

St Georges Hotel - Care Home

# St Georges Hotel - Care Home

## Inspection report

St George's Road  
Truro  
Cornwall  
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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**



# Summary of findings

## Overall summary

St George's Hotel – Care Home is a registered care home and provides accommodation and personal care for up to 22 older people. At the time of our inspection there were 18 people living at the service.

We found the following examples of good practice.

The home was visually clean and free from odours. There were procedures to ensure that infection control risks were reduced. For example, planned increased cleaning of communal areas and high touch areas such as door handles and light switches.

We observed staff donning and doffing PPE correctly. An area of the home was available for this purpose with plentiful supplies of PPE and handwashing facilities seen.

Procedures were in place regarding self-isolation for people who were admitted to the home from the community or other health care provision. The admission procedure had been reviewed and developed to reduce the risk of infection from COVID-19.

The home had a contingency plan to reduce the risk of cross infection should there be an outbreak of COVID-19 in the home. This included self isolation for residents who showed symptoms and separating staff teams so they cared for a reduced number of people and did not care for both symptomatic and non symptomatic residents.

The home advised visitors of the most appropriate entrance to use so that they accessed the home in the vicinity of the resident's room. This helped to reduce the risk of infection being brought into the home.

Due to the current national lockdown, visiting was restricted. The registered manager said information had been provided to friends and families by telephone call and on the home's social media page regarding the visiting arrangements. Where visiting was allowed for compassionate reasons (for example for people receiving end of life care), suitable infection control procedures were followed when visitors entered and moved around the building. Visitors were screened for COVID-19 prior to entering the home. Visitors were required to wear masks and, as necessary, other protective personal equipment (PPE).

The registered manager was in the process of developing plans and procedures for when visiting to the home is permitted in line with national guidelines. A room near to the front door was being considered to allow visitors without the need to access further into the home.

People were supported to speak with their friends and family using IT systems and the telephone as necessary.

Appropriate testing procedures for COVID-19 had been implemented for all staff and people who used the



service following national guidance regarding the frequency and type of testing. Staff only worked at the home and no agency or bank staff were used. This reduced the risk of cross infection.

The staff monitored residents for symptoms of covid-19. This included daily monitoring of physical symptoms such as temperature checks.

Infection control policies and procedures had been updated in line with the national guidance relating to COVID-19. Staff had access to the policies and procedures including updates. The training for staff regarding infection control had been updated to include guidance relating to COVID-19.

The registered manager had completed risk assessments and audits / checks regarding the environment and risks to staff and residents.

The registered manager had discussed with the staff those who may be at increased risk from COVID-19. The registered manager planned to complete individual risk assessments for each member of staff to formally identify those who were at increased risk from COVID-19 and the measures that would be required to keep them safe, should there be an outbreak in the home.

Plentiful supplies of PPE were available in the home. This included masks, gloves, aprons, gowns, visors and goggles.

Staff breaks were staggered to reduce the risk of groups of staff congregating together.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

### Inspected but not rated

Inspected but not rated



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## **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.

As part of CQC's response to the coronavirus pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.

This inspection took place on 2 March 2021 and was announced.



# Is the service safe?

## Our findings

S5 How well are people protected by the prevention and control of infection?

- We were somewhat assured that the provider was admitting people safely to the service. The policy and procedure stated people admitted to the home would be isolated in their room for 10 days. This practice was followed but is not in line with the national guidelines of 14 days of isolation in a care home setting.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some communal areas of the home appeared cluttered which could impact on effective cleaning. For example, there were ornaments on shelves in one corridor, books in the entrance hall and activity materials in an area of the lounge. Checklists for increased cleaning of high touch areas such as door handles and handrails were not consistently completed to evidence the cleaning had taken place five times a day as planned. Not all clinical waste bins were pedal operated or had yellow clinical waste bags inserted which posed a risk of cross infection.
- We were assured that the provider was using PPE effectively and safely. We saw most staff wore their PPE correctly. However, we observed two members of staff whose mask was not covering their nose fully while in communal areas of the home. The registered manager stated this would be addressed promptly.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.