

# The Sisters Hospitallers Of The Sacred Heart Of Jesus

## St Augustine's Care Home

### Inspection report

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### 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 Augustine's Care Home is a residential care home providing accommodation and personal care to up to 52 people. The service provides support to older people with physical and health related support needs, some of who also live with dementia. At the time of our inspection there were 39 people using the service.

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

Although people told us they liked living in the home, felt safe and staff were caring, the multiple changes in the management resulted in inconsistent leadership. Incidents, accidents and safeguarding concerns were not always used to learn lessons and to improve the service. Staff did not always receive the training they needed to ensure they were competent and skilled for their roles.

Staff told us they did not read care plans and relied mainly on verbal handover within the team and from management. Staff knew people's individual risks and we observed they supported people in line with their individual needs but people's care records were out of date and did not always accurately address all of their needs. This posed risk of people's care not being effective and safe at all times, especially when the home experienced staffing challenges and was supported by agency staff.

There was a lack of structured approach to monitoring the quality of the service. The provider completed some audits of the safety and quality of the care people received and their home environment, but their management contingency action plans failed to effectively action shortfalls these audits identified. The provider and new management team took action to address these shortfalls following the inspection.

Staff ensured people could access healthcare services when they became unwell or their needs changed and they required specialist support. People received their medicines safely and were supported to eat and drink when they needed help.

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 told us they felt listened to and overall could access support from staff when they needed it. Staff considered things had been improving since the new management started to lead the team and felt the management were approachable and supportive. The provider worked in partnership with other agencies, including social and health services in the area.

For more details, please see the full report which is on the CQC website at St Augustine's Care Home.

### Rating at last inspection

The last rating for this service was good (published 5 April 2018). We also inspected this service on 28

February 2022 and looked at the infection prevention and control practices only.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements in Safe, Effective and Well-Led.

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

The provider and the new management team took action to update their management contingency plans and improvement action plan and to provide staff with support to complete relevant training courses.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Augustine's Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to staff training and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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 Augustine's Care 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.

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.

#### Service and service type

St Augustine's Care 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 Augustine's Care Home is a care home without 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 not a registered manager in post. There was a home manager in place who was in the process of registering with CQC.

#### 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 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 9 people who used the service and one relative about their experience of the care provided. We observed the interactions between people and staff. We spoke with 11 members of staff including the home manager, the deputy manager and care staff.

We reviewed a range of records. This included multiple people's medicines records and elements of care documentation for 8 people. We looked at 2 staff files in relation to recruitment and staff supervision and agency staff check. A variety of records relating to the management of the service, including quality monitoring records, risk management records, staff training and meeting records as well as policies and procedures were also reviewed.

# 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; Learning lessons when things go wrong

- People received safe care as staff knew their needs. However, people's risk management records were not always up to date. For, example around their specific support needs related to dementia, eating or mobility. This meant staff including agency staff, were kept up to date about people's changing needs via verbal and written handovers. We have addressed in Well-Led section of this report.
- We discussed this with the management team who provided us with an updated assessment of people's individual needs and risks which was shared with staff following the inspection. We were assured this assessment would be reviewed and used to update the new electronic care plans by the end of March 2023.
- People and their relatives told us they felt their care was safe and staff knew how to help them. Staff we spoke with said they had not read the care plans but knew people's individual needs and would be told by managers and senior carers if anything changed for people. For example, one staff member explained to us what a person needed to keep their skin healthy and how they cared for them daily. Another staff member explained to us how they supported a person around their specific continence and mobility needs.
- People's care documentation included some up to date information on their specific individual risks in other areas. For example, when people were at risk of skin breakdown or had specific needs related to certain health conditions or health aids they used, risk assessments were in place.
- Opportunities to learn lessons and to improve people's safety and care could be missed. Although the provider supported staff to act on risks and information of concern on some occasions, not all incidents and accidents were reviewed consistently to examine their causes and to identify actions required to minimise risks to people.
- Although provider's approach to learning lessons was not consistent due to the changes in management, we saw some evidence of incident and accidents being reviewed and trends identified which led to follow up action being taken to reduce risks to people. For example, around choking risks or falls. However, this governance approach had not been sustained and consistent which we addressed in the Well-Led section of this report.

Staffing and recruitment

- There were enough staff to provide support to people, but some people told us they experienced delays in their calls being answered. One person said, "It depends, sometimes the wait is a bit long." Another person said, "I have a (call bell) and staff respond, it depends how long it takes, sometimes longer, sometimes shorter." We observed there were enough staff available on the day of the inspection and call bells were responded to in a timely way. Staff rosters were planned and overseen by a senior manager to ensure safe levels of staff.
- Staff feedback was mixed. Some staff told us they thought there was enough of them to provide people

with care, others were concerned about the staffing pressures, especially in the afternoons and in case of unplanned staff absences.

