

Caring Homes Healthcare Group Limited

St Georges 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 caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a focused inspection of St Georges Care Home on 6 and 7 January 2016. At that time, we found insufficient actions had been taken in response to some of the breaches identified at the previous comprehensive inspection undertaken in April and May 2015. We issued a warning notice for three regulatory breaches relating to safe care and treatment. We issued five regulatory requirement actions for regulatory breaches relating to deprivation of liberty safeguards, staff supervision and training, record keeping and quality assurance.

After the inspection, the provider wrote to us to say what they would do to meet the legal requirements. You can read the report from our last inspection by selecting the 'All reports' link for 'St Georges Care Home' on our website at www.cqc.org.uk.

We carried out a comprehensive inspection on 19 and 20 July 2016. St Georges Care Home is a 68 bedded home that provides accommodation for persons who require nursing and personal care. At the time of our inspection there were 56 people living in the care home.

There was no registered manager in place at the time of our inspection. The manager in charge of the home had submitted an application to the Commission to become the registered manager and this was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 19 and 20 July 2016, we found that sufficient action had been taken in relation to the warning notice we had issued following the previous inspection. Overall, although we found improvements had been made, further improvements were needed to embed the changes. We found two breaches of the legal requirements.

Sufficient numbers of staff were not always deployed to meet the needs of people living in the care home. Care was sometimes rushed and monitoring charts were not always completed.

Staff received appropriate training to carry out their roles and staff performance was monitored effectively. Staff had received training to ensure they could meet people's needs and care for them in a safe way. For example, staff had received training in how to care for people living with dementia.

People were protected from the risks of unsafe care because care plans reflected current health care needs.

Systems were in place for monitoring quality and safety and actions were taken when improvements were needed. Further improvements were needed to make sure shortfalls in care monitoring records were identified and acted upon.

Staff were kind and caring. We found people were being treated with dignity and respect and we found people's privacy was maintained.

We found two breaches of the regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

Staff were not always deployed in sufficient numbers to meet people's needs. People who used the service, staff and relatives all told us staffing was an issue.

Risk assessments were completed and risk management plans were in place to reduce and minimise the identified risks.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Recruitment procedures were in place and appropriate checks were completed before staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Care monitoring charts were not always completed.

Staff received appropriate training to carry out their roles and staff performance was sufficiently monitored.

People's rights were protected in accordance with the requirements of the Mental Capacity Act (2005). Where people had been deprived of their liberty, this was in accordance with legal requirements.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's care was sometimes rushed and staff were not able to spend quality time with people.

People were treated with dignity and respect by all staff.

Staff provided caring, thoughtful and compassionate care.

Requires Improvement ●

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reflected people's changing and current needs.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

The service was not always well- led.

There was no registered manager in post. The manager had applied and their application to the Commission was being processed

Systems were in place for monitoring quality and safety and actions were taken when improvements were needed. Further improvements were needed to make sure shortfalls in care monitoring records were identified and acted upon.

Staff were supported sufficiently and given opportunities to express their views and concerns.

People and staff felt confident with the manager and the area manager and expressed confidence they would make the required

Requires Improvement ●

St Georges Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of St Georges Care Home on 19 and 20 July 2016. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector, a specialist advisor on each inspection day and an expert by experience for both days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a health professional with professional experience of working with people who use this type of care service. For this inspection, the specialist advisors were registered nurses.

Before carrying out the inspection we reviewed the information we held about the care home. This included the report we received from the provider which set out the actions they would take to meet the legal requirements. We looked at information and a report received from other health professionals involved with the care home. We also looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law. The provider had completed and sent us a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 15 people who lived at the home and 10 visitors. We spent time with people in their bedrooms and in communal areas. We observed the way staff interacted and engaged with people. We spoke with the manager, two senior managers, a visiting health professional and 12 staff that included registered nurses, care staff, maintenance, laundry, housekeeping, activity and catering staff. We observed how equipment, such as pressure relieving equipment and hoists, was being used in the home.

We looked at nine people's care records. We looked at medicine records, staff recruitment files, staff training

records, quality assurance audits and action plans, records of meetings with staff and people who used the service, complaints records and other records relating to the monitoring and management of the care home.

Is the service safe?

