Mrs Elizabeth McManus

St Georges Nursing Home

Inspection report

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Date of inspection visit: 27 and 28 October 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an inspection on 27 and 28 October 2014. This was an unannounced inspection.

St George's Nursing Home is a 44 bedded nursing home providing personal care and nursing care to adults, some of whom have dementia and/or other mental and/or physical health needs. The home also provides respite care and support and treatment to people nearing the end of their lives.

At our last inspection on 2 January 2014 we asked the provider to take action to ensure staff received appropriate training and supervision to enable them to deliver care and treatment to people in a safe and appropriate manner. We received an action plan on 2 June 2014 from the provider stating how they would meet the required standards and by when.

The provider was meeting the required standards when we carried out our visit on 27 and 28 October 2014. Staff had recently completed training sessions in dementia awareness and end of life care. Staff told us they had found the sessions useful and had been able to put learning into practice when caring for people living in the

Summary of findings

home. Staff commented that the provider always encouraged them to complete further relevant training and supported those who were studying to become qualified and registered nurses.

We were told by the provider that due to recent staff absences, supervision had been completed for some but not all staff. Staff told us they felt able to raise any concerns they may have at any time by speaking to the manager or senior nursing staff. One member of staff said, "I'm always able to speak to the manager, she's a good listener and will always help out."

The provider was registered with the Care Quality Commission. Registered providers, whether an individual, a partnership or an organisation have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider assumed responsibility for the management and day to day running of the service. There was no requirement for a separate registered manager.

Many of the senior nursing staff had been working at the home for over 10 years. One member of staff told us, "This is a friendly home and we are all treated very well." People and their relatives/friends spoke very highly of all the staff at all levels. The care staff we spoke with were polite and friendly and demonstrated a positive and professional attitude whilst carrying out their duties. Staff had a good understanding of people's needs, interests and preferences and were able to tell us something about the social networks and background history of each person living at the home.

Staffing levels were determined according to the needs and dependency levels of people using the service. Staff had relevant qualifications in nursing, health and social care and/or previous experience of working in care settings. New staff were required to complete an induction programme and shadow more experienced members of the staff team prior to working on their own with people using the service.

People's needs were assessed and care plans were developed to identify what type of care and support people required. People were involved in making decisions about their care wherever possible. If people were unable to contribute to the care planning process, staff worked with people's relatives and representatives to assess the care they needed. However, not all care plans and risk assessments were maintained and/or reviewed in line with the provider's policies.

People told us they were happy with the care and support they received. One person said, "I'm so pleased to be here, they [the staff] are so kind." Another person told us, "It's lovely here, we are all very well looked after."

Staff were knowledgeable about how to recognise the signs of potential abuse and aware of the appropriate reporting procedures. The provider was meeting the requirements of the Deprivation of Liberty safeguards (DoLS). Nursing staff had been trained to understand when a DoLS application should be made and knew how to submit one and to whom.

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?

Requires Improvement

Aspects of the service were not safe. Assessments were undertaken to identify any possible risks to people's health and safety and management plans were in place to minimise these risks. However, not all risk assessments had been reviewed in line with the provider's policies.

People told us they felt safe in the home and that staff responded to call bells in a timely manner. Staff told us they looked after people well and that there were always enough staff on duty.

Staff were familiar with the policies and procedures relating to the safeguarding of vulnerable adults. Staff were able to give examples of the different types of abuse and understood how to recognise the signs and symptoms of abuse. All the staff we spoke with knew how and when to report any concerns and to whom.

We saw that medicines were stored and managed safely in the service.

Is the service effective?

Requires Improvement

Aspects of the service were not effective. People were supported to make choices about what they wished to eat. Kitchen staff told us there were always alternative options if people did not want what was on offer. We saw that hot food waiting to be served was not always kept covered to keep it warm.

People's care plans were detailed and covered their health and personal care needs. However, reviews of people's health were not always up to date and plans were sometimes difficult to follow as they were divided between several different filing systems.

People were involved in decisions about their care. Where people were not able to make specific decisions about their care their relatives and/or representatives held discussions about how to manage this in the person's 'best interests' as required by the Mental Capacity Act 2005. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us staff were kind and caring. They said they were offered choices and staff understood their preferences and daily routines.

We saw staff engaging positively with people who used the service and their relatives. Staff were courteous and kind and demonstrated a positive and professional attitude when carrying out their duties.

