

Delphine Homecare Limited

# St George's Nursing Home

## Inspection report

1 Court Close, Pastures Avenue  
St Georges  
Weston Super Mare  
Avon  
BS22 7AA  
  
Tel: 01934524598

Date of inspection visit:  
17 October 2022  
19 October 2022

Date of publication:  
01 December 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St George's Nursing Home is a residential care home providing personal and nursing care for up to 66 people. The service provides support to older people, living with dementia. At the time of our inspection there were 63 people using the service.

### Care Homes

The home accommodates people across four individual units over two floors.

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

People were not fully protected from the risks associated with their care because planning was not robust enough to provide clear instructions to staff. We also found that systems for monitoring and recording accidents and incidents were not fully effective. The new manager and clinical manager had already identified areas for improvement prior to our inspection and were in the process of implementing an action plan. Medicines management was one area which had been prioritised.

Although the current manager and clinical manager had identified areas for improvement and created a plan, there had been a lack of oversight through changes of management over the previous 12 months, and this had led to breaches of regulation. Relatives were happy with the home and told us people were well cared for. People and their relatives were involved in planning care.

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. However, we did make a recommendation in relation to recording around best interests decisions. Staff received training and supervision to provide them with the skills and knowledge required to carry out their roles. People in the home received support to access healthcare when necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 12 March 2020)

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. At this inspection we found breaches of regulation and the rating changed to requires improvement.

### Why we inspected

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.

The inspection was prompted in part due to concerns received about how the service responded to people who'd had a fall or who were showing signs of deteriorating health. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the arrangements in place to ensure people are safe and the systems for monitoring the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# St George's Nursing Home

## 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.

#### Inspection team

The inspection was carried out by one inspector 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 George's Nursing Home 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. St George's Nursing Home 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 the manager had been in post for approximately six weeks and was intending to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 also used information shared with us from the local authority.

#### During the inspection

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 spoke with the manager, the clinical manager, three care staff and the chef. We spoke with nine relatives of people in the home. We reviewed care records for four people and looked at other documents relating to the running of the service such as audits and policies.

# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always protected from the risks of unsafe care because care planning was not always adequate. One person had arrived at the home approximately three weeks prior to our inspection and we were told they had a catheter in place. There was no plan in place to describe the support the person required with this. Another person did have a plan to manage their catheter and this identified the area around the catheter should be cleaned daily. There were no records to confirm specifically that this was being done. Another person had a stoma in place; there was a plan of care in place, however it was not sufficiently detailed to mitigate the associated risks. For example, there was no detail about how the skin around the stoma should be kept clean and free from infection.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were checks in place relating to the safety of the building, such as fire equipment checks, water checks, PAT testing (portable appliance testing) and legionella.
- There was a fire risk assessment in place dated within the previous 12 months.

### Systems and processes to safeguard people from the risk of abuse

- Relatives were positive about the care people received, they told us, "She is absolutely safe" and, "I think he is safe there".
- Staff received training in safeguarding, however in discussion with staff they weren't all able to specifically identify the different types of abuse they might encounter. They all reported they would feel confident and able to report concerns to the manager, or higher up in the organisation if they needed to.
- The manager was working with the safeguarding team in the local authority to manage concerns about individuals in the home.

### Staffing and recruitment

- Comments from relatives were mixed, but nobody raised significant concerns about staffing levels. When asked if people thought there were enough staff, people told us, "Definitely I do. From what I have seen there seems to be". Another person said, "Well, they could always do with more".
- The manager told us that recruitment was challenging and they were currently relying heavily on agency staff to cover shifts. It was clear that this was a difficult situation, however we were assured that staffing levels were safe. We observed throughout our inspection that staff were busy but that call bells were

answered within a reasonable time frame.

- Checks were carried out to ensure that newly recruited staff were suitable to work in the home. This included carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager told us that there were significant delays currently in full DBS disclosures being returned and this was causing problems in the recruitment process. We shared guidance with the manager in relation to DBS checks and recruitment and they were hopeful that this would support their recruitment of new staff.

#### Using medicines safely

- The manager and clinical manager had identified that processes around medicine administration needed to be improved and had begun the process of actioning this. Part of the concern they had identified was the lack of stock checking of medicines. We saw from meeting minutes that this had been discussed with staff and new processes put in place.
- There were protocols in place for 'as required' medicines to set out when and how these should be administered.
- Medicines were stored securely in a locked room and temperatures were taken to ensure medicines were kept at the correct temperature.

#### 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

There were cases of Covid in the home at the time of our inspection. People continued to be able to have visitors at this time but were asked to book their visit and to use the visitors room to meet their relative.