Our findings

People gave us differing and varying views about whether there were enough staff to support them safely and to meet their needs sufficiently. People told us they had to wait for assistance. They told us they did not always have their care needs met when needed. Comments included, "Mostly it's ok [call bell response time] but sometimes it's a bit long" "The lack of carers particularly when you need them is a real problem" "Sometimes I have to wait 20 minutes and then they [care staff] are often in a rush" and "They [staff] can't be in two places at once, it's [call bell response time] normally 10-15 minutes but it can be 30-40 minutes sometimes."

Relatives told us they were concerned about the staffing levels. One relative told us they had seen people waiting for help for long periods of time when they were in the lounges. They told us staff would sometimes acknowledge when a person needed help, but if two staff were needed they often said they would come back soon. The relative told us they had witnessed people waiting for up to an hour before staff returned with another carer. One relative told us, "Staffing is ok for a few weeks then it drops off".

Other people and their relatives told us their calls for assistance were responded to in a timely manner. Comments included, "When I come in to visit, and I come at different times, staff are always around to help" and "I think things [staffing levels and staff response times] have improved.but there is a high turnover of staff."

We spoke with the manager and a senior manager about the staffing levels and how they were determined. A dependency assessment tool was completed on a regular basis to determine the staff required on each of the two floors. The staffing levels that were planned and maintained on most days were higher than those stated as needed in the assessment tool.

During the inspection we spoke with staff who told us they thought staffing levels were improving. They also told us they were still short of staff on a regular basis. Staff commented they found it really difficult that staff often called in sick at short notice and their shift could not be covered. They told us, "It's really hard and even worse when staff go off sick so regularly, which they do" "The care comes first and sometimes the paperwork doesn't get done" and "We just don't have time to do any extra's and spend time people need, like having a chat sometimes."

Staff also told us the difficulties they experienced were not always about the total staffing numbers. They told us how they sometimes experienced difficulties because of how their work was allocated. They told us that most registered nurses did not provide support with personal care. One member of staff told us very few registered nurses, "Come out of the office and help even if we really need it." Other staff commented they were aware the registered nurses had lots of other responsibilities but felt they should provide more direct help with people's care, especially when staffing levels were reduced due to sickness.

During the day we saw that areas of the home, such as communal lounges, were left without staff for periods of time. For example, one person called out several times for assistance. There were no staff nearby. We

found staff and asked them to provide the support the person needed, which was assistance to the bathroom. On another occasion one person walked from a communal area. They were using their walking aid in an unsafe way. We did not see any staff at this time. We supported the person to use the walking aid safely.

When we last inspected St Georges, there were issues with faulty equipment such as call bells and lack of equipment such as hoists. This meant staff were not able to work efficiently, because they did not have the appropriate equipment. At this inspection the equipment was sufficient and in working order. However, staff were still not deployed at all times to ensure people's needs were met.

The failure to deploy sufficient numbers of staff to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's medicines were managed and administered safely. Medicines received into the home, mostly in blister packs, were checked and recorded on people's individual Medicine Administration Record charts (MARs). This meant people's medicines were accurately accounted for.

The home manager told us they ordered wound dressings directly, without a prescription. They told us the arrangement had been agreed with the GP. They described the agreed protocol. This was for dressings for people who had simple, rather than complex wounds. The dressings were not recorded on the MARs. A written protocol was not included in the provider's medication policy. A representative of the provider drafted a protocol on the day of inspection.

Where people used oxygen on a continuous basis appropriate hazard signage was in place and the care plans for people included risk assessments. The registered nurses knew how to safely administer the treatment. The care plans did not provide sufficient written guidance about the administration of this treatment or for the monitoring of the person's oxygen levels.

An anaphylaxis box containing adrenaline was stored in one of the locked medicine cabinets. The nursing staff were unable to tell us the specific circumstances in which they would use this medicine. The protocol in the provider's policy document was not being followed.

We recommend that detailed guidance is confirmed for ordering of wound dressings, and the provider's protocols are followed for use of oxygen therapy and administration of emergency medicines such as adrenaline.

Medicines were stored in locked cupboards and cabinets. Arrangements were in place to safely store medicines that required cool storage and medicines that required additional security.

When we inspected St Georges Care Home on 6 and 7 January 2016 we found that staff sometimes left the medicine trolley open and unattended with unsecured medicines on top of the trolley. This meant there was a risk that people could take these medicines, which may have caused them harm. At this inspection, the staff kept the medicines trollies safe and they were not left unattended.