- The provider used a dependency tool to establish staffing levels and took robust action around recruitment of new staff when they were met with staffing challenges. Agency staff were deployed to ensure safe staffing levels where permanent staff were not available due to vacancies or emergencies such as staff sickness.
- New staff were recruited safely. Prospective staff had to provide an application form including their employment history, proof of identification and right to work in UK as well as references. These were reviewed by provider's human resources department. They were also completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and with staff. One person said, "Yes, it is safe. I do feel safe here." Another person said, "Oh lord, I do feel very safe here."
- Staff knew how to recognise and report concerns when needed. They felt comfortable raising issues with the managers and knew how to escalate concerns. Not all staff knew how to report concerns outside of the provider's organisation but senior staff were aware of the referral process and most staff knew where to find contact details of the local authority safeguarding team should they need them.
- The provider had a safeguarding policy and procedure in place. The management team reported safeguarding concerns to the local authority when needed and worked with social services to protect people.

Using medicines safely

- People received their medicines safely. People told us when needed, support was provided in a timely and safe manner. We saw staff were allocated to support people with their medicines undisturbed. They completed records on medicines administration charts (MAR) to confirm people received their medicines as prescribed.
- Where people had specific time sensitive or high-risk medicines prescribed, staff were made aware of that in people's medicines records and followed safe support practices. People who needed topical medicines applied for them or 'when required' medicines to be available were supported safely.
- Staff sought appropriate advice of pharmacist and prescriber if people required their medicines to be given to them covertly (for example, in food or drink). Medicines were stored correctly, and senior staff ensured appropriate stock was in place for people.
- Staff administering medicines received training and were competency assessed by managers.

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.



People were supported to host visitors safely and when they wanted to.



# 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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not always provided robustly enough to ensure staff's competencies which posed risks to people. We identified multiple gaps in staff training from provider's staff training records. For example, 6 care staff had not completed any required training and other carers employed had not completed multiple courses. There were significant gaps in training areas such as fire safety, first aid or moving and handling. Not all housekeeping staff received training on fire safety, health and safety or infection prevention and control. Three housekeeping staff had not completed any training relevant to their roles.
- Only a small number of staff completed dementia or end of life care training which were relevant to the needs of people they cared for. There was evidence of concerns being raised around the quality of end of life care in the home which had been addressed by the provider and identified a need for staff training in this area. However, staff had not completed this training at the point of the inspection despite a significant time lapse.
- The provider had not organised any training for staff around catheter care, falls prevention or pressure areas care which were related to the needs of people the home provided care to at the time of the inspection. This posed a risk to people of their needs not being met appropriately.
- Staff had mixed views about the training offered when they started to work in the home. One staff said, "I shadowed (worked alongside other staff) for barely a week. They say two weeks but it's barely a week and then (you provide care to people)." Another staff told us, "We first did face to face induction. We had risk management, fire safety, health and safety, infection control, the basics of medication. We did online training on cyber security. Manual handling was face to face and then online. (One of the previous managers) made us do the practical sections and signed us off." However, due to changes in the management this was not the case for all new staff as per the home's records.

The provider had failed to ensure there were always enough suitably qualified, competent, skilled and experienced staff deployed to support people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider reviewed their staff training records and ensured staff who were not appropriately trained were given time to complete the relevant training before they returned to their day to day duties. Other staff were allocated clear timeframes for outstanding training completion.

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.

- People told us they felt they were asked about day to day choices and their wishes were respected by staff. Staff we spoke with knew the core principles of the MCA. Staff engaged with people's representatives when they may have lacked capacity to make certain decisions.
- The management team was in the process of reviewing people's mental capacity records for those who might have lacked capacity to make certain decisions. They applied for deprivation of liberty authorisations to the local authority where relevant.
- However, people's records around their mental capacity and how the conditions of existing authorisations had been met were not always in place. The new home manager was reviewing this and had ensured all applications were followed up to a good standard.

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

- People's needs were assessed prior to them moving into the service. Staff discussed their needs with relevant representatives and the person. In addition, they gathered other relevant information around people's individual risks, needs and wishes. However, the initial care plans were not always kept up to date as people's needs changed after they moved into St. Augustine's which we addressed in Well-Led.
- The provider was aware of the relevant national guidance, for example, around infection prevention and control (IPC) or end of life care and had appropriate policies in place.

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

- People were supported to eat and drink well. People were mostly happy with the quality of the food and had access to drinks, snacks and regular meals. Food looked appetising and was complimented by many people on the day of the inspection.
- Staff were aware when people needed support to eat and we saw this was provided. Staff supported people when they needed extra help due to risk of malnutrition, or when they ate softer foods. This was not always clearly reflected in people's care plans but the managers took action to ensure people received correct support.

