

St. Georges Court Healthcare Limited

St Georges Court Care Centre

Inspection report

Russell Street
Cambridge
Cambridgeshire
CB2 1HT
Tel: Tel: 01223 712135

Date of inspection visit: 14 September 2015
Date of publication: 26/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

St Georges Court Care Centre is registered to provide accommodation and nursing care for up to 76 people. There were 72 people living in the home at the time of the inspection. Accommodation is provided over three floors.

This unannounced inspection took place on 14 September 2015. The previous inspection was undertaken on 27 April 2015 and we found that that the provider had taken action to meet the legal requirements in relation to care and support that people needed. During a previous inspection in January 2015 we found that improvements were needed regarding how the

provider assessed and monitored the service they were providing. We didn't inspect this at the April inspection because we wanted to see if the improvements made could be sustained for a longer period. During this inspection we found that the provider had made the necessary improvements and that the legal requirements had been met.

At the time of the inspection there was not a registered manager in place. However the manager had applied to the Care Quality Commission to be registered. The application was being processed by the Commission. A

Summary of findings

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.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. Risk assessments had been completed to identify and reduce risks to people where possible.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had been done in line with the legal requirements.

Staff had only been employed after a thorough recruitment procedure had been followed. There were enough staff available to meet people's needs. Staff received the support and training they needed to carry out their roles effectively.

Staff were kind and compassionate when working with people. They knew people well and were aware of their life history, preferences, and their likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The manager obtained the views from people that lived in the home, their relatives and staff about the quality of the service and action taken if any improvements were needed.

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.

Safety checks were in place to ensure that staff were of a good character and recruited safely. People's care and support needs were met by a sufficient number of staff.

Systems were in place to reduce risks to people where possible. Staff were aware of their responsibility to report any safeguarding concerns.

People were supported with their medication as prescribed.

Good



Is the service effective?

The service was effective.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Correct procedures had been followed where people were having their liberty restricted to ensure they were kept safe. This was done in a lawful manner.

Good



Is the service caring?

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People's rights to privacy and dignity were valued

Good



Is the service responsive?

The service was responsive.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



Is the service well-led?

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager Staff were confident in reporting any poor care practice whenever they needed to.

The service had an open culture and welcomed ideas for improvement.

Good



St Georges Court Care Centre

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 14 September 2015 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service, including notifications. A notification is important information about particular events that occur

at the service that the provider is required by law to tell us about. We contacted local authority commissioners, health watch and the local safeguarding team to obtain their views about the service.

During our inspection we spoke with nine people living at the home, six relatives, the manager, the care manager, one nurse, one team leader, two care assistants, and a visiting district nurse. We looked at the care records for three people. We also looked at records that related to health and safety. We looked at medication administration records (MARs). We also observed how the staff supported people. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “The staff are gentle. I feel very safe here.” Another person told us, “I feel that they look after me very well and I feel safe here.”

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. The manager had followed the correct procedures when potential harm had been reported to them.

People had detailed risk assessments within their support and care plans which had been reviewed and updated. Risks identified included, people at risk of falls, moving and handling risks, poor skin integrity, and behaviour that may challenge others. Where people were deemed to be at risk, these risks were monitored. We saw that people at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals such as, but not limited to; occupational therapist, speech and language therapist or continence nurse. Records gave clear guidance and information to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people’s risk assessments and the actions to be taken to ensure that the risks to people were minimised.

The manager told us that he had recently increased the number of staff on each shift. The deployment of staff on each shift had also been changed. This meant that staff

were clear who they were supporting and what their responsibilities were each day. We saw that there were a sufficient number of staff working on shift. Staff had time to sit and talk to people and engage them in activities. People told us that there was normally enough staff on shift to meet their care needs in a timely manner. One person told us, “I have a call bell and they come quickly.” Another person told us, “I have a call bell to get hold of staff and they usually arrive quickly.” The manager stated that if people’s needs increased then the staffing levels would be increased and this would be monitored daily.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the home.

People confirmed that they received their medication on time. One person told us, “They always make sure I get my tablets.” Staff told us that they had completed administration of medication training and that their competency to administer medication was regularly assessed. The records of medication administered showed that people had received their medication and reflected what people had told us. We saw that the morning medication round was carried out in a safe manner.

We looked at the records for checks on the home’s utility systems and the buildings risk assessments. These showed us that the manager made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Is the service effective?

