

Century Healthcare Limited

St Georges Nursing Care Home

Inspection report

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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

St George's Nursing Care Home provides accommodation for up to 27 people, who require 24-hour nursing and personal care. The home is situated close to the sea front in St Annes on Sea and is within easy reach of public transport, the beach and local amenities. Accommodation within the home is situated on two floors. There is a passenger lift and stair case providing access to the upper floor. The service has a lounge, dining room and conservatory situated on the ground floor. A limited number of car parking spaces are available to the front of the building on a private forecourt, but on road parking is also permitted. At the time of our inspection visit there were 24 people who lived at the home.

At the last inspection, carried out on 22 February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who lived at the home told us they were happy, felt safe and were treated with kindness at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at times they needed them.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by

the service. They told us they were treated as individuals and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People were supported to have access to healthcare professionals and their healthcare needs had been met. A visiting healthcare professional spoke highly about the care provided by the manager and her staff.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. They told us staff who supported them treated them with respect and dignity.

The service had information with regards to support from an external advocate should this be required by people they supported.

People who lived at the home told us they enjoyed a variety of activities and trips out which were organised for their entertainment.

The service had a complaints procedure which was on display in the hallway for people's attention. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

St Georges Nursing 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

St George's Nursing Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 26 March 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in supporting older people.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We also contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included six people who lived at the home, four visiting relatives and three visiting healthcare professionals. We also spoke with the registered manager, two company directors, five care staff, the activities coordinator and the chef. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation related to the management of the home. This included records relating to the management of the service, medication records, recruitment and supervision arrangements of two staff members and staffing levels. We also checked the environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. We asked people what made them feel safe. Responses we received included, "They're all so good and we've got buzzers if you want someone quickly." And, "There's always someone about and you've got the buzzer." Comments from relatives included, "The general staff and the way they treat her." And, "The security measures and the staff are very vigilant."

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Care documentation we saw provided instructions for staff members when they delivered support to people in order to lessen identified risks. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or, where appropriate, someone acting on their behalf, to ensure the support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPs) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeted and welcomed their visitors. Comments from people about staffing included, "I've never seen as many, when somebody's off they bring agency in." And, "They usually come within a couple of minutes."

We looked at a sample of medicines administration records and discussed medicines with staff. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We received positive feedback from a visiting professional about how medicines were managed in the home. This showed the provider had systems in place to ensure the proper and safe management of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. One person commented, "It's very clean, spotless and I'm very happy with it."

We looked at how accidents and incidents were managed by the service. There had been few accidents.

However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

People supported by the service continued to receive effective care because they were supported by staff who had a good understanding of their needs. We were able to establish through our observations and discussions people received effective, safe and appropriate care which met their needs and protected their rights. Everyone we spoke with gave us positive feedback about the staff. Comments included, "Very competent, I'm very happy with the staff." And, "The permanent staff are good."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their wishes and preferences. Care plans had been signed by people or their representative consenting to care and support provided. We saw evidence the provider referenced current legislation, standards and evidence based guidance to achieve effective outcomes.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. The provider had improved accessibility to online training by making it available to staff via a mobile phone application. This helped to ensure people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The provider had supported some care staff to undertake training to become Care Home Assistant Practitioners (CHAPs). An assistant practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. Assistant practitioners are able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. Staff and management we spoke with told us this had been a very positive step. The CHAPs programme had helped to reduce the demand on nursing staff and enabled care staff to develop their skills in providing person centred care to people who lived at the home.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits. Lunch was a relaxed and social experience with people talking amongst themselves whilst eating their meal. The support we saw provided was organised and well managed. Comments we received about food provision included, "If I don't like what's on the menu, they'll do something different. My jug's topped up all the time." And, "It's excellent."

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services or if professionals attended the home, staff would assist to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us they had no concerns about the care provided at the home and provided us with positive feedback about their experiences.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. Comments received from people about how caring the service was and the approach of staff included, "They treat me very well, they're kind." And, "The staff are very good, very friendly, very helpful. I've only to ask and they'll do something for me." Another person told us, "They treat me very courteously." We spoke with visiting relatives who were equally as positive about how caring the service was. Comments included, "They treat [family member] with total respect. They tried to find out what her life was like before." And, "They always call her by her name, they always seek consent and they're kind." Another visiting relative told us, "It's small and friendly, the staff get to know you as a family. They're not just looking after [family member], they're supporting us as a family."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support people wanted in order to retain their independence and live a meaningful life.

People we spoke with told us staff respected their privacy and promoted dignity. For example, people we spoke with told us staff always closed both the door and curtains before carrying out any personal care. One person explained how staff ensured they were covered with a towel once they had taken their clothes off, in order to maintain their dignity during personal care. People told us staff always knocked on the door before entering their room, even if it was open. During our inspection, we observe staff spoke with people in a very polite and pleasant manner.

We spoke with the manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on the individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required, for example, a member of staff to read to them or large print for reading.

The service had a complaints procedure which was made available to people who lived at the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The service had not received any complaints since our last inspection. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. Everyone we spoke with told us they were happy with the care and support they received and had never had cause to raise concerns. One person told us, "I've never had any reason to complain. If I did, I'd speak with [registered manager] or one of the staff."

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We received positive feedback from a visiting professional about how the service supported people with end of life care, including making decisions in advance about how they wanted to spend their final days.

The service employed a dedicated activities coordinator. We spoke with the activities coordinator about how they helped to ensure people were supported to maintain their social health. The activities coordinator spent time with each person who lived at the home during every shift they worked. They had arranged a variety of activities and events, which people told us they enjoyed. This included visits from local community groups, entertainers and trips out of the home to the seaside and other local attractions. People we spoke with told us they could choose to participate in activities or not; this was their choice. The service also arranged events to celebrate a wide variety of occasions, such as people's birthdays, Mother's Day and Easter, for example. Everyone we spoke with told us they enjoyed these events. Comments we received about activities included, "We went to the garden centre, I enjoyed that, it was absolutely gorgeous." A visiting relative told us, "[Family member] spends most of her time in bed, but she goes down to see the entertainers."

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. Comments we received about the management of the home included, "[Registered manager] is extremely good." And, "[Registered manager] is lovely. I see her every morning."

The service had a registered manager. 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.

We found the service had clear lines of responsibility and accountability. The manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. We saw feedback one from agency member of staff, who commented on how impressed they were with how well-organised the home was. They said the organisation of staff meant, 'one job naturally led to another and you never had to question what the next duty was'. They went on to say they were, 'made to feel like one of the team'.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager and management team.

Additional quality monitoring procedures included planned visits from company directors. These included monitoring the number of falls, complaints, safeguarding concerns, medication procedures and ensuring CQC notifications had been completed where required.

Surveys completