

Southern C C Limited

# St George's Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

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?

Requires improvement 

### Overall summary

The inspection took place on 29 July 2015 and was unannounced. St George's Nursing Home is a care home and the provider is registered to provide personal and nursing care for up to 43 people. The provider had reopened the home in November 2014 and at the time of our inspection 16 people lived at the home.

A registered manager was in post and was present during our 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 and associated Regulations about how the service is run.

There were some arrangements in place to assess, monitor and improve the quality of the care but these were not always effective. This is because the checking systems had not identified some areas that required improvement actions to be taken. There were potential

# Summary of findings

hazards which directly placed people's safety and wellbeing at risk such as an exposed hot water pipe and aspects of a shower room were unclean which included the shower tray.

Staff were aware of any risks to people and were available when people needed assistance, care and support so that risks to people were reduced. However, the aids to meet a person's needs and reduce risks to their wellbeing were not available as stocks had run out.

People were kept safe from potential abuse and harm by staff who understood how to identify the various types of abuse and knew who to report any concerns to. Staff were trained and supported to meet the needs of people who lived at the home. We heard some examples where people's health and physical needs had improved due to effective staff practices. Checks had been completed on new staff to make sure they were suitable to work at the home.

People's medicines were managed safely, and people were supported to manage their own medicines wherever possible. We saw medicines were stored correctly in locked cabinets and there was a clear process for recording and daily checks were in place so that all medicines could be accounted for.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their rights. Staff asked people for their permission before care was provided and gave people choices about their support. In some people's care records there was some inconsistency in the documentation used to record people's capacity to make specific decisions. This had not impacted upon decisions being made in people's best interests. People enjoyed the food they received and were supported to eat and drink enough to keep them healthy. When people needed it they had access to a range of healthcare professionals to make sure their nutritional needs were met and they remained healthy and well.

Staff had caring relationships with people and knew each person's individual preferences and needs well. People felt staff treated them with kindness and they felt involved in their care. Staff respected people's privacy and personal space. People who received some of their care in their rooms were checked regularly by staff who had assessed the frequency of these checks. We saw staff asked people's permission before they entered their rooms to support people with their care needs.

People were treated as individuals as staff knew people's needs and their individual preferences. People told us staff responded to their care and support needs at times people needed it and were not kept waiting for unreasonable amounts of time.

People knew how to make a complaint and told us they felt able to discuss any concerns with staff or the registered manager. The registered manager was visible in the home so that people were able to approach them with their concerns and views of their care. However, they recognised they needed to provide people who lived at the home with other ways of giving their opinions of the home such as through meetings.

Staff were clear about their roles and spoke about people they supported with respect. The registered manager was building up an established team of staff so that people had continuity of care from staff they knew well. Although one of the key challenges for the registered manager was the recruitment of nurses they had worked to resolve this.

The registered manager was responsive to the issues we found at this inspection. They had made some recent changes which included increasing the hours of housekeeping staff to assist in keeping the home environment clean. The registered manager acknowledged there was further work to do so that the checking systems captured areas for improvement and actions were planned and taken to make sure people consistently received high quality care.

# 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 consistently safe.

Risks to people's safety had not been fully considered because there were environmental risks related to a scalding hazard and infection control. People were supported by sufficient staff who understood how to protect people from abuse. People's medicines were managed safely and they were involved in agreeing the support they needed with them.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training and regular support from the management team in order to meet people's health and nutritional needs. People were asked for their consent and supported to make decisions when required.

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. People and their families were involved in their care and were asked about their preferences and choices.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to take part in fun and interesting things of their choice. People knew how to raise any complaints they had and arrangements were in place for resolving these.

Good



### Is the service well-led?

The service was not consistently well led.

There were quality assurance checks in place but these were not always effective to ensure people were safe. People and staff were complimentary about the registered manager and felt they listened. Staff felt confident to raise any concerns of poor practice and felt their concerns would be addressed appropriately by the registered manager.

Requires improvement



# St George's Nursing 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 29 July 2015 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor in nursing care for people with mental health needs including dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding incidents. A notification is information about important events which the provider is required to send us by law.

We asked the local authority and the clinical commissioning group, who commissions services from the registered provider for information in order to get their view on the quality of care provided at the home. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 11 people who lived at the home and two relatives. We spent time looking at the care people received in the communal areas of the home where people were happy to share their experiences of life at the home.