People were given their medicines by registered nurses who made sure people had taken their medicines. They signed the MARs to confirm the medicines had been taken. The MARs contained photographs of people and noted any allergies. Where people had pain relieving medicines to be given when they needed them, referred to as PRN, records showed the circumstances in which the medicines may be needed. We saw staff supporting people with their medicines, acknowledging the needs and abilities of each person and

providing the medicines in the way they preferred to take them.

Records were maintained for people who had creams and ointments prescribed. Written instructions and body maps were provided with details for care staff to follow. These included details about where the treatments were to be applied and the frequency needed.

No one was currently receiving medicines covertly and no one was currently self-administering their medicines although arrangements were in place for this to take place if needed. Medicines no longer required were disposed of safely and the records signed by two members of staff.

When we inspected St Georges Care Home on 6 and 7 January 2016, we found risks to people because of poor hygiene practices. The kitchen was not clean and hoist slings were shared between people. At that time we found hoisting equipment was not always safely maintained and was insufficient to meet people's needs. We found call bells had not been fully working for long periods of time. There was insufficient equipment, such as working thermometers to meet people's needs. Pressure relieving equipment was not used safely and did not provide the pressure relieving protection people needed. The above were breaches of Regulation 12 (e) (f) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the home on 19 and 20 July 2016, we found sufficient improvements had been made in the above areas. The legal requirements were being met. The kitchen had been thoroughly cleaned and cleaning schedules were in place. These were routinely checked by the home manager. An environmental health officer visited the home in May 2016 and the home was awarded a rating of five. This is the highest rating that can be awarded.

Additional hoists had been purchased. There was sufficient numbers of hoists in the home to meet people's needs. We spoke with two staff who told us they still thought there was insufficient equipment. They told us they had two available hoists on the first floor of the home to meet the needs of the 30 people who lived on this floor. We found this was not correct. We saw there were at least five hoists on this floor. They were all in working order. Some of the hoists were stored in one of the bathrooms when they were not in use. Another member of staff told us they had enough hoists although sometimes staff forgot to charge the batteries and that was why they sometimes did not have all of the hoists available for use.

Additional hoist slings had been purchased and people had their individual slings in their rooms. One relative told us the slings were still shared on occasions when the person's personal sling was being laundered. We did not see this when we undertook our inspection. We spoke with the manager who told us they had supplies of disposable slings for use in such situations.

Several people used pressure relieving mattresses. These are in place for people who have pressure ulcers, or who have been assessed as at risk because of their skin condition or health status. The required pressure settings on the mattresses for some of the mattresses in use were determined according to the person's weight. A system was in place to confirm the required setting for each person. Staff checked the setting each day, and recorded the checks they completed on a monitoring charts. We checked four settings at random and found they were set correctly. This meant people using this equipment were receiving the pressure relieving support they needed.

The call bell system was in full working order. The computerised monitoring system that can be used to check the length of call time was not in working order. However, the home manager had a call bell 'spot check' monitoring document they used to complete random checks on call bell response times. These checks had been completed. The manager had noted occasions when the response times needed to be

improved. They told us they discussed their findings with staff at the time.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. For example, risks associated with the use of bedside rails had been assessed and where used, regular checks were completed to make sure they were used safely. Risk assessments were also completed for nutrition, mobility, moving and handling and tissue viability. Risk management plans were in place.

Accidents and incidents were reported and recorded. The reports were fully completed and reviewed to identify trends or patterns with regard to people's falls. Falls booklets were introduced for people if they needed more thorough and detailed review and analysis of their falls. People were referred to the GP for consultation, further investigations and referrals to other health professionals if needed.

Staff had a good understanding of their responsibilities with regard to safeguarding people from avoidable harm and abuse. They had received training. They were able to describe how they would recognise abuse, and how they would act on any concerns. Staff told us how they would report concerns immediately to senior staff or to the manager. They told us they also had access to the local authority safeguarding team contact details. One member of staff told us, "I would report any abuse straight away. There's a number in the staff room and I would contact you [Care Quality Commission] if I needed to."

The provider followed safe recruitment practices. Staff files included application forms and records of interviews and references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Emergency planning had been considered and contact details were recorded for services that may be required to provide support. Arrangements were in place to safely support people in the event of an emergency. Personal emergency evacuation plans (PEEPS) were summarised and kept in an emergency box, so they were accessible if needed. This meant people could feel confident their needs would be known in the event of an emergency situation.

Is the service effective?

Our findings

When we inspected on 6 and 7 January 2015, we found there was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fluid and dietary monitoring charts and observational monitoring charts were not accurate and there was conflicting information about a person's care needs.

