

Afra Siyab

# St Georges Residential Care Home

## Inspection report

30 St Georges Road  
Mitcham  
Surrey  
CR4 1EB  
Tel: (020) 8687 5896

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 23 October 2015 and was unannounced. At the previous inspection on 20 June 2014 we found the service to be meeting all the regulations we inspected.

The service provides personal care and support to people within a small care home setting. It specialises in providing care to people who have a learning disability and a range of communication needs. There were three people using the service at the time of our inspection.

There was no registered manager in post because the service was owned by an individual who was also the manager of the service A registered manager is a person

# Summary of findings

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.

Medicines management was not always safe as we could not always confirm people received their medicines as prescribed. This was a breach of the regulation relating to safe care and treatment. You can see the action we told the provider to take at the back of the full version of the report.

Staff understood how to recognise abuse and how to report any concerns they had relating to this. People had appropriate risk assessments in place with risk management plans to manage the risks. The premises and equipment were maintained safely.

There were enough staff to meet people's needs and the manager followed a robust recruitment process so that only suitable staff worked with people at the service.

The manager and staff understood their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests

and there is no other way to look after them. The manager had assessed which people required DoLS and made the necessary applications as part of keeping them safe.

People received the necessary support to receive appropriate food and drink and people's preferences, cultural and religious needs relating to food and drink were met. Staff supported people with their health needs and people had access to the health services they needed.

Staff received the right training to carry out their roles and understood people's needs. They were well supported by the manager through a programme of supervision.

The manager and staff understood people's needs and backgrounds and this information was recorded in care plans for staff to refer to. Staff supported people to be as independent as they wanted to be and to take part in activities they were interested in. People were involved in their care plans. Care plans contained accurate information and were regularly reviewed. People, their relatives and staff were involved in the running of the care home.

There was a suitable complaints system and relatives had confidence the manager would resolve any issues they rose with them. The manager and staff had a good understanding of their roles and responsibilities and they were meeting the requirements of their registration with CQC in submitting statutory notifications.

# 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 not always safe. Medicines were not always managed safely as we could not always confirm people received medicines as prescribed.

Staff understood how to identify and respond to abuse and how to report concerns they had. Risks to people were assessed appropriately with suitable risk management plans in place for staff to follow to support people safely. There were enough staff to support people and staff were recruited through robust recruitment procedures. The premises and equipment were maintained safely.

Requires improvement



### Is the service effective?

The service was effective. The manager and staff understood and were meeting their responsibilities in relation to consent and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate support through a suitable training programme and supervision. People received the right support to eat and drink and their preferences, cultural and religious needs in relation to food and drink were met. Staff supported people in meeting their health needs.

Good



### Is the service caring?

The service was caring. Staff treated people with dignity and respect and gave them the privacy they needed. Staff understood the best ways to communicate with people as well as their preferences, needs and backgrounds. People were supported to be as independent as they wanted to be.

Good



### Is the service responsive?

The service was responsive. People were supported to maintain relationships that were important to them. People were involved in planning their own care and to take part in activities they were interested in. People's religious, cultural and spiritual needs were met. There was a suitable complaints system in place.

Good



### Is the service well-led?

The service was well-led. There was a manager with clear leadership in the service. The manager and staff understood their roles and responsibilities well. The manager encouraged open communication and involved people and staff in running the service.

Good



# St Georges Residential 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 23 October 2015 and was unannounced. It was carried out by a single inspector.

Before our inspection, we reviewed the information we held about the service.

During our inspection we spoke with one person who used the service and spent time observing how care and support was provided to them. We also spoke with the manager and one member of staff. We looked at records, which included three people's care plans and risk assessments and records relating to the management of the service.

After this inspection we spoke with a representative from the local authority and two relatives.

# Is the service safe?

## Our findings

Relatives were confident in how the service managed people's medicines. One relative told us, "With medicines there are no problems at all, they don't miss medicines." However, we found medicines management was not always safe. We checked stocks for three medicines and for two medicines we were not able to confirm people received their medicines as indicated on the Medicines Administration Records (MAR) as there were more medicines in stock than expected. The manager was unable to explain this. Although the manager carried out monthly audits of medicines these had not identified the issues we found. The manager told us they would immediately put in place a new system to count each medicine every time staff administered them to check people received medicines as prescribed. In addition they were already exploring getting a monitored dosage system where the pharmacy would package medicines according to the days of the week to help with identification and reduction of errors.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt safe and one person smiled and told us, "I like it here...[staff and the manager] are good." The manager and staff received training in safeguarding people at risk and our discussions showed they understood signs people may be being abused and how to report this to the local authority.