Summary of findings

Staff told us they always asked people what they would like to do and how they could provide support. People told us staff always did their best to help them with anything that was asked of them.

Is the service responsive?

Good

The service was responsive. There were activities on offer on a daily basis which included crosswords, films and a talking book club. The home had a chapel which welcomed people of all faiths and there was the opportunity for people to attend local church services if they wished to.

People told us they would speak to a member of the nursing team if they had any reason to complain.

Staff told us people's concerns were resolved as soon as possible and the provider's formal complaints procedure was seldom used.

Is the service well-led?

Good

The service was well-led. The registered provider who also acted as the manager was responsible for the day to day running of the service and promoted high standards of care and support.

The home had an experienced nurse led team, most of whom had been in employment at the home for many years. Staff told us they felt well supported by senior staff and that they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided which included satisfaction surveys for people living in the home.

We saw and heard evidence the home worked well with other health and social care agencies to ensure people received the care, treatment and support they needed.

St Georges 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 carried out 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.

We visited the home on 27 and 28 October 2014. This was an unannounced visit.

Before our inspection we reviewed information we held about the home including the last inspection report from January 2014 when we judged that the provider was not meeting all of the regulations we inspected. We reviewed the action plan submitted by the provider in May 2014 outlining how they intended to meet the required regulations. We reviewed all of the notifications we had received from the provider and other agencies since our last inspection.

The inspection was carried out by an inspector and a specialist advisor with experience in social work and elderly care.

We spent time talking with 16 people living at the home and five relatives/representatives. We spoke with the provider, 12 nursing and care staff, an activities coordinator and the kitchen chef. We also spoke with a local GP who visits the home on a regular basis.

We looked at all the communal parts of the home and some bedrooms, with people's agreement.

We looked at six care records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

There were some aspects of the service that were not safe. Risk assessments were undertaken to identify any possible risks to people's health and safety. Assessments covered areas such as falls, moving and handling, pressure area care and nutrition. Staff told us if there were changes in a person's care needs they would report to the nurse in charge and care plans would be reviewed and updated as needed. However, not all of the risk assessments we looked at were being consistently maintained. For example, we noted that one person who had been identified as being at high risk of malnutrition had not had their risk scores updated for the past two months. Similarly, we found that scores were not consistently recorded on this person's Waterlow pressure ulcer risk assessment tool. This may have meant that any changes to this person's health and welfare were not being identified in a timely and appropriate manner.

Medicines were stored correctly. However, we noted a discrepancy in the quantity of one controlled medicine recorded in the provider's medicines log book. We observed medicines being checked against people's medicines recording sheets before being administered to people living in the home. We observed a staff member offering one person water with their medicines when there was clear written information above their bed stating that all fluids required a thickening agent to be added. The situation was immediately rectified by the lead nurse in charge. People were observed taking their medicines before the relevant records were signed by nursing staff.

The home was set out over five floors of a large Victorian property. During the inspection we saw all communal parts of the home and some people's bedrooms, with their permission. The home had a lift and chair lifts were available on the main stairways. During our visit, we found the room numbering system difficult to negotiate. In addition, the various different levels, short corridors and dividing doors may have meant that the home environment presented some challenges for people with poor mobility and/or cognitive impairment. One person told us, "Staff are all very good but the building is a bit of a ramshackle. It takes two strong men to get me to my room."

The provided told us fire safety checks were carried out on a weekly basis. When we checked, we found that the last fire safety check had taken place on 29 July 2014. Similarly, we found that the first aid box had last been checked in August and that audits for September and October 2014 had not been carried out.

People we spoke with during our inspection said they felt safe in the home and were well cared for. For example, people told us, "I'm very, very happy here and grateful that I came, I feel safe" and "I'm now safe, settled and content." One relative told us, "I have a very high view of the home, they look after people extremely well, the home is very safe."

There were processes in place to protect people from abuse and keep them from harm. Staff were knowledgeable about how to recognise the signs of abuse and were aware of the correct reporting procedures. Staff told us any concerns about the safety or welfare of a person would be reported to a senior member of staff who would assess the concerns and report them to the local authority's safeguarding team and the Care Quality Commission (CQC) as required.