Our findings

We saw that people were encouraged by staff who understood their needs and how to help them to remain as independent as possible. Staff told us that the training they received equipped them for their job roles. The training record showed that most staff were up to date with their mandatory training, or this was scheduled to take place. This was for subjects including safeguarding, fire, moving and handling and first aid. People and their relatives confirmed that they thought staff were well trained. The manager told us that previously staff had been expected to complete their on-line training outside of their normal shifts. However a room had recently been provided with a computer so that staff could complete their online training whilst at work. This meant if they were not sure about anything they could ask for support.

As well as mandatory training for all staff all of the nurses had been assigned an area of specialist training to attend. For example, two nurses had attended tissue viability training and would then be cascading their learning to other staff. The manager also stated that they were developing a “Champions Network”. This would mean that certain staff held extra responsibilities for subjects such as dignity and infection control. New staff completed a thorough induction including the new Care Certificate (this is a nationally recognised qualification).

Staff told us that they felt supported and received regular supervisions with a line manager. As well as receiving personal supervisions staff were also observed working on a regular basis. A member of the regional team carried out the observations, gave positive feedback and also noted areas of improvement that were needed.

Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) they were able to tell us how they sought consent and offered people choice. Observations showed staff treated people with empathy and respect and tried to

involve them in decisions. We saw mental capacity assessments and best interest decisions were completed as necessary. We saw that applications for DoLS had been made to the local authority when required.

People could choose their meals from the displayed menu. However if people didn't want the choice they had previously made they confirmed that they could choose another option. This meant that the person was able to make a choice of what they had to eat. One person said, “I have enough to eat and there is a choice” “The food is very good, there's a good choice.” The majority of the people we spoke with were complimentary about the quality of food and the choice of meals. People where appropriate, were assisted by staff with their meal and drinks. We saw staff supporting people who needed assistance with their meals in a patient and caring manner. We saw one staff member explained what the food was and chatted to the person whilst supporting them with their meal. However we also saw another member of staff assisting someone to eat a soft diet. They didn't explain what the food was and only spoke to the person to explain that the next spoonful was ready. At meal times we saw that people were encouraged by staff to sit and eat in the dining rooms to promote social inclusion. We also saw that people were supported in their rooms or the lounge areas should they choose to do so. One person told us that they liked to have their meals in their own room and that this was their choice.

Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. People confirmed that they had access to health care professionals. One person told us, “We see the doctor and opticians”. Another person told us, “I see a dentist and they visited me here.” One person told us, “I see a doctor if I need to on Thursdays.” Records viewed confirmed referrals to Tissue Viability Nurse, Speech and Language Therapist and Chiropodists had been completed in a timely manner. The manager stated that the home had an excellent relationship with the local GP who visited the home every Thursday to see anyone that was in need of an appointment.

Is the service caring?

Our findings

People and their visitors had positive comments about the care and support provided. They spoke highly of the staff who assisted them or their family member. One person said, "The staff treat me with respect and they are kind." Another person said, "The staff are very kind and help me get washed and dressed." One relative told us, "The care is good and the staff are excellent." Another relative said, "The care is very good." One person visiting a friend told us, "I visit every day and care is wonderful."

We observed a kind and caring chatter between staff and people who lived at St Georges Court Care Centre. Staff addressed people courteously using first names. One person told us, "The care is fantastic and they help me with everything I want." Staff demonstrated an understanding of how to meet people's needs. They spoke about and showed empathy towards people living with dementia.

Staff were able to tell us about people's life history and what was important to them. One member of staff told us, "Everyone here is so interesting, I love spending time talking to people and finding out about their life."

Care plans had been written in a way that promoted people's privacy, dignity and independence. For example, one person liked to carry out their own personal care and found it embarrassing if they needed help to dispose of continence aids. Instead of staff asking if they needed help the care plan stated that they should discreetly check the person's bin and remove it when necessary. Where possible people and their relatives had been encouraged to take part in making decisions about their care and support. For example, to reduce the risk of accidentally causing a fire one person had been happy for staff to look after their cigarettes and lighter and accompany them down to the garden when they wanted to smoke. We heard staff asking the person during the inspection if they would like to go to the garden so that they could smoke.

Throughout the inspection we saw that visitors and relatives were welcomed by staff as they arrived. Visitors and relatives told us they could visit at any time and could see their relative or friend in the communal areas or in private.

Although staff were busy they did not rush people and were polite and friendly. We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. Staff told us and we saw that one person who lived in a different area of the home choose to come and sit in a certain seat every day. We observed one person who was living with dementia become anxious about when a relative would be visiting them. A member of staff talked to them and asked if they would like to go and help dry up the dishes. This helped the person to relax. One person told us, "They care for me very well. The staff are very kind to me and never rush me." Another person told us, "The staff are kind and very helpful."

Staff asked people their permission before moving any of their belongings such as a walking frame. Staff also explained to people what they were doing when they helped them with their mobility such as carefully guiding them to sit down in a chair.