We spoke with the registered manager, the deputy manager, six staff including the staff member responsible for planning and delivering social events. We looked at the care plans of five people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance checks that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

# Is the service safe?

## Our findings

We looked at how the home environment was maintained to promote the safety of people who lived there. We saw there was a hot water pipe in one of the shower rooms which was exposed, so that potentially people could touch and cause people harm by burning their skin. Staff we spoke with confirmed that the shower room was used by people who lived at the home but they had not picked up on the potential risks the hot water pipe posed to people. We spoke with the registered manager, operations manager and the maintenance member of staff who acknowledged our concerns. Following our inspection the registered manager sent us a photograph to show they had taken action to cover the hot water pipe so that it was not accessible for people to potentially touch.

People who lived at the home and staff told us they felt the home environment was clean. We saw this was the case apart from a shower room where there was a tissue left on the shower tray and parts of the floor in the room were unclean. The shower tray was also unclean, discoloured and worn. Although there were cleaning schedules in place, we saw the shower room was not cleaned effectively to a good standard so that people were protected against the risks of infections. The registered manager assured us they would be speaking with staff about their cleaning practices. They also told us the shower tray would be cleaned and or alternatives looked at, such as, purchasing a new shower tray.

We looked at how staff managed risks so that people were safe with risks to their wellbeing reduced. People we spoke with told us they felt safe due to the care and support provided by staff to meet their needs. One person told us, "I feel safe, the atmosphere is safe, someone always on hand." Another person said, "I feel safe, they (staff) come quickly, if I need them." We saw staff used different aids and equipment to manage and reduce risks to people's health and safety. For example, a person needed skin care wound dressings which were available. These had been changed on the day of our inspection so that risks to the person's skin deteriorating were reduced. However, for another person they did not have a supply of their aids to meet their needs and reduce risks of this person not having adequate aids to meet their needs during the night as stocks had run out. We spoke with a member of staff who told us they had contacted this person's doctor's surgery for supplies of

these aids and they would be available the next day. We spoke with the registered manager about this and they assured us this would be remedied for this person straight away. After our inspection the registered manager wrote and told us the aids were delivered on the night of our inspection and a good supply with better checking systems would be in place to avoid running out of stocks again.

We spoke with staff about how they made sure the people they provided support for were safe. They were able to tell us how they would respond to and report allegations or incidents of abuse. Staff could describe the different types of abuse people were at risk of and were able to explain the different agencies that they could report concerns to. One member of staff said, "I have had training in abuse and it helped. I know the signs of what to look out for. Another staff member told us, "I am confident the manager will deal with any concerns but if they did not I would report them to CQC." The registered manager understood their responsibilities to share information with the local authority and us following incidents which potentially placed people at risk of harm. For example, one person had been placed at risk due to the response to their health condition by a member of staff. We saw and heard the registered manager followed the provider's staff disciplinary procedures so that people were not at risk of harm.

Staff told us the required checks were made before they started to work at the home. Records confirmed these checks included if prospective staff members were of good character and suitable to work with people who lived at the home. We also saw checks were made to establish staff had the required skills to meet people's specific needs. For example, where nurses were employed checks were made with their professional body to show they were able to practice as a nurse.

We asked people if they felt there were enough staff to meet their individual need. Some people told us they felt there were enough staff to meet their needs whilst other people said they sometimes had to wait for staff assistance for short periods. One person told us, "You might have to wait a bit but generally they are good." Another person said, "Staff do help me when I need them to, if they are unable to due to being with another person they will always return within a few minutes." The registered manager told us there was a system in place that was responsive to people's individual needs. Staffing levels were based on people's

## Is the service safe?

needs and abilities to determine numbers and skill mix of staff required on each shift to care for people effectively and safely. We saw staff were visible in the communal areas and we saw people were responded to in a timely manner; to assist them to the toilet, change position or offer drinks. One member of staff told us, "There are enough staff, sometimes we may work over or an agency is used." We saw permanent staff where possible covered regular staff illness and leave. This happened on the day of our inspection as a staff member had made contact to confirm they were ill and a regular staff member came into work to cover the shift. The registered manager said they were recruiting staff such as nurses and had recently recruited a deputy manager. This was to make sure people had consistency and continuity of care from staff they knew.

