

Really Flexible Care Ltd

St Georges House

Inspection report

16 St. Georges Road
Bedford
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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 House is a residential care home providing personal care for up to five people. At the time of the inspection there were five people using the service. Each person had their own bedroom and had access to a shared kitchen, shared bathroom and living areas. In addition, the home had a garden with a small courtyard area with seating and a sensory room.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were encouraged to pursue their goals and aspirations. However, some of the records did not fully detail steps and planning required to achieve these goals. Action was taken during the inspection process to address this.

Risk assessments were in place which provided guidance and direction to staff. These were reviewed regularly and updated to ensure they accurately reflected people's needs.

Risks of the environment were assessed and monitored. A plan was in place to address any shortfalls identified.

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.

Right Care:

Staffing levels were appropriate, enabling people opportunity to explore social opportunities when they chose.

Staff had received training and were confident in applying this in their role. Additional specialist training had been provided to ensure staff were able to respond to people's changing needs. Staff received regular supervisions which they found to be supportive of their development and well being.

Staff told us the registered manager was supportive and provided encouragement to them in developing their knowledge and skills.

Staff were passionate and motivated to provide safe person-centred care.

Staff understood the importance of promoting respectful, dignified care which offered privacy and encouraged independence.

Right Culture:

The quality assurance system in place identified failings and shortfalls of the service. Action plans were in place to drive change and improvement in the service.

People and their relatives were involved in the planning of their support.

The staff were a familiar and consistent team who knew people and their needs well.

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

Rating at last inspection

This service was registered with us on 18 November 2021 and this is the first inspection.

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.

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 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 Georges House

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

This inspection was carried out by one inspector, a member of the CQC's medicines team 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 House 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 Georges House 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 a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 June 2023 and ended on 20 June 2023. We visited the location's service on 5 June and 8 June 2023.

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 2 people and 4 relatives. We spoke with 5 staff including the regional manager, registered manager, deputy manager and care staff.

We reviewed a range of records. This included 5 people's care records and medicine records. We looked at 5 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the service provided safe care. One relative said, "[Family member] is absolutely safe. They absolutely adore it."
- The safeguarding policy was available in a pictorial format. This made it easier for people living at the service to access and understand the information about safeguarding and how to raise concerns if they chose to.
- Staff had received training in awareness of safeguarding and applied their knowledge to keep people safe from harm and abuse. This included reporting concerns to an internal management team and to external organisations including local authorities and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People had risk assessments in place which were tailored to their needs. These contained information to guide and direct staff in managing people's anxieties appropriately and enabling them to participate in activities safely. For example, accessing the community, going swimming and supporting people with their personal care needs.
- Health and safety checks of the environment and equipment were completed regularly to ensure it was safe for people to use.

Staffing and recruitment

- A recruitment process was in place to ensure staff were suitably employed to work at the service.
- The provider completed various checks as part of the recruitment process including checking of employment history, obtaining references and checks of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people with their care and social needs safely. This meant people were able to pursue their interests and explore new opportunities. Relatives' comments included, "There's more than enough staff, there's always someone about." And, "[Family member] goes swimming twice a week, 10 pin bowling and is able to go out with [staff] for a drive."

Using medicines safely

- People received their medicines as prescribed. Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's instructions.
- Medicines care plans and risk assessments were detailed, and person centred. There was information to support staff to care for people in a way that met their individual needs.

- When required (PRN) medicines protocols were detailed, and person centred and supported staff to know when to administer these medicines and what to do if the medicine was not effective.
- When PRN medicines were administered to people because they were distressed or agitated, the service recorded this and completed a full review of the incident including lessons learned.
- People were involved in regular reviews of their medicine and were prescribed medicines in line with NHS STOMP guidance. This is (stopping over medication of people with a learning disability or autism) to ensure they were not being overmedicated or prescribed medicines that were not appropriate for them.
- The service carried out regular audits of medicines and identified errors and areas for improvement.

