A third relative said, "The staff are here to help, they do not step into my space without asking (when they spend time with their family member)." One member of staff said, "The manager makes clear what is expected; give people choices, treat them (people) with respect." Another member of staff told us that they respect people and said, "If I found a resident did not want personal care, I would leave that resident for a time and then

return and try again".

People's rooms were personalised and filled with things that were important to them including photographs, ornaments and furniture. In addition to this where people's rooms were not facing the garden area wind chimes and potted plants had been placed outside their windows. People were also supported to be independent. There was a rail in place around the service which people used to help them walk around the building. There was a large clock in the lounge set at the correct time, showing the day, date, year and what the season was.

Staff communicated in a way that suited people. We saw that staff faced people and spoke slowly and clearly. Care plans detailed how people communicated verbally and non verbally. One person who was living with dementia had reverted back to their language of origin. The manager told us that they ensured that staff who were able to speak their language were on duty. We saw a member of staff interact with the person in their language. We saw that staff pre-empted the care that was needed for people based on the words that the person used showing that staff knew and understood how they communicated.

Family and friends were welcomed into the service to see their family members. One person told us that staff at the service supported them to maintain contact with their friends and family. They said that staff made efforts to contact an old friend and they were still in contact with them now. One relative told us that they did not visit regularly and were pleased with the way staff recognised and welcomed them when they visited.

Is the service responsive?

Our findings

2008 (Regulated Activities) Regulations 2014 which related to care and treatment not always meeting people's individual and most current needs. The provider had submitted weekly action plans since November 2015 to confirm the improvements that they were making. We found at this inspection that the registered provider had made improvements to ensure the care provided to people was specific to their needs.

During this inspection people received care and support that met their needs. People's needs had been assessed before they moved into the service. Assessments were thorough and recorded people's needs in areas including medicines, mobility, communication and nutrition and hydration. A care plan had been developed from each person's assessment. The manager told us that they would not admit people into the service if they could not meet their needs. Since the last inspection one person had been moved to another service as their needs could not be met.

Where there had been a change to a person's needs this was reflected in their care plan. There was evidence that staff contacted people's families regularly to keep them up to date about their family member's health and welfare. We observed the nurse in charge contacting the families of people who had been seen by the GP that day to update them on the outcome of their appointment. One relative said, "We are kept up to date with any changes." Staff told us that they communicated changes via handover and meetings. One member of staff said, "The communication is so much better, we have a clinical meeting every week after the doctor's visit to discuss all the residents and any changes." Staff carried around a handover sheet that had up to date information about the needs of people at the service.

Staff responded to people's care when they needed it. One relative told us their family had been referred to the GP by staff as they now required a special wheelchair as their family member's head was tilting to one side. We saw that this was being addressed. Another person had returned from hospital and their care needs had been reviewed as their mobility needs had changed. Staff were aware of this change and were providing the most appropriate care. There was evidence that wound care was managed safely. There were wound care plans in place and photographs were taken regularly to monitor treatment and progress.

The manager told us that care plans were still being worked on for people and a tracker was being used to ensure that each person's care plan was reviewed in detail. We saw that some care plans had gaps around people's backgrounds and interests and this is what the manager told us they were working on.

We asked people about activities at the service. Comments from people included, "They do all these too (showing their painted nails), they are so good, they have entertainers come in, they took me out this morning, they told me to get my coat on, we are going out and we go, you can do anything you want", "I'm going for a hairdo later, its surprising what we can do" and "We have several outings a week and if it is somewhere nice to go (they asked if they could go)." Staff told us that there had been an improvement in the activities at the service. One member of staff said, "There is a lot more going on with activities."

Since the last inspection a lot of work had been undertaken by staff to ensure that activities were more person centred around the needs of people that lived there. There were boxes for people to 'rummage' in and pictures of film stars from years gone by in different communal areas around the service. Outside in the garden one member of staff told us that some people liked to plant things and showed me where some seedlings had been sown. In the afternoon we observed one member of staff doing an age appropriate jigsaw with very large pieces with two people.

Later in the afternoon there was music to dance to and people were enjoy dancing with a member of staff. One member of staff was pushing a person in their wheelchair in time to the music which the person enjoyed. Activities were age and gender appropriate for people living at the service. People were also encouraged to be involved in meaningful pastimes. One person used to work in administration and helped staff photocopy documents in the office. Another person cleaned the handrails around the home with a duster whilst another person helped to make cakes. Staff also ensured that people in their rooms were involved in activities on a one to one basis. One member of staff read to people in their rooms and a relative bought a pet that also visited people in their rooms. Other activities at the service included outings to museums, garden centres, shopping, dominoes, knitting and entertainers. There was a detailed list of what activities had taken place and who had participated.

People and relatives were told about the complaints procedure and what they needed to do if they needed to complain. One relative said, "I did complain once and I spoke to the manager, (the manager) responded well to my criticism and took on board and ensured the situation never happened again." Another relative told us that they were "Very" satisfied with the way their complaint had been dealt with. For those that were unable to communicate well staff ensured that they picked up the signs that people were unhappy and brought this to the attention of the manager.

A record of how complaints had been resolved was always recorded. There was a complaints procedure in place for people to access. Complaints had been recorded with the information about the nature of the complaint and how these had been resolved. If necessary there were actions for staff as a result of the investigation. For example one complaint from a relative was around whether one person's personal care was being provided when needed. There was a full response with an apology to the relative from the manager and the care plan was updated to remind staff of what they needed to do.

Is the service well-led?

Our findings

On the day of the inspection we were informed that the registered manager had just left the service and a manager from another BUPA service was now supporting St Georges Nursing Home and had been since the last inspection in December 2015. The manager assisted us throughout our inspection.

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to how the service was managed and the quality monitoring processes that were undertaken. The provider had submitted weekly action plans since November 2015 to confirm the improvements they had made. We found at this inspection that the registered provider had made improvements to ensure that the service was now being managed effectively and quality monitoring was taking place.

Since the last inspection the provider had ensured that a 'recovery team' provided support to the manager and staff at the service. The manager told us that they appreciated the support that the 'recovery team' gave. One representative of the recovery team told us that they would ensure that this support carried on for a further 12 months or longer if this was required.

People and relatives were positive about the way the service was being managed now. One relative said, "It is much better than before overall, the new manager is running the place is better." Health care professionals told us that they felt the leadership at the service had improved and that this had impacted on how well the service was managed. Another relative told us that although they didn't have any concerns before they could see that positive changes had occurred in the service.

Staff told us that they were happy with the way the service was being managed. Comments included, "(The manager) is a very good manager and the deputy manager is also very good. They are clear about what they expect from us", "It's improved 100% in the last six months. It's a much happier home now. There have been lots of improvements since (the manager) arrived", "(The manager) is very visible. (The manager) does a walk-around every morning when she gets in to see how everyone is, we feel much better supported, (the manager) is very fair."

Systems were in place to monitor the quality of the service that people received. The 'recovery team' visited the service to complete audits regularly. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it had been identified that care plans required more detail around people's backgrounds and we saw that this was being addressed. They had identified the need for detailed care plans around people who were on Warfarin and we saw that this was now in place. There was a continuous 'improvement plan' in place where improvements to the service were constantly being reviewed. We had been provided with weekly updates to the improvement plan.

In addition to the external audits the manager and staff undertook internal audits that included 'manager

weekly observations', 'managers walk the floor' report, 'Dining room experience' cleanliness audits and health and safety audits. All of these were used to identify any improvements that were needed. Call bells logs were reviewed regularly to ensure that staff were responding within a reasonable time. Monthly quality reports were completed by the manager which included analysis of people's weight loss, pressure sores, urine infections and falls. These were used to determine whether additional action needed to take place around people's needs.

Improvements had been made to the service around the culture of staff since the appointment of the new manager. There was a noticeable difference in morale with staff telling us they felt more engaged and motivated. As a result performance was raised and staff sickness levels had decreased. The manager told us that they wanted staff to think more about how they could change, improve and be innovative around the care practices. Staff told us that they appreciated the manager involving them in this way and said they felt more empowered. On the day of the inspection staff were seen to be acting upon this, for example one member of staff had some spare time and took two people out to the local shops. We saw that people enjoyed this experience.

There had been improvements in every area of the service, the home and in people's care. There are now some really good elements to people's care and staff have clearly worked hard to achieve better outcomes for people. However, we would want to see these improvements being sustained over a period of time and embedded into the practices of the staff and the culture of the service. Therefore, the rating is requires improvement but when we reinspect we would hope to see the changes sustained and further improvements made in order to find the service good overall.

Systems were in place to obtain feedback from people and relatives and to get them involved in how the service was run. Regular resident 'committee' meetings and discussions took place around whether they enjoyed the activities, how happy they were at St Georges, whether they liked the food and what changes they wanted. One to one discussions would take place for those who found it more difficult to verbally communicate in a group setting. Relative meetings also took place, the minutes recorded discussions about staff changes in the service, communication and any concerns they had. The manager told us that people were starting to get involved in the staff interviews and one person had already been on the interview panel. People and relatives were asked to complete surveys, there were all positive comments on the survey completed. The surveys were in an easy read format for those people that needed it.

We reviewed the compliments that were received into the service since the last inspection and that were then fed back to staff. Comments included, 'Their (staff) kindness and care for (their relative) has been appreciated', 'dignity is always evident with staff being well trained and dedicated' and 'its great to feel concerns are responded to.'

Staff told us that they felt involved in the running of the service. We saw that regular team meetings took place at every level including all staff, heads of department and clinical meetings. Discussions included policies, staff changes, training and any other business that staff wanted to discuss. One member of staff said, "Things have definitely improved. The support is there from the manager now. (The manager) is very good, very approachable. If there is something you need, you can go to her and she will listen." Staff told us that they felt valued and that the culture of the service had improved. One member of staff said, "We feel empowered now." The manager had introduced a 'staff member of the month' award which was displayed by the front desk. This was used as a way of recognising the good work that staff did.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We saw that the manager had informed us of

events in good time. We saw that records had been kept in good order, easy to read and kept securely.