People were treated with dignity and respect. People told us that staff closed doors when providing support with personal care and kept them covered up when possible. They also told us that staff knocked on people's bedroom doors and waited for an answer before entering. We saw this happening on the day of the inspection.

Advocacy services information was available for people where required. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Records showed that people's needs had been assessed before they moved into the home. Care plans were in place for each person which included information about the support they required. The care plans were detailed and included guidelines and information for staff so that they knew how to meet people's individual needs. For example, one care plan stated, "Encourage me to make choices. It may be best to show me the choice rather than tell me as I cannot always retain this information." We observed staff working in this manner with the person and the positive response they gave. Staff told us that they had regular access to people's care plans and were also updated verbally if any changes were made to them.

Observations and discussion with staff showed that they knew about the people they were supporting and how to meet their needs. For example, we observed one person becoming anxious because they didn't know where they were and wanted to "go home." We saw that the staff member comforted them and explained where they were. Another member of staff then asked them if they would help lay the table for lunch. This helped the person to relax and enabled the staff to provide the person with a positive experience. The relative of one person told us, "I'm happy she is in good care. They truly understand [family member's] needs. It's such a relief that she's now having first class care". Another relative told us, "The nursing staff are good and the head nurse has managed to get her to accept treatment and medication in a very good way."

During this inspection we saw people maintaining their interests by listening to music and dancing, completing crosswords and knitting. In discussion with people, and in records and photographs we saw, there was evidence of a wide variety of hobbies and interests that people enjoyed. These included painting, pottery, pamper sessions, music sessions, bingo, sensory games and religious services. One member of staff told us, "We had an international day where staff brought in food from their country for people to try. The residents enjoyed it." One person told us, "We have some activities I go to the church services and the music entertainers." Another person told us, "We have activities, its bingo tomorrow."

All of the people we spoke with said they knew who to speak to if they had any concerns. One person said, "I would speak to the manager. Another person told us, "I can always speak to the nurse if there are any problems." They also told us they had complained when they hadn't been happy with a member of staff and the problem had been resolved. Staff said that they would assist people if they needed it or look for an independent advocate if they wanted one to assist them with their concerns. Details of the complaints procedure were available throughout the home. The complaints log showed that any complaints that had been received had been investigated and dealt with appropriately.

Is the service well-led?

Our findings

There was a manager in post who had submitted an application to the Care Quality Commission to become the registered manager. The manager had sent in notifications to us which they are required by law to do. This was for important events which may occur at the service. Team meetings were held regularly so that any issues, changes or ideas could be discussed. This was to help ensure all staff worked as a team. The manager stated that he ensured he kept up to date with best practice by attending training, liaising with health care professionals and regularly researching relevant topics. One member of staff told us, “The manager is good and visits the floor at least twice a day. He is approachable and I would not hesitate in raising any concerns with him”

Staff understood their lines of accountability and responsibilities. They confirmed that they received regular supervision and felt supported. Staff told us they enjoyed working in the home and that they would be happy for one of their relatives to live there.

The manager told us that he regularly checked that staff had the training they required. The manager was trying new methods of ensuring that staff completed their on line training by ensuring that there was access to a computer whilst at work. As well as mandatory training staff were offered the opportunity to complete further training skin integrity. The manager was also trying to develop the staff team by giving them extra responsibilities and the training to carry them out.

The manager, head of care and regional team were carrying out monthly audits including subjects such as medicines, health and safety issues, catering and care plans. This

helped to identify any improvements that were needed. The audits included several staff observations to ensure that people were being treated with dignity and respect, encouraged to be as independent as possible and offered choices. One person told us, “They treat people as individuals.” Accident and incidents were monitored in the home so that any necessary action could be taken to avoid a reoccurrence. The accident and incident information was also sent to the provider’s head office who also monitored the information and checked to make sure the appropriate action had been taken.

We saw evidence that suggestions for improvements had been acted on. One relative told us that they had recently attended a “residents’ meeting”. They stated that they could add any items to the agenda. We saw that a suggestion from a “residents meeting” had been followed up and a person had come to the home to lead a pottery group. We saw that other improvements had been made such as providing new beds that were more suitable and safe. The manager stated that staffing levels had been increased to ensure people were getting the support and care they required in a timely manner.

The manager also communicated with relatives by attending the relatives’ meeting, phone calls, questionnaires and inviting them to attend reviews. The manager stated that they also walked around the home two times a day to check how people were. People told us they knew who the manager was.

The home had links with the local community including local schools and churches. Children from the local school had been into the home and helped to paint a picture on the wall in one unit. People regularly attended church services in the local area.