Staffing levels were determined according to the dependency levels of people who used the service. There were adequate numbers of staff on duty to meet people's needs when we visited. One person told us, "Not one person passes my door without saying hello and asking me how I am." Another person said, "Staff always ask me if there's anything I need." People had call bells in their rooms and we saw that these were responded to in a timely manner.

Requires Improvement

Is the service effective?

Our findings

There were some aspects of the service that were not effective. We observed the lunchtime meal and saw that people were able to eat their food at small tables on their own or with others. People were offered water and wine to drink and napkins were provided. People could choose to eat their meals in their rooms if they preferred to or were not able to attend the dining room. We saw one member of staff standing by a person's bedside as they supported them to eat their meal. We noted that the main meal had been left uncovered whilst the first course was being eaten. When this person complained that the main meal was cold, staff had to take the food back down to the kitchen to be reheated before this person was able to continue their meal.

People told us they enjoyed the food provided in the home. People told us, "I like the food I get" and "the food is always very good." Staff told us that people received menus every evening for the following day and were able to make choices about what they wanted to eat. The kitchen chef explained how they catered for people with special dietary requirements, for example, they provided separate meals for those with cultural/religious preferences and for people with diabetes or known allergies. The home had been awarded a five star rating for Food Hygiene in June 2014 from the Food Standards Agency, an independent government department responsible for food safety and hygiene across the UK.

People's care plans included information about their mental and physical health care needs and how these should be met by the service. However, sections relating to people's psychological and spiritual wellbeing were not always completed in the care plans we looked at. Reviews of people's health were not always up to date or signed by the relevant parties and plans were sometimes difficult to follow as they were divided between several different filing systems.

People were supported to maintain good health and access the health care services they needed. We saw appropriate referrals were made to healthcare professionals and evidence staff worked with other agencies to ensure people were cared for and supported in an appropriate manner.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had completed training on the Mental Capacity Act 2005 and we saw that DoLS applications had been submitted to the appropriate agencies in line with policies and procedures. The care records we looked at included relevant capacity assessments and/or evidence of 'best interest' decisions. This meant that people's care plans were established in collaboration with others ensuring that personalised care and treatment was delivered according to people's needs and preferences.

People told us, "I like especially the treatment we receive, the kindness they [staff] show, it's something special, they treat me as a person." One relative said that staff were "well trained and the care excellent." We looked at five staff records and saw that staff had completed the training they needed to support people using the service. This included mandatory training, covering areas such as health and safety, first aid, food hygiene and risk management. Staff confirmed they had received adequate training and they were regularly provided with opportunities to improve their skills and knowledge. Staff had recently attended an in-house dementia awareness training session and told us they had found the session useful and informative.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. They said they were offered choices and staff understood their preferences and daily routines. Their comments included "the care is marvellous" and "staff are very nice and very understanding." People's relatives told us "Staff are so approachable, they do a very good job and are very helpful" and "[Staff] are very organised and care above and beyond the call of duty."

We saw staff engaging positively with people who used the service, their relatives and/or representatives. For example, we saw staff offering people choices in their daily routines, enquiring whether people needed assistance and offering encouragement and reassurance when they did. One person told us, "I have never had to ask for anything because staff always ask me if there is anything I need." Another person told us, "When they ask if there is anything they can do for you, you can hear the kindness in their voice, it's not just a statement, they are the kindest people I have met in my life." All the staff we spoke with were courteous and kind and demonstrated a positive and professional attitude whilst carrying out their duties.

People had their own rooms or suite of rooms which afforded privacy. We saw staff respected people's privacy and dignity by knocking on people's doors before entering and closing people's doors when assisting with personal care. We saw that people were able to join others during meal times and activities and that visitors were greeted warmly. Relatives told us they got on very well with the manager and that all the staff were extremely pleasant. One relative said, "They are so polite to me, I'm really very impressed with their dress, the way they talk and their empathy for the residents."

The home actively encouraged people to bring their small pets with them when they moved in. One person we spoke with told us "I came to the home because of their policy on pets, it's lovely". We saw that one person had brought with them a pet parrot.

The provider told us that the home was working towards gaining accreditation in the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for people approaching the end of their lives. We saw from the minutes taken at staff meetings held over the past six months that discussions incorporated learning sessions on topics such as the management of disease and end of life care. Staff also used case studies and reflective practice to support their learning and development.