At this inspection, we found that significant improvements had been made and the legal requirements had been met. We found overall, that people's care needs were being met. We found that care that had been given but it was not always recorded.

Where people's care plans stated they needed to be checked for safety at regular intervals, we saw the records did not always confirm these checks had been completed. For example, for one person their care plan stated they were 'Unable to summon assistance...need hourly checks.' The checks were recorded every two hours. Another person's care plan stated they were to be checked every 30 minutes at night. Their checks were recorded every two hours. One member of staff told us they sometimes didn't have the time to fully complete the records in a timely manner, even when they had completed the care. They told us, "The top priority is getting the care done, the charts often get done at the end."

We noted for one person who was having their food and fluid recorded, their needs were recorded. However, their monitoring records were not fully completed. They had been seen by the SALT team, and recommendations were made about their diet. They were prescribed food supplements and food and fluid intake were being recorded. However, the food they had eaten was not recorded at every mealtime, the target amount for their fluid intake each day was not stated, and when their fluid intake was low there were no entries in the care records that this had been recognised or acted on. The care records stated there were 'no concerns.' We noted at the most recent staff meeting that staff were reminded to accurately complete the food and fluid charts.

One member of staff commented that because the monitoring charts were kept in an office on each floor, there was sometimes a delay in the timely and accurate recording of checks and of fluids and food given to people. This meant people's care was not always accurately recorded.

The failure to maintain accurate and up to date monitoring records was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For other people we saw significant improvements and food and fluid charts were accurately and fully completed.

People who had specific dietary needs or who had lost weight had their individual needs recorded. The nursing, care and catering staff were able to tell us about people's individual needs. For example, one member of staff told us, "I know what each person likes and what they don't like. This morning I tried to persuade [name of person] to have more than their usual half a Weetabix, but they didn't want anything

else."

We observed meal service to people in their rooms and in the dining rooms. People had chosen their meals in advance. One person who was not able to communicate verbally was shown two desserts and was able to gesture to confirm their preference. The dining tables were laid in advance, with condiments available and serviettes provided. Some people used larger clothes protectors.

People's nutrition and hydration needs were being met. People spoke positively about the quality of the food. One person told us, "I do enjoy the food but if I don't want the main meal choices I can ask for something else. When we have resident's meetings we can ask for something special if we want it." We also read feedback from a survey completed in June 2016, and one person had commented the meal service was, "Enjoyable, unhurried and sociable." However, one person commented to us, "It [the food] needs shaking up a bit."

People were referred to other health professionals when needed. For example, the records for one person with a pressure ulcer showed that advice and guidance had been provided by a tissue viability nurse (TVN). Their recommendations had been followed and the records showed the wound was healing.

We spoke with another health professional who told us the staff responses to their guidance and recommendations were variable. They told us they sometimes found actions had been taken but this was not consistent.

The provider had an induction process which encompassed the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection there were newly employed staff completing the certificate. In addition to the Care Certificate new staff completed an internal induction relevant to the care home. This included familiarisation with the provider's policies and procedures and completing shadow shifts with senior staff. Staff were allocated 'buddies' to help them work through the Care Certificate. One member of staff told us, "When I started I thought the training was really good."

Systems were in place to support staff through regular supervision. These included themed, group or individual supervision meetings. Group, themed supervision had recently been completed to heighten staff awareness about choking hazards. Staff told us they found supervisions useful, and at the individual supervisions they were given the opportunity to provide feedback to senior staff in addition to receiving feedback about their performance at work. One care staff told us, "They [supervisions] are really useful. I feel supported and can say what I think, I can be honest."

The electronic system used to record staff training showed that staff had received training in a range of mandatory topics. These included moving and handling, fire safety, infection control, Mental Capacity Act 2005, safeguarding and first aid. Where staff were due or overdue for their update training, this was identified within the system and acted upon.

In addition to mandatory training, further training was completed. For example, staff had completed training for caring for people living with dementia. This was called, 'Live in my World.' Once completed, the plan was for these staff to cascade the training to other staff within the care home.

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.

Staff had received training and staff demonstrated an understanding of the Mental Capacity Act. They told us they understood they needed to obtain consent from people before they provided care and support. One member of staff told us, "People are always asked before we help them with their care." We did hear staff asking people before they provided support and assistance. For example we heard people being asked, "Do you want to sit outside.....whereabouts...in the shade?" before they were moved, and, when people had finished their meal in the dining room we heard staff asking, "Where would you like to go now?"

