

The Royal Star & Garter Homes

The Royal Star & Garter Homes - Surbiton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Royal Star & Garter Homes - Surbiton is a residential care home providing personal and nursing care to up to 63 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 49 people using the service. The service has three units in one purpose-built building in Surbiton.

People's experience of using this service and what we found

People continued to receive safe care. Systems in place ensured risks were regularly reviewed and staff had clear guidance on how to respond to those risks. Staff received on-going safeguarding training and were aware of the provider's safeguarding policy. People continued to receive support from adequate numbers of staff to keep them safe. Medicines procedures in place were in line with government guidelines.

People and staff confirmed the service was well-led. Management systems in place ensured the registered manager had clear oversight of the service and where issues were identified, action was taken to address these in a timely manner. The registered manager developed a service that was person centred and sought people's views to drive improvements. Records showed people benefitted from a service that actively sought partnership working.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 November 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor who is a registered nurse 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.

Service and service type

The Royal Star & Garter Homes – Surbiton is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Royal Star & Garter Homes – Surbiton is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 1 one relative to gather their views of the service. We also spoke with 13 staff members, including care workers, registered nurses, the care manager, the registered manager, the head of care quality and a director. We looked at 8 care plans, 7 staff recruitment files, records relating to premises safety, the training matrix and medicines administration records. After the inspection the registered manager sent us other records relating to the management of the service, for example, policies and procedures and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse as staff were aware of the provider's safeguarding policy, knew how to identify, report and escalate concerns of suspected abuse.
- People told us they felt safe living at the service and throughout the inspection, we observed staff engaging with people who appeared at ease in staffs' presence.
- All staff spoken with told us they were confident the registered manager would take swift action should staff report suspected abuse, however, were aware of the provider's safeguarding and whistle-blowing policy.
- Records showed where appropriate the service liaised with the local authority safeguarding team.
- We reviewed the staff training matrix and identified the service had 100% compliance with safeguarding training. Staff were aware of how to implement the training learned into practice.

Assessing risk, safety monitoring and management

- Risks to people were clearly assessed and managed. Risk assessments provided clear guidance for staff as to how the likelihood of risk occurrence could be reduced. This included mental health support, falls, mobility aids, choking and specialist equipment.
- Where one person needed full support with moving and handling there was detailed guidance on positioning and specialist equipment so that staff were clear on how to support them safely.
- One person with an identified risk of choking had step by step guidance in place for how to help them with eating and drinking. This included clear guidance from Speech and Language Therapy (SALT).
- Records showed, people had access to an on-site physiotherapist, which meant concerns with people's mobility could be addressed swiftly, without a long wait for referral. Therefore, resulting in people getting swift support and minimising the risk of deterioration to their mobility
- The maintenance of the premises supported people to be safe. This included regular safety checks of the building to ensure it was safe for people. In the event of a fire, people had personalised emergency evacuation plans in place, so that staff knew how to move each individual to a place of safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff members had a clear understanding of their role and responsibilities under legislation.

Staffing and recruitment

- People continued to receive care and support from staff that had undergone robust pre-employment checks to ensure their suitability for the role.
- Staff recruitment files contained an application form, a minimum of two satisfactory references, a Disclosure and Barring Services (DBS) check, evidence of their right to work in the United Kingdom, photographic identification and a full employment history. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed reviews about staffing levels. Comments included, "I've used the call-bell several times now and I haven't had to wait long for assistance. Probably five minutes at the most" and "What they [the service] could do with are more permanent staff – people who know us well. It makes all of the difference. But I am aware of the difficulties in recruiting staff at the moment."
- However, records reviewed during the inspection did not corroborate statements indicating there were staffing shortages. Rotas showed there were adequate numbers of staff deployed to each unit, to ensure people's needs could be met in a timely manner. Throughout the inspection we observed staff tending to people swiftly.
- Staff told us, "It's pretty good, we always work as a team with lead carers and nurses helping out" and "In my personal opinion, the staffing level is good. I don't think people wait too long and we try to answer buzzers as soon as possible."
- Where there was a staff shortage, the provider used agency staff to cover the gaps. The registered manager told us, they used regular agency staff to ensure people received a continuity of care from familiar staff members. At the time of the inspection, there was an on-going recruitment drive in progress.