People told us they were supported with their medicines. One person told us, "I have my tablets regularly." We saw that the staff member supported people with their medicines at lunchtime with consideration for people's individual needs. Records showed people's medicines were

available to them and were given regularly as prescribed medicine at the right time of day and they were stored safely. There was a protocol in place for administering medicines prescribed on an 'as required' basis to protect people from receiving too little, or too much medicine. We saw people were asked whether they needed their 'as required' medicine during each medicines round. Where people could not communicate their need for their medicine, there was guidance in place for staff to follow to determine whether people needed to receive their medicine.

We saw that arrangements had recently been introduced to reduce the risks of people not receiving their medicines as prescribed. For example, daily medicine checks had been recently introduced to identify any errors or gaps so that actions could be taken in a timely manner to reduce risks to people's wellbeing. In addition to this a staff member explained that nursing staff's competencies had been checked to make sure they continued to administer medicines safely.

# Is the service effective?

## Our findings

People spoken with told us they did not have any concerns with the ability of staff to meet their needs. Staff spoken with told us they had received an induction when they started work at the home. This included the opportunity to shadow more experienced staff so that they were not left to work alone. In addition to the induction programme staff confirmed to us they had received training in a range of areas to be able to do their job effectively. Staff told us they had regular one to one meetings where they could discuss their practice and identify any training needs. One staff member told us, “Really enjoy my job. Supported here, if I’m not sure about anything I always ask.”

Staff were knowledgeable about their work role and people’s individual needs which included how they met people’s individual health needs. They were able to tell us about the specific needs of people who had fragile skin and needed staff to support them to change their position to prevent any soreness and discomfort to the person. Staff gave us good examples of where the care and support they had provided had effectively improved people’s health and wellbeing. For example, some people’s diets had improved and people had gained weight. Staff also told us about a person who had initially needed to be supported with specialist equipment when moving this was no longer needed because the person was now walking. We saw staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. Staff supported people to walk when this was required but also supported people’s levels of independence effectively and appropriately.

People told us staff would contact the doctor if they were ill and they had access to chiropody, opticians and dentists. One person said, “If I’m feeling ill I tell the staff, the nurse will check me and they will get the doctor.” Staff we spoke with had a good understanding about the health issues of people we asked them about. One person had a health need that required regular monitoring. Staff we spoke with were aware of recent recommendations from a health professional regarding the person’s health issues. We saw staff encouraged the person to follow these recommendations to make sure they were supported to maintain their health and well-being.

All the people we spoke with were positive about the food. One person told us, “I think the food is good and we have a

choice”. Another person said, “Food is lovely, can have what you want, like marmite on toast.” We saw staff asked people about their preferences before the food was served. Staff provided the cook with information about people’s meal requirements, for example, if people required a diabetic diet, had food allergies or needed their food to be pureed due to swallowing difficulties. Some people needed some support to eat their meals and we saw staff took the time to sit with them, encourage them and they did this at a pace suited to each person. We saw staff completed food and fluid monitoring charts following meals to help them identify if people were eating and drinking enough. People’s weight records were maintained on a regular basis so that any risk of weight loss was picked up quickly and referrals made to the doctor. Where this had happened we saw some people had food supplements to meet their nutritional needs.

People who lived at the home and their relatives told us that staff asked for their consent before they assisted and supported them with their daily routines. One person told us, “Staff always do what I want, I can please myself.” Staff told us how they provided support and promoted people’s rights to make choices. Staff said they made sure people had enough information they needed to make decisions around what to wear, food, what they wished to do and the decisions people were able to make. We saw examples of staff obtaining people’s consent and supporting people with their preferred choices. Staff were aware of when people were unable to make choices and decisions were made in their best interests. This was by people who knew them well and had the authority to do this which follows the principles of the Mental Capacity Act (MCA) 2005 to make sure people’s rights to make decisions were upheld. The registered manager was made aware of the inconsistency in documentation and what was missing in some people’s records. However, we saw and staff told us this had not impacted upon the decisions which needed to be made in people’s best interests.

The registered manager was aware of the current Deprivation of Liberty Safeguards (DoLS) guidance. They had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised by staff not to leave the home alone or had bed sides due to the risk of falling. This advice was given in people’s best interests. The registered manager had completed DoLS referrals for people where required to do

## Is the service effective?

so under the DoLS. Staff we spoke with had the knowledge about whose care and support may be restrictive and told us they were following each person's care plans whilst waiting for the assessments to be made by the local authority.