The manager ensured people had individual risk assessments in place which assessed specific risks to

individuals such as epilepsy, road safety and risks relating to fire. Risk management plans were put in place where necessary for staff to follow in supporting people in taking risks such as making hot drinks. These documents were kept up to date with accurate information so they were reliable for staff to follow. The manager was arranging for an occupational therapist to assess a person's moving and handling needs and review their moving and handling risk assessment as they had observed a person's needs in this area were changing.

There were enough staff deployed to meet people's needs and relatives confirmed this. The service was staffed by one member of staff, and sometimes the manager in addition, at all times and people's relatives told us this was sufficient. Our findings were in agreement with this as we saw one staff member was able to spend a great amount of time interacting with people around the home and also carrying out their daily tasks. When additional staff were required for tasks such as appointments or activities the manager provided these.

Staff recruitment was robust because the required checks were carried out before staff worked with people using the service. These included checks of criminal records, employment history, references from previous employment, health conditions and right to work in the UK.

The premises and equipment were safe as they were maintained and checked properly. These systems included the central heating and gas safety, electrical wiring and water temperatures to reduce the risk of people being scalded, fire systems and fire safety and portable electrical appliances.

# Is the service effective?

## Our findings

Staff and the manager received the necessary training to understand people's needs and their role in supporting them. Regular training topics included safeguarding, first aid, mental capacity act and deprivation of liberty safeguards. Staff had also been supported to do further training in health and social care and the manager was a registered learning disabilities nurse. Staff also received regular supervision with the manager where they were able to discuss any issues they were experiencing in relation to their work and receive feedback on their own performance. Staff told us the manager was at the home most days and were always contactable via phone if not and they felt well supported.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). They understood the need to obtain consent from people before providing personal care where people had capacity to do so, and the need to follow a process of making decisions in people's best interests where they lacked capacity. The provider was also meeting their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) and staff had received training in this. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager had assessed whether people required DoLS and had made an application to deprive one person of their liberty which had been authorised.

One person told us, "[Staff's] cooking is very good." A relative told us, "My [family member] has vegetarian food

only and they do it. We trust them and there is no problem." We observed a meal time and saw people received the right support to eat and drink where necessary, with staff following guidance in their care plans. When they had finished their meal we asked a person if they were full and they said yes. The manager catered for people's ethnic, religious and other needs and preferences. All people were of south Asian origins and we saw they were provided with food to meet their cultural needs. Staff told us they usually provided south Asian meals but varied these on some occasions with food from other cultures, such as British. Staff told us about people's personal and cultural preferences in regards to meals and how they catered for this. The manager monitored people's nutritional status by checking their weights each month and they knew the appropriate action to take if they had concerns.

The manager and staff understood people's health needs well and supported them to access the health services they needed, such the GP, optician, dentist, and specialist services such as speech and language therapy and for epilepsy. A relative told us, "They are looking after [our family member]" and they described how they worked with the staff in supporting their family member to attend various hospital appointments. The service monitored people's epileptic fits appropriately as part of working with epilepsy services to keep them well. People had health action plans in place. These are plans about how people with learning disabilities can remain healthy and who they need to see to do this. They were reviewed regularly by an external health professional to check people's health needs, agreeing actions with the person and staff to ensure people's needs would be met.

# Is the service caring?

## Our findings

One person told us, “[The staff] are very good to me. [They help me with everything such as] cleaning and cooking.” Relatives also made positive comments about the service. One relative said, “Staff are kind and patient.” Our observations were in line with these comments. We saw staff spent the majority of their time interacting with people using the service, talking with them about topics of interest, looking at photos, supporting them to use technology and dancing to music videos on TV. Staff had developed a good rapport and relationship with people. Staff spoke to people in a kind, caring manner.

Staff treated people with dignity and respect and gave them the privacy they required. We saw when people were supported with personal care staff discreetly supported them to leave the room and staff closed the bathroom door. Staff had received training on providing care in a respectful, dignified way and our discussions with them showed they knew why this was important for people.

Staff supported people to be as independent as they wanted to be. People were supported to access college courses for people with learning disabilities and one person told us how they enjoyed learning how to cook in their class. Staff told us how their cooking skills had improved since they began the class and they encouraged them to use their new skills in helping to prepare food at

some mealtimes. Staff also supported people to clean and tidy their rooms themselves as much as possible and one person proudly told us all the tasks they carried out in keeping their room in order.