Using medicines safely

- People's medicines were managed safely and as intended by the prescribing GP.
- One person told us, "[The service] let me know if there are any changes to my medication. I know everything that I need to take and when I should take it. It's all part of the strict routine here." Another person said, "[The service] do make sure that I take my medication on time."
- We observed the administration rounds and identified people received their medicines in line with good practice.
- Medicines Administration Records (MARs) were completed accurately with no gaps or omissions and stored securely, with only authorised staff having access to them.
- At the time of the inspection senior care staff who wished to, were in the process of undertaking medicines administration training. This meant they would be appropriately trained to support the registered nurses in the safe administration of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed current government guidance on visiting in care homes.
- At the time of the inspection there were no restrictions on people receiving visitors at the service.

Learning lessons when things go wrong

- The registered manager and management team placed great importance on ensuring lessons were learnt when things went wrong.
- Records showed where incidents occurred, a full investigation was undertaken and where appropriate action taken to mitigate further occurrences.
- The service carried out root cause analysis to further investigate and identify any patterns and trends. Senior management also reviewed incidents in their quarterly meetings, which gave further oversight to ensure ongoing oversight and service development.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to receive support from a management team that were driven to promoting and embedding a positive culture. The service offered a person-centred, inclusive and empowering service.
- One person told us, "The personalised care is five stars really I can't praise them highly enough. I was dreading having to go into a home, but I feel really happy here, the care is amazing."
- Staff spoke positively about the management team. Comments included, 'This is such a nice place to work in, we are very supported,' and 'The [registered] manager is very understanding.'
- Throughout the inspection we observed staff seeking guidance and support from the registered manager, who was available to staff at all times.
- The service also ensured that staff received additional support in term of their wellbeing. Following the COVID-19 pandemic, staff were offered sessions on, for example, mindfulness, physical posture, massage, laughter yoga and reiki. Following a successful response to the wellbeing sessions, this was then made available to staff again in September 2022.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team had effective oversight of the service through regular audits.
- We reviewed the auditing systems in place and identified these ensured oversight of, for example, medicines management, incidents, safeguarding, hospital admissions, care plans and staffing levels.
- The registered manager was aware of their responsibilities in submitting notifications to the Commission.
- All staff had a clear understanding of their roles and responsibilities and what was expected of them. Although people had designated roles within the service, staff members confirmed the management team frequently supported staff on the floor, which helped them achieve a greater sense of team work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Continuous learning and improving care

- People and staff member's views continued to be sought to drive improvements.
- One person told us, "There is a lot of respect for all of the managers here, they do listen to you. I don't think I could receive better care anywhere else. I'm so lucky to be here."
- Staff confirmed the management team were also keen to hear their views.

- Feedback was sought through various means, for example, survey, house meetings and general discussions. Survey covered all areas of the care provided, including 'care within the home', 'food and catering' and 'communication'.
- We reviewed the 2022 survey results and identified the overwhelming majority of responses yielded positive feedback.
- Where the service received feedback, they were swift to ensure action was taken to address any issues that arose. For example, feedback received indicated people wanted improvements to be made to the meals provided. As a result, the head chef met with people to gather further information on their preferences, which were then introduced to the menu.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- People continued to benefit from a service where the registered manager was aware of their responsibilities under the duty of candour.
- The registered manager was keen to ensure they apologised when things went wrong in an open, honest and transparent manner.
- The service that worked in partnership with other external agencies to drive improvements.
- The registered manager told us, "We work with the dietician, speech and language therapists, opticians, tissue viability nurse and the Princess Alice hospice 6 Steps to success in End Of Life Car. [Partnership working] means sharing experience to avoid becoming too insular, to use research and evidence-based practice, to avoid poor practice and closed culture."