# Is the service caring?

## Our findings

People's relatives told us they felt the staff were kind and considerate. One person told us, "Staff do care." Another person said, "Staff are very good here, they are kind and take time to help me." We saw positive conversations between staff and people who lived at the home. For example, staff gently encouraged one person to drink and this person responded with a smile.

We saw staff spoke kindly with people and took time to listen to what people were saying to them. They knew and used people's preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting people living there and were able to tell us about people's individual likes and dislikes. We saw that staff used this knowledge when talking with people. For example, we saw a staff member talk with one person about the garden because this was one of their interests. This person indicated they enjoyed the conversation by smiling and nodding their head.

We saw people had been supported to maintain their appearance because staff had made sure people's hair styles, clothes and accessories were of their choosing. One person told us, "The hairdresser visits and I enjoy having my hair done, always makes me feel better. In between visits staff help me."

Staff knocked on people's doors and before they entered when they checked whether people needed anything. We saw that people were treated with dignity and staff had a good understanding of what dignity meant for people. We saw staff discreetly assisted people who needed support to use the bathroom. One staff member said, "If people need help with things, like combing their hair or helping with adjusting their clothes we do this in the privacy of people's own rooms." We saw staff offered people choices about parts of their care. For example, people chose where they wanted to sit and be in the home.

We saw that staff encouraged people's independence so that people retained a degree of control over their daily lives. For example, one person was enabled to take their own medicines and another person was supported to walk in the garden which they told us was, "To build up the strength in my legs."

There were a number of rooms, in addition to people's individual rooms, where people could meet with friends and relatives in private if they wished. People told us they could have relatives and or friends visit when they liked. We saw relatives visited their family members on the day of our inspection and staff made them feel welcome with drinks offered. One relative said, "I come and go at different times with other members of the family, I'm not aware of any specific restrictions to visiting."

# Is the service responsive?

## Our findings

People told us staff met their needs and provided their care the way they liked it. People felt that staff knew their preferences and these were respected. One person said, "Can have a bath or shower whenever I want." Another person told us, "They will do anything I only have to say." We saw staff knew people well and had a good understanding of each person's individual needs. Staff spoken with were able to tell us about people's individual care and health needs. We saw that people's needs were assessed when they moved into the home, so that staff would know what level of support a person needed. Where people were not able to be involved with the development of their care plans we saw family members and other social care professionals had been involved. The registered manager told us they would always make sure people's needs could be met before they came to live at the home and would consider things like whether people needed more support at different times of the day. Relatives we spoke with were happy with the level of information received from staff. One relative told us, "If [person's name] rang the bell she was never left waiting." Another relative said, "They give me a call sometimes to tell me either this or that has happened to [person's name], or let me know when I visit, maybe I should get more involved in that side but [person's name] seems very happy here and she has put a bit more weight on recently."

We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person told us they liked to spend time in their room but at some meal times they liked to eat their meal with others. We saw staff spoke with this person and asked them where they would like to have their meal today. Another person liked to watch the television at certain times of the day and we saw this happened in line with this person's wishes.

Staff we spoke with described how people received care personalised to them. One staff member told us, "We know the residents and their needs and check the handover for any changes." Another staff member said they would always ask people what they wanted each day as sometimes they may change their minds even though they knew people well. We saw people's care needs were reviewed regularly and updated within their care plans so that staff had information to check and refer to. We also saw staff had handovers that took place at the beginning of

each shift and staff told us they were able to refer to the notes during the shift. Staff told us that recently the handover information had improved to include more details about people which helped if staff had not been working for a few days. These arrangements enabled staff to share information to support them in their roles so that people's needs were consistently responded to.

People who lived at the home and staff told us about the opportunities people had to do fun and interesting things. The majority of people we spoke with enjoyed the social events on offer and said they could choose what they did each day. One person said, "We go out with [staff member's name] sometimes in a wheelchair, we go into Bromsgrove for a bit of shopping." Another person told us, "There is always something to do but sometimes I just like to sit and watch." A further person said they liked to be on their own but wished sometimes staff had more time to sit and chat with them. We saw the staff member responsible for planning social events encouraged people to take part in playing cards, knitting, manicures and hand massages. Some people had individual interests that they liked to do, such as reading or listening to music. One person told us, "I love the garden, I have responsibility for watering."

We saw relatives had opportunities to give their views and opinions about life at the home. Surveys had been sent to relatives to gain their views and opinions about aspects of the service their family members received. We looked at the surveys received and saw that these provided positive comments about the service provided. Where comments were not so positive the registered manager had taken action to drive through improvements.