People were supported by staff who understood their language and communication needs. When a person spoke in their own language the manager and staff told us they understood what they said because they had studied what these words meant. We saw they were able to speak back to the person in this language and communicate successfully. A person had been supported to learn English since coming to the UK through college courses and practicing with staff in the home. Staff told us how their level of English had improved greatly and we were able to communicate with them well in English. For a person who did not use language to communicate staff understood what their vocalisations and body language meant and this information was documented clearly in their care plans for staff to refer to if necessary. Staff had received training in communicating with people and knew the best ways to communicate with the people using the service.

Staff understood people’s needs and backgrounds. Staff knew people’s preferences, the people who were important to them and their life stories. Staff also understood people’s cultural needs and people were encouraged to keep in touch with their Asian backgrounds. People were able to communicate with staff in their own language if they wished, to watch TV programmes and music from their countries and being provided with south Asian food most days.

# Is the service responsive?

## Our findings

People and their relatives made positive comments about the service. One person told us they liked it at the home while a relative said, “It’s really good overall.”

People told us they had plenty to do and were supported to do the activities they enjoyed. One person said, “Tomorrow party, busy! Sometimes seaside” and showed us pictures of recent trips they had taken with staff to the coast. People had individual activity programmes based on their interests. For one person this included going to an Asian day centre, and various college courses. They told us they enjoyed shopping and this was included as a weekly activity for them. For other people activities included intensive interaction, an approach to help people with autism or a learning disability to communicate, visiting the park and other local places of interest.

People were supported to maintain relationships with others. One relative told us how they called staff each day and they were provided with updates on their family member’s progress. Relatives also confirmed their family members were supported by staff to visit them as often as they wanted and that they could visit the care home at any time. Our observations showed people had also developed good relationships with each other in the home and they enjoyed spending time with each other socially.

Relatives told us how staff ensured that significant events such as Diwali were celebrated and they were satisfied with how their cultural and religious needs were met. They told us, “Staff help us to take [our family member] to a big religious gathering for Diwali each year.”

People were involved in planning their care and had been asked about their preferences and what was important to them. For people who could not verbalise their preferences staff had found out this information from their relatives and through working with them over time. This information was recorded clearly in people’s care plans for staff to refer to and our discussions with staff showed they were aware of and respected these preferences. Records showed care plans were regularly reviewed and updated by the manager. In addition relatives told us they were invited to annual care reviews at the care home led by social services where they were involved in the review and care planning process.

The service had a suitable complaints procedure and people and their relatives told us they had confidence the manager would resolve any issues they raised with them. A relative told us, “If anything goes wrong I tell staff and they sort it out.” Relatives told us they had plenty of opportunities to raise issues if necessary as the manager was available to talk with them and their family members if they had concerns.



# Is the service well-led?

## Our findings

The manager was also the owner of the service and had been the manager for many years. Relatives told us they had confidence in the manager's ability to run the service and described her as approachable. They had a good understanding of their role and responsibilities as well as of the needs of the people using the service being a registered learning disabilities nurse. Leadership was visible in the home as the manager took an active, hands-on role in all areas of the service being present there most days.

The manager was effective in assessing, monitoring and improving all parts of the service besides medicines management where they had not identified the issues we found. However, the manager put an action plan in place to improve this issue as soon as we raised our concerns. Because of the small size of the service they completed most documentation themselves. They ensured care plans and risk assessments were accurate and reviewed appropriately and that the necessary health and safety documentation was in place.

The manager was supported by a small team of support workers who had also worked at the home for many years and understood their roles and responsibilities well. Staff told us they contributed to the running of the home and

the manager always listened to their views and experiences in the home. Due to the small size of the service team meetings were not held but staff told us they could approach the manager at any time to discuss any issues.

People using the service were also involved in running the service. Although formal house meetings were not held we observed people were comfortable approaching the manager and staff about topics of importance to them throughout our inspection. A person indicated to us they were able to request particular food, activities and day trips be provided for them, as well as to choose the décor and to personalise their own rooms.

People were encouraged to play an active part in their local community where the service had developed links. Staff supported people to attend an Asian day centre and local colleges. People were also supported to attend local religious centres and to visit local parks and shopping centres.

Relatives confirmed the manager encouraged open communication with them and listened to their views and suggestions for improving the service. One relative said, "[The manager] listens when we make suggestions."

The manager was meeting the requirements of their registration to submit notifications such as those relating to DoLS applications and their outcomes.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not provide care in a safe way for people by ensuring the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>