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 no restrictions placed on visiting at the service. People were supported by the service in maintaining contact and visiting their families and friends.

Learning lessons when things go wrong

- A system was in place to record, review and analyse incidents and accidents to see where improvements could be made to the quality of the service.
- Staff meetings provided opportunity for reflective learning and to agree ways of improving practice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Pre-assessments were completed prior to people moving to the service. This enabled people, their relatives and the registered manager to meet and discuss people's needs, likes, dislikes and preferences. This information was reviewed regularly and updated by staff.
- Relatives told us they had been involved in the transition process when their family member started to use the service. One relative said, "The [staff] made the transition smooth. [Family member] attended for tea visits so they could meet people and staff."
- Care plans contained information which reflected people's health and social needs and guided staff to provide holistic care.

Staff support: induction, training, skills and experience

- Relatives told us they felt the staff had received training and were knowledgeable in their practice. One relative said, "They're well trained and any problems they call me straightaway." Another relative said, "They use regular staff because they have to be specially trained to deal with people living at the service. They understand [family member] who goes up and shakes their hand."
- Staff told us they completed a thorough induction programme which included specialist training to ensure they were equipped in understanding learning disability and autistic people. One staff member said, "This training was a priority requirement for all new staff. It helped me understand better how to support people to have fulfilled lives."
- Staff received regular supervision. This enabled them to reflect and discuss their practice, well being and further training needs.

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

- People were supported to maintain a healthy diet and lifestyle.
- Care plans contained information relating to individuals' dietary requirements. This information was shared with staff who supported with meal planning, shopping and meal preparation. For example, for a person who had a food intolerance, appropriate foods had been purchased and were available in the service for their consumption.
- People's dietary information was not evident in the kitchen, however there had been no negative impact resulting from this. The staffing team were consistent and knew people's needs well. We discussed our findings with the registered manager who shared with us short style care plans, which were located in the office and used to guide new staff in the service. The registered manager advised us a copy of the information would also be placed in the kitchen to mitigate potential risks relating to dietary needs and requirements.

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

- Staff made appropriate, timely referrals to external health and social care professionals and supported people to attend health appointments when required.
- One relative said, "[Family member] has been attending medical appointments, staff attend and so do I."
- People were supported to lead healthy lives. One person had expressed an interest in increasing their exercise and losing weight. The staff had assisted the person to join a local football club and supported them in attending weekly training sessions.

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

- People were encouraged to personalise their rooms.
- Relatives commented positively about the environment. Comments included, "[Family member's] room has everything they need. It's fabulous, it's big, it has their TV, a fan and all their things. This makes them very happy." And "[Family member's] room is very spacious, much more space than home. It's clean and tidy and items are going across from home."

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.

- Where required DoLS applications had been made and authorisations were in place.
- Information had been recorded in care plans to guide staff to support people in making decisions and choices. For example, through use of pictorial symbols and allowing time for people to respond.
- Staff had received MCA training and were familiar with how to support people to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Relatives told us the staff were kind and caring.
- One relative said, "It's just so personal, so polite, so caring."
- Another relative said, "We couldn't wish for a better place, every single one really cares. It's a great weight lifted off for us when you're a parent like this."
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom and had access to shared toilet, bathing and showering facilities. A sensory room had been created in the garden which provided additional quiet space for people should they chose to access it.
- Staff were observed speaking politely to people discussing planned activities for the day providing reassurance of a family visit, and when this was taking place.
- Families told us the staff encouraged people to maintain their independence and develop new skills. One relative said, "[Family member] helps in the kitchen. They can do that." Another relative said, "[Family member] sees it as a sign of maturity, moving out and becoming more independent,"
- Staff had received equality and diversity training and understood how to apply this when supporting people.
- Staff understood the importance of getting to know a person and developing a relationship. This enabled staff to recognise early signs of anxiety in people so that timely appropriate actions could be taken to maintain a person's well-being.

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

- People's records demonstrated how people and their families had been involved in their care. This included obtaining information about people's preference to day to day living such as what time a person chose to go to bed and when they would like to get up.
- One person's care plan stated they did not like staff to enter their room. Staff we spoke with were familiar with this request and were observed remaining outside of the person's room during the day, entering the person's room only when requested.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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.

- Care plans contained information which was tailored to the individual and assisted staff in provision of person centred care.
- There was evidence of goal setting in care plans. However, the steps planned to achieve goals were not consistently documented. This was discussed with the registered manager at the time of the inspection who took immediate action to address this.
- A relative told us, "[Family member] can make their own bed now, they taught [family member] that."
- Staff were familiar with people and their individual preferences, likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information to guide and direct staff in communicating with people.
- Staff were familiar with people's preferred communication method and used information effectively. For example, staff told us how a person had used their picture symbols to request the staff to leave their room. The staff respected this and returned later in the day to provide support.
- Information relating to hand washing, raising complaints and safeguarding awareness was displayed throughout the home and in care plans in written and pictorial formats. This enabled all staff and people living at the service to understand information and work in partnership together.

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 were supported to take part in social interests and hobbies. One person told us they enjoyed swimming and were looking forward to going swimming during the day.
- One relative said, "They've [staff] have taken [family member] swimming and they go on a lot of trips. I've spoken to [family member] and they seem to be doing a lot."

Improving care quality in response to complaints or concerns

- A complaints policy and process was in place and had been shared with people and their relatives.
- The registered manager monitored complaints made and followed these up ensuring responses were

made and actions taken appropriately.

- Relatives told us they felt comfortable raising concerns with the registered manager. One relative said, "If I had a complaint don't worry, I'd go to the manager."

End of life care and support

- At the time of our inspection there was nobody in receipt of end of life care.
- Care plans demonstrated discussions with people and their families about end of life care and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People spoken with were positive about the service. One person told us they liked living at the service.
- Relatives provided positive feedback about the service. Comments included, "They look after [family member] well, they do a wonderful job, he's very happy." And, "There is nothing at all to improve – everything they do has been, I mean, absolutely fantastic. As I say we cannot be more pleased."
- During the inspection people were observed to be chatting and laughing with staff in a relaxed and happy environment.
- The registered manager understood their responsibility in reporting notifiable events to the CQC and making apologies to people when things went wrong.

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

- A quality assurance system was in place which was used to identify and address shortfalls of the service. For example, an audit had identified where documentation was limited in its detail. The registered manager had discussed this with staff during a team meeting and additional training had been provided for staff.
- The registered manager conducted competency and observation checks of staff practice. This provided opportunity to address any training requirements which would improve the quality of care at the service.
- Staff understood their role and responsibility in providing person-centred care. One staff member told us during their interview and at ongoing staff meetings, the values of the service, including the importance of person-centred care was discussed. This ensured all staff understood the providers' vision, values and expectations.

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

- The provider used opportunities of care reviews, conversations, keyworker meetings, staff supervision and formal surveys to obtain feedback from people, their relatives and staff about their experience of the service. The feedback was used to make improvements to the service.
- Relatives told us they received regular updates from the service about the progress, health and well-being of their family member. One relative told us, "I get a report about what [family member] has been up to, finances and so on."

Continuous learning and improving care

- During the inspection the registered manager told us they were implementing a new electronic care planning system. This would enable updates to care plans to be available immediately to staff ensuring that care provided remained appropriate and met people's care needs.
- Staff felt supported by the registered manager and told us they were encouraged to request additional training to enhance their career opportunities.
- Two staff told us the registered manager was supporting them in completing additional qualifications to progress their career within the health and social care sector.

Working in partnership with others

- The service worked with a multi-disciplinary team including GP's, social workers and positive behaviour specialists to ensure people received the care they needed.