People and relatives told us they would feel confident to complain, if they needed to. One person told us, "Happy to complain, they (staff) will do what they can, always listen." Another person said, "I feel happy to complain, staff would do something, or the manager. I haven't needed to though." Staff spoken with knew how to raise concerns on people's behalf and felt confident that issues would be dealt with appropriately by the registered manager. The registered manager was able to show us the process for investigating people's concerns and complaints. We saw records of complaints looked at showed that they were investigated and responded to appropriately. The provider's complaint's policy was available for people to read should they wish to.

# Is the service well-led?

## Our findings

We looked at the providers arrangements to assess the quality of the service people received because we wanted to see how regular checks and audits led to improvements in the home. We saw checks had been carried out on areas, such as, falls and medicines by the registered manager and sent to the provider on a monthly and quarterly basis. The operations manager also carried out checks on behalf of the provider. However, the providers checking systems had not been effective in enabling the provider to consistently identify and respond to safety concerns. For example, the safety concerns in the shower room. The registered manager told us they had already identified that action plans needed to be implemented to reflect how improvements were followed up and actions taken to promote people's care and safety.

We saw that daily checks had also not consistently identified where improvements were needed. For example, a person's aids were not available due to stock running out and some records about people's capacity to make specific decisions were not always fully completed fully by staff. The registered manager assured us improvement actions would be taken and the deputy manager would be taking the lead on checking people's care records.

This was our first inspection since the provider reopened the home in November 2014. There was a leadership structure that staff told us they understood. There was a registered manager in post and a deputy manager had recently been recruited to support the registered manager. On the day of our inspection the operations manager was also at the service to provide their support.

People who lived at the home and their relatives knew who the registered manager was and they felt comfortable to approach them at any time. People told us they were happy with the standard of care they received from staff and felt staff knew them well. One person said, "Well managed place, just could do with staff to have more time to talk. Manager is very nice." Another person told us, "Very well managed home, I know the manager and staff are always there when I need them." A further person told us, "The staff are all very pleasant and the food is excellent, it is the best feature of the place."

The registered manager told us that they were frequently visible to people should people wish to raise anything with

them. We saw this was the case on the day of our inspection as they were visible around the home speaking with people and supporting staff in their work. However, the registered manager acknowledged that people needed more opportunities to provide feedback about their care. These included plans to introduce a committee led by people who lived at the home to enable people were able to share their views and opinions about the quality of care they received.

Staff told us they enjoyed their jobs and felt supported by the registered manager and other staff members. One staff member told us, "[Registered manager's name] will always help out when needed." Another staff member said, "Manager is fantastic, everything we want she will try to get, supports people and staff 100%." Staff told us the registered manager discussed aspects of their care roles in meetings and they were able to give their own suggestions for where improvements could be made.

Staff told us about the arrangements they had within the staff team for sharing information and assigning caring duties. This included sharing handover information between each shift to discuss people's needs and make sure staff understood their care duties for the day. Staff were aware of their responsibilities and we saw they worked as a team. For example, staff worked together at lunch times to make sure people received their meals wherever people wanted to have these in a timely way. We saw and heard from people that staff were caring and knowledgeable about their needs.

Staff told us they felt supported by the registered manager and other staff members. One staff member said, "I know I can go to [registered manager] for advice and she is always willing to help me." Staff told us the registered manager discussed aspects of their care roles in meetings and they were able to give their own suggestions for where improvements could be made.

Staff spoken with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report poor practices and incidents so that people were not left at risk. For example, the registered manager told us about an incident where a staff member's practice in responding to a

## Is the service well-led?

person's health needs had potentially placed them at risk. The registered manager reported this incident to us and told us what action they had taken so that people's health and safety were not placed at risks due to staff practices.

The registered manager took an open and responsive approach to the issues we identified at this inspection so that people were safe. For example, action was taken to cover the hot water pipe in the shower facility and a person's aids were sought. The registered manager told us

that one of the key challenges at the home had been staff recruitment. They told us a number of agency staff had been used to cover nursing shifts. The registered manager explained that they had recently managed to recruit new nurses to start work at the home to support people in receiving a continuity of care from people they knew. The registered manager had also put plans in place to recently increase the hours the housekeeping staff worked so they had sufficient time to clean all the rooms in the home.