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

- People told us they were supported to access healthcare services when needed. "I am very, very looked after. If I need to see a doctor, they organise it. They're excellent at contacting them."
- People's records included information of them attending outpatient appointments and seeing a dentist or optician. The home worked with their local GP surgery on improving people's access to a GP.
- Staff ensured people were referred to other healthcare specialist services when needed, such as occupational therapy, physiotherapy or community nursing team. A healthcare professional told us, "(Staff)

are very hot on that (any changes in people's needs). Before it's even (a specific health issue), they let us know (about concerns)."

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

- People could access communal indoor and outdoor spaces and a place of worship meeting their religious needs. They had access to a garden and surrounding grounds. People's rooms were personalised by them. One person commented, "I love my room. It's very homely. It's everything I could possibly need. (Staff) come quite often to check on me. I am very happy with it."
- Where people lived with dementia or physical disabilities, their home environment enabled them to keep safe and comfortable. For example, assisted bathrooms were available for people and there was signage to help people to orientate themselves.

# 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 requires improvement. At this inspection the rating for this key question has remained 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 home was not always managed in a consistent and robust way to ensure good governance and continuous improvement. Since our last inspection, they had been multiple changes of the management and the provider had supported the home in the periods of time when there had been no manager in post. However, those contingency plans were not effective in ensuring consistency of governance and we found systems and processes used in the service did not always ensure timely action was taken to ensure safety and quality of the care people received.
- For example, audits and checks were not done consistently as per provider's governance schedule throughout the 2022. When the provider completed some audits, these were not known in the home at the time of the inspection and there was a lack of assurance around action being taken to address findings. There were limited assurances around actions identified in care documentation audits, environment audits or fire risk assessments being completed in a timely way or scheduled for completion.
- People's care plans and risk management plans were lacking details about some of their specific needs, out of date or inconsistent which was not fully identified by the provider. People's care records were last updated in 2021 which meant they were out of date for people whose needs had changed. For example, one person was said to be independently mobile with minimal support whilst they used equipment and required staff support to move about. Another person suffered multiple falls, but their falls risk assessment had not been updated.
- The provider experienced difficulties with the electronic system they used for people's care records but failed to put effective measures in place to ensure staff had access to up to date guidance on individual people's care needs and risks. This meant people were at risk of not receiving care meeting their needs effectively and safely.
- The provider did not identify and appropriately address shortfalls and gaps in staff training, trends and correlations in incidents and accidents or lessons learnt from complaints and safeguarding concerns. Due to the changes of management, some complaints and safeguarding concerns were not investigated and addressed promptly. Records of incidents and accidents had not been appropriately reviewed which meant similar events were reoccurring putting people at risk. There was limited assurance around action taken to minimise risks to people following incidents.

The provider had failed to establish and operate effective governance systems which posed risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

- Following the inspection, the provider supported the home management to address the governance shortfalls and formulated an action plan for the home and the new management team. They told us they would support the management team to complete the actions.
- The provider informed CQC when required about significant events in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke with liked living in the home. People told us, "I like it here."; "I do indeed like it here. It's lovely, isn't it. It's so beautiful and clean." and "I am extremely happy here."
- People felt listened to and comfortable sharing their views but commented they were not always proactively asked about their opinions by staff. This was recognised by the new management team who planned to increase opportunities for people to provide feedback on their care. One person said, "They ask me for my opinion. The manager is very pleasant." Another person told us, "No, I have not been asked (about my views)."
- Staff told us the teamwork and home atmosphere had improved since the new home manager and the deputy manager started working in the home. One staff said, "(Home manager) is very supportive." Other staff said, "The culture is good.", "We respect each other." And, "It's a lot better now with the new manager."
- Staff felt comfortable seeking support and sharing their views with the provider's senior managers. One staff said, "I will go to (senior manager) if it's serious. Usually we report it to manager. They have email address and they answer quick and resolve the problem."
- The new manager also held a staff meeting where staff could discuss their feedback, ideas and concerns. The home manager and the deputy manager were visible in the home and staff told us they generally felt involved and listened to. One staff member said, "(Management) do the staff meetings for any concerns and teamwork." Another staff said, "(Managers) do ask about feedback."

Working in partnership with others; 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

- Staff worked with healthcare professionals and social services to support people's care. For example, people were enabled to access dental services, optician or pharmacist support. The home was working with their local social care and healthcare partners to improve people's experience of care.
- The provider worked in line with their responsibilities around duty of candour. Where things went wrong, they apologised to the relevant people and their representatives. Staff communicated with people's relatives and representatives when needed in case of accidents, incidents or concerns.