A local GP who visits the home regularly told us that staff at the home were very experienced and had an excellent knowledge of people's care needs. Staff told us they always felt able to contact the GP when they had concerns about someone's welfare. The GP told us that they respected people's wishes and did their best to ensure that those who had specified that they wished to receive end of life care in the home, did so with specialist input from appropriate health care professionals. We noted that all confidential information about people using the service was kept securely in the office.

Good

Is the service responsive?

Our findings

The service was responsive. People told us they were involved in planning and reviewing the care they received. Care plans included summary customer information, assessments of people's health care needs and other information from health and social care professionals. Care plans were used to develop appropriate risk assessment management plans around areas such as mobility, pressure area care and nutritional welfare. The provider was aware that not all risk assessments were reviewed in line with their service policies and procedures and agreed to address this matter urgently.

We saw that a range of activities were provided to people living in the home. This included board games, newspaper discussions, music and singing sessions. People told us they were asked if they wished to take part in activities. People were supported to attend the day room and TV lounge where activities took place if they were unable to do this independently.

We saw people actively engaged in solving a crossword with a member of staff and people choosing to attend a film club session in one of the day rooms. One person we asked about the activities on offer in the home told us, "I read the paper, watch television, have my nails painted and I go out." Another person told us, "The activities are great, we play scrabble, dominoes and cards and do crosswords." One person said, "I could go and join in with the activities but I prefer to stay in my room." One person told us they would like to be able to go out more often.

People told us they knew how to make a complaint but so far this had not been necessary. The home had a formal complaints procedure. Staff told us people's concerns were usually resolved as soon as they became aware of any issues and that the formal complaints procedure was rarely used. One person told us, "If I needed to make a complaint or if I didn't like something I would speak to one of the nurses." One person's representative said, "I have a good relationship with the manager and would know how to make a complaint."

People told us they had their choices respected and this was confirmed when we observed the lunchtime meal and noted that people were offered choices of food and drink. We also saw people being asked if they would like to sit out in a chair or remain in bed, join in with activities or be left in their own company. One person told us, "I'm fine here, I have enough privacy, you're looking at one happy man." A relative told us, "I have never felt that people are isolated, staff are very attentive." Visitors told us they were always made to feel welcome and could visit their family members and/or friends at any time.

We saw evidence the home worked well with other health and social care agencies to ensure people received the care, treatment and support they needed. A GP from a local surgery visited every fortnight or more frequently if required. We were told that people living at the home also received visits from an optician, a dentist and a hairdresser.

The home had a chapel which welcomed people of all faiths and there was the opportunity for people to attend local religious services if they wished to or be visited by a religious minister.

Good

Is the service well-led?

Our findings

The registered provider acted as the manager of the home and was responsible for the day to day running of the service. The manager was supported in her role by an experienced and long serving team of qualified and registered nursing staff.

People living at the home were clear about the management structure. People told us, "There's always someone on duty" and "The nurses are extraordinary, marvellous and so kind." Relatives said they knew the manager well and thought the home was well led. One family friend told us, "From top to bottom, staff are lovely and the care is marvellous."

Staff confirmed they felt well supported and were clear about their roles and responsibilities. We looked at supervision records for six members of staff and saw that performance and development issues were discussed during these sessions. The provider told us not all staff members had received supervision in the past 12 months but hoped to complete this task in due course. We attended a staff handover session during our visit and noted that staff communicated well and that people's welfare was discussed in an open and positive manner. Staff told us they felt able to talk to the manager or senior members of the nursing staff at any time about any issues or concerns they may have.

The provider told us they conducted regular surveys in order to gather people's views on the care and treatment they received in the home. We looked at the survey results from July/August 2014. Overall, the six respondents had rated their rooms as comfortable, whilst the quality of care, friendliness and cleanliness had been rated as excellent. There were no meetings held for people using the service or their relatives to capture a wider representation of people's views. Therefore, people living in the home and their relatives had limited opportunities to become involved in how the service was run and how improvements could be made.

We saw that the provider carried out regular quality audits to monitor standards of care provided in the home. Audits covered areas such as fire safety, medicines administration, and kitchen hygiene and included comments and action points. However, we noted that there were some gaps in the auditing process between July 2014 and October 2014 with audits either not completed or not recorded.

We saw the provider had a clear statement of purpose that outlined the home's philosophy of care. This included respecting people's privacy and dignity, giving people choice and promoting people's independence.