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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 were being met.

Multiple applications had been submitted to the local authority and the relevant assessments and Authorisations for some people were pending. We read the records for one person with a DoLS authorisation in place and they had conditions stated within the authorisation. The manager told us how they planned to implement and meet the conditions within this DoLS, which had been received the day before our inspection visit. One action had already been commenced, and a request had been made for another health professional to visit to provide support and guidance.

Is the service caring?

Our findings

When we inspected on 6 and 7 January 2016, we received feedback from people and visitors about how the approach from the care staff varied, often according to the numbers of staff they had on duty. We continued to receive similar comments and feedback at this inspection.

The overall dining experience was not consistent and we observed the quality of the service was variable. One meal service was supervised by senior staff and the meal service was well organised. Another meal service was not supervised by senior staff. One member of staff served meals. In between serving the meals they cleared the crockery away and emptied the dishes very loudly onto a trolley. The trolley was placed close to one of the dining tables. The noise from the dishes almost being thrown onto the trolley made one person flinch twice in a short period of time. We brought this to the attention of the member of staff who immediately reduced the amount of noise they had been making.

We observed staff supporting people to eat their meals and this was completed in a kind, caring, supportive and patient manner. People were encouraged to eat, with comments from staff such as, "Do you think you can manage a little more?" and "Are you enjoying this?"

We received positive comments and feedback from people about the caring approach of staff. Comments included, "The carers are very nice and nothing's too much trouble for anyone" "I am very happy with the carers and they treat me well" "They respect my privacy and treat me with dignity and respect. That's good but there's not really enough staff" and "The caring is good, they respect my privacy and dignity and treat me with respect always knocking [on the door]before entering."

We did receive feedback from a person who used the service that was not so positive. We brought this to the attention of the manager who told us the actions they would take to look into and address the issue raised.

Staff told us that people's care was often rushed and they were not able to spend quality time with people. One member of staff told us, "It was lovely last weekend for a change. We were actually able to spend time with residents in the garden and talk with them." The member of staff told us they were not able to spend quality time such as this, on a regular basis.

People were able to express their views and be involved in making decisions about their care and support. They were able to decide where they wanted to spend the day and we saw people being asked after mealtimes in the dining room, whether they wanted to go to their room or to the lounge. We inspected on days when the weather was very hot. The staff made sure the communal areas were made as comfortable as possible for people with doors and/or windows opened. Senior staff bought ice lollies for people and for staff and cold drinks were available throughout both days. A gazebo in the garden provided shade for those people who sat outside.

Staff told us how they provided kind and respectful care to people. Comments from staff included, "I'm always kind and polite" and "I treat the residents as I would want my parents to be treated."

During our inspection, we heard staff speaking with people in a caring and respectful way. For example, we heard one person being asked if they would like to move into a more comfortable chair when they were taken in their wheelchair into the lounge. We heard another person being asked, "Are you ok, are you sure you're comfortable?" The person responded with a nod and a smile.

Staff knew how to communicate with people who were not able to communicate verbally. All the staff we spoke with described the gestures people used and explained what they meant. The detail was also recorded in the person's care plan.

People were provided with information that was displayed on a notice board in each person's bedroom. This included information and reminders about meetings for people and their families, appointments, the weekly menu, the activities programme and their named nurse and keyworker.

Compliment cards were displayed on a wall in the reception area. There were 13 compliments displayed that had been received since January 2016. One card noted, 'We wanted to say a big thank you for all the care and kindness you have shown to our parents [names], especially the care during the last week of [name] life'. No one was receiving end of life care during our inspection. However, nursing staff told us they had received training. We also noted that syringe driver training had been completed in June 2016. This meant people could be confident their needs could be met when they needed end of life care.

Is the service responsive?

Our findings

When we inspected St Georges Care Home on 6 and 7 January 2016, we found care plans were not person centred and they were not always updated. These were repeated breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient actions had been taken to meet the legal requirements.

The manager assessed people before they moved into the home to make sure they found out what peoples' needs were and whether the care home was able to meet their needs. We spoke with visiting relatives of a person who was still in hospital and had not yet moved into the home. They told us the manager had been to the hospital and discussed the person's needs. They told us the manager had advised the relatives to visit the care home before final decisions were made. This meant the person could be confident their care needs would be known by staff when they moved into the home.