#### Learning lessons when things go wrong

- There were systems in place for recording accidents and incidents, however these weren't fully robust. The manager told us they reviewed each accident form, but it wasn't always clear what follow up action had



been taken after a fall or incident. There wasn't a clear overview of accidents and whether any themes or patterns had been identified.

We recommend that accident recording is reviewed to ensure that all actions are recorded and there is clear evidence of any actions taken.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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 needs were assessed prior to people moving to the home. Information from the local authority was used to plan people's care.
- Relatives were involved in discussion about people's care. They told us, "We have had a few meetings", and "My son has been involved".

Staff support: induction, training, skills and experience

- Relatives were positive about staff training and skills, comments included, "Yes, they all seem very committed" and "They seem to know what they are doing. My mother would tell me if there was a problem".
- New staff joining the home completed training, predominantly online to support them in their role. This included subjects that aligned with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a system in place for recording staff training and this sent out reminders to prompt staff when their training needed to be updated.
- The manager had an overview of supervision staff had received and was working towards ensuring this was up to date. They were aware that annual appraisals were not in place for everyone and were planning to resolve this so that all staff received support to carry out their roles effectively.
- There was a sense amongst staff that support had been lacking in the past, but they were positive about the current management and felt the situation would improve.

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

- Comments from relatives about the quality of food were positive, "Yes, I think the food is excellent", "The food is lovely; he is even having cooked breakfast" and "The food is quite varied".
- We observed a meal time and saw that people received good, caring support from staff. People were encouraged to be independent and provided with the equipment they required such as lidded cups.
- We spoke with the chef, who was knowledgeable about people's needs. They told us they spoke to people to find out the kinds of things they wanted on the menu and also spoke with staff and families. They were knowledgeable about the ways to support people nutritionally by fortifying foods.
- The manager had identified that people weren't always weighed regularly to monitor their nutritional health, and this was on their action plan for the home to improve.
- People's fluid intake was monitored and recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us that people received appropriate healthcare support when they needed it. Comments included, "Yes, that's all well organised" and "Yes, and there is an attending nurse".
- Staff worked with healthcare professionals as necessary to meet people's needs. The manager told us they had good support from the nurse practitioner at their GP surgery.
- Specialist nurses supported people with particular clinical needs such as a stoma.

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

- The home was suited to people's needs. Individual rooms were located over two floors and divided in to four sections according to people's needs.
- There were lounge areas for people to be together and socialise if they wished. Individual rooms were personalised.
- There was specialised equipment available around the building to support people's safety, for example grab rails on the wall and specialist mats to use on staircases in the event of emergency evacuations.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw some evidence of the MCA being put in to practice, however this was inconsistent and not always robust; improvements were required. One person had a sensor mat in place as part of their plan to keep them safe. There was no evidence that they had consented to this or that a mental capacity assessment had been undertaken. Another person had a sensor mat in place and for them a capacity assessment had been undertaken but the details in the recording of this were limited. We fed this back to the manager.
- A record had been kept of DoLS applications for people in the home. Nobody at the time of the inspection had an authorisation in place with conditions attached.

# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and clinical manager were honest and transparent about the issues they had found since joining the home and had created an action plan to monitor progress towards addressing these concerns. There was clear evidence that action was now being taken to improve the home.
- Concerns we found during our inspection were included in the action plan, for example wound care had been identified as an action to improve.
- However, there was a breach of regulation in relation to safety and this indicated ineffective monitoring systems in the period leading up to our inspection. We were assured that an action plan had been created but concerned that quality and safety monitoring systems had not identified breaches of regulation during a period of change in management prior to our inspection.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Feedback from relatives was positive and they felt confident that people were receiving good care. Comments included, "I am totally convinced that the care that she is getting is very, very good", "I would definitely recommend it", and "They are very kind".
- Although staff were clearly busy, there was a positive atmosphere within the home. Staff treated people with kindness and care.

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

- One relative told us they were contacted if there were any concerns or issues, although another relative said they hadn't been contacted on every occasion when their mother had fallen. Relatives did confirm though that the home sought medical attention when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager told us they had recognised there was a need to improve communication with families and had set up a messaging group to facilitate this.

- Staff told us the home had been through a challenging time in the last 12 months with changes of management. They hadn't always felt listened to but felt positive about the current management.
- Staff meetings were held and we saw from meeting minutes, these were used as an opportunity to communicate the improvements that needed to be made.
- Relatives told us they had recently been sent a questionnaire to gather their views about the service.
- The manager told us they had positive working relationships with teams in the local authority, such as safeguarding teams and commissioners.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care planning was not sufficient to ensure people's safety.</p> <p>This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not been robust through changes of management.</p> <p>This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>