

St George's (Liverpool) Limited

St George's Care Homes

Inspection report

Croxteth Avenue
Liscard
Wallasey
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Tel: 01516306754

Date of inspection visit:
12 February 2020

Date of publication:
04 March 2020

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 ●

Summary of findings

Overall summary

About the service

St Georges' Care Home is a care home providing personal and nursing care and is registered to provide care to 60 people. There were 34 people receiving at the time of this inspection.

People felt safe using the service and were protected from abuse and the risk of abuse. Procedures were in place for the safe management of medicines and people received them on time. Safe recruitment practices were followed. Infection control practices were followed to minimise the risk of the spread of infection and regular safety checks were carried out on the environment and equipment.

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.

People's needs, and choices were assessed prior to moving into the service. People received care and support from experienced staff who received training and were supported for their roles. People were supported to have a nutritious and balanced diet and their healthcare needs were met.

People and their family members felt the service met their needs and positive relationships had been formed with the staff delivering care and support.

People and their family members had access to information about how to make a complaint about the service.

Systems were in place to monitor the quality of the service that people received. The registered manager sought information and guidance from other agencies to continually develop the service.

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

Rating at last inspection

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St George's Care Homes

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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

St Georges is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care

workers, housekeeper and the cook. We spoke with the training provider and a community nurse who regularly visit the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training data for all staff.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service.
- Safeguarding procedures were in place and the staff had completed safeguarding awareness training.
- Staff had access to information on how to protect people from the risk of harm and knew how to refer any concerns they had about people's safety

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to minimise those risks.
- Staff had access to policies and procedures in relation to health and safety and, in addition, staff had received training in this area.
- Regular safety checks were carried out on the environment and equipment in use.

Staffing and recruitment

- People told us that staff were always available to meet their needs and there were always enough staff around to help. Comments included "Staff are brilliant", also "The staff are brilliant my call bell is answered straight away which makes me feel safe".
- Sufficient numbers of suitably trained and experienced staff were deployed to safely meet people's needs.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.

Using medicines safely

- Medicines were managed safely however, we identified documentation that had not been fully completed. One direction for 'as and when' medications was not with the persons medication records and some medications had not been fully counted. This had not impacted the safety of the people living in the home and we discussed this with the deputy manager and nurse on duty. This was acted on immediately.
- Staff who administered medication received training and had their competencies regularly checked.
- Appropriate measures were in place for the storage of medicines.
- The management of medicines was regularly audited.

Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces. Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest

score that can be awarded.

- The registered manager had a number of audits in place that generated action plans for example hand hygiene and environmental checks. This improved practice and processes.

Learning lessons when things go wrong

- Lessons were learnt, and improvements made following accidents and incidents.
 - Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences.
- Family members told us staff always contacted them with any information and communication was excellent.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed prior to using the service.
- People told us staff provided them with all the care they required and the support they needed.
- People, relatives and professionals told us that staff provided a good level of care.

Staff support: induction, training, skills and experience

- People spoke positively about the staff team. Comments included "Staff are brilliant" and, "Staff are very confident they know what they're doing".
- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff training records showed that staff were up to date with training and attended updated training when required.
- Staff received regular support and guidance from the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balance diet.
- People had a choice of what meals from the menu. People told us that staff would always offer alternatives and there was always plenty to eat and drink.
- Advice from healthcare professionals in relation to eating, drinks and specific health conditions was recorded in people's care plans. Staff understood the importance of making sure people received the correct diet.

Staff working with other agencies to provide consistent, effective, timely care

- Health professionals told us that the communication from staff was very good and ensured people were receiving the care and support required.
- Professionals told us that staff were proactive in meeting people's health need changes.
- Staff understood the importance of good timely communication and referrals to support people.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to ensure that people had freedom of movement and was accessible to all.
- People had access to equipment to assist them in maintaining their independence.
- Staff used required equipment in communal areas in a dignified way.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health professionals and other services and understood the importance of people's well-being.
- Staff managed supporting people well to attend their appointments.
- People had been registered with health and other services to promote their well-being.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy living at St Georges. Their comments included, "Very well supported by all staff, they put themselves out", "The staff are brilliant they treat me with dignity and respect at all times and if having wash, they talk me through what they are doing", "I am always treated with respect, all staff are always asking if I'm ok".
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed. Comments from people and their relatives included "Staff have a really good approach and always encourage [relative]", and, "Great care provided I can sleep well at night knowing [relative] looked after".
- Family members spoke positively about the service their family member received.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were encouraged to share their views about the care provided.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support and wellbeing.
- Advocacy services were used when required to support people.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's comments included, "Staff are always respectful", "Staff always ask if I want their help or support with anything, they always are constantly checking. Always respectful".
- People told us they were given choice in how they wanted care and support provided. People's comments included "Staff always respect my choices, they always ask", and, "I choose what I want to do, staff know my condition well and they do listen".
- Staff were seen to provide dignified care and support throughout this inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's identified health and care needs had been planned for and were recorded in their care plans. People who used the service and staff had access to this information.
- Records were maintained in regard to the care and support offered and delivered to people.
- Family members told us that they were updated about their relative's care and support and communication was very good. Where appropriate, were involved in care plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were recorded in their care plans.
- Staff understood the different communication needs of people.
- Information was provided in different formats where this was needed to support people's understanding.
- The provider had installed listening loops that enabled people to hear better.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities within the service and the local community to offer stimulation to prevent social isolation.
- People were supported to pursue their hobbies and interests. Peoples comments included "I like art and we do that a lot", and, "I am always being asked if I want to join in activities, I do and I enjoy singing and music", and "I like to go out of the home I just ask one of the nurses and they organise and take me".
- Relatives told us that they are always welcomed in and do join activities taking place. One relative told us, "I often am invited to eat a meal with [relative] so we can catch up, we both enjoy this, and the food is really tasty".

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- Staff were aware of the sensitivity of this aspect of care and had completed training in providing end of life care.
- The service had a policy for end of life care.
- The registered manager told us that the service would be supported by health professionals to ensure that end of life care was effective.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that staff listened to them and respected their personal preferences.
- Person-centred care was delivered and tailored around people's needs, wishes, choices and preferences.
- The registered manager invited family members to meetings.
- Staff were committed to enhancing the experiences of people living at St Georges, people were empowered and supported to remain as independent as possible.

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

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events that occurred and being open and transparent with their findings.
- Records showed an openness of investigations with actions of improvements made.

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

- The registered manager and staff were clear about their responsibilities and worked together in providing a good level of care and support.
- Systems and processes for audits, quality assurance and improving practice were in place.
- People and their relatives told us they were asked about the service by the provider holding meetings, satisfaction questionnaires and having an open-door policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to engage and involve people using the service, family members and staff.
- Peoples equality and diversity support needs were assessed and determined from the start of living at St Georges.

Continuous learning and improving care

- Quality assurance processes were in place, assessing and identifying areas of improvement required.
- Staff received regular support and training for their role to ensure their practice was up to date and safe.
- The provider sought information and guidance from good practice guidelines to continue to develop the

service.

Working in partnership with others

- Staff worked closely with other healthcare and social care professionals, so people received care that was tailored around their support and healthcare needs.
- Records were in place to show what staff had done and who they had communicated with.
- Professionals visiting St Georges told us that staff were very good at communicating whether that be for additional support or to inform of the persons progress.