A relative of a person who had recently moved into the home told us they were delighted the person had settled in so well. They told us the staff made sure the person was supported to have their make-up and perfume on. They told us they visited at different times of the day and sometimes found staff singing with the person, which they really enjoyed. They told us they found that, "Nothing is too much trouble" and they were always made to feel welcome.

The care plans were written in a person centred way, and identified the likes, dislikes, preferences, choices and abilities of people. Care staff told us they referred to handover documents to make sure they were up to date with people's care needs. They told us they did not read the care plans on a regular basis. One care staff member told us they read the care plans when there were significant changes to a person's care and treatment.

People and their relatives had been consulted and involved in their care plans and risk assessments which were updated on a monthly basis. At the most recent relatives meeting in June 2016, the manager noted that relatives were not always available for care plan reviews. To ensure people and relatives were given the opportunity to discuss their care or raise issues of concern, the manager kept their diary free one day each week and held 'open door surgery' sessions. This was for people or their relatives to pop in at any time on the day without having to arrange a meeting time in advance.

At our last inspection people who spent time in communal areas remained in the wheelchairs used to move them from their rooms. At this inspection, whilst some people still sat in wheelchairs in the lounges, the provider had taken action to address this issue and new seating had been provided. We heard people being asked where they would like to sit and they were offered a choice of seating. Where people required specialist seating, the management team had involved and consulted with other health professionals.

During our inspection we saw activities were provided. Care staff had received training in a specific type of musical movement and a session was held outside in the garden. Approximately 13 people joined in or watched others doing the wheelchair exercises. There was a lot of laughter throughout this activity.

Records called 'Engagement booklets' were located in people's rooms, these provided detail about the social interactions and activities people had participated in. Where people spent most or all of the time in their rooms, we saw booklets that were not always completed on a regular basis. There had been a coordinator vacancy since April 2016. Since this time the one coordinator in post had provided social activity with the support of the care staff. A new member of activity staff had been appointed but had not yet started.

A complaints procedure was in place and was readily available to people and their relatives. We looked at the complaints file and saw that complaints were managed in accordance with the provider's policy. The number of complaints about the service had reduced significantly since our last inspection.

Is the service well-led?

Our findings

When we inspected St Georges Care Home on 6 and 7 January 2016 we found audits had been undertaken but had not identified the failings found at the inspection. These included infection control audits, lack of equipment, call bell failures and pressure ulcer mattress monitoring. They amounted to repeated breaches of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our inspection on 19 and 20 July 2016, we found significant improvements had been made and the legal requirements were being met. We found systems were in place to identify shortfalls, and we saw evidence of actions taken in response. We found further improvements were needed to identify and address shortfalls such as completion of care monitoring charts.

The home did not have a registered manager in post. However the manager in post at our last inspection was still in post and their application for registration with the Commission was being processed.

During the inspection we checked progress against the provider's action plan. This had been completed in response to the issues identified and the breaches of regulation from the last inspection. The senior manager and the manager had provided updates to us on an agreed and regular basis. The action plan included audits and checking systems were completed for infection control, care records and risk assessments, staff supervision and training, monitoring of DoLS applications and staff recruitment.

In addition spot checks were completed by the manager. Actions were taken when issues were identified. For example, one recent infection control spot check stated that '[Staff member] was seen in corridor with gloves on, informed not to and asked to remove gloves'. This was an example of effective monitoring to prevent the potential spread of infection.

We received positive feedback about the manager from people and their relatives. Comments included, "I think things have improved, [name of manager] is trying to do a good job, but there seems to be a high turnover of staff" "The manager has opened up the communication and it seems to be better here" and "The manager has been really helpful".

Staff told us they thought the manager and the management team were approachable. Comments from staff included, "Management are really nice" "Things have improved a lot over the last few months" and "I raised my concerns, they listened, I feel valued and much happier." Staff now received regular supervisions. Training was up to date or actions were in place for staff that had not completed the training required. Regular staff meetings took place and the minutes confirmed that staff were given the opportunity to discuss issues of concern.

People and their relatives were given the opportunity to provide feedback in surveys and at regular meetings. The manager confirmed the actions they were taking to make improvements. At the most recent meeting the manager provided an update with regard to how people's dependency levels were used to determine the staff that were needed. They also provided an update on staff recruitment and confirmed the

numbers of staff who had left during the last month.

The manager told us how they kept up to date with current practice. They told us they attended local care forums and were also provided with information and guidance from the provider.

The manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate and up to date monitoring records were not always maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing was insufficiently deployed and did not always meet people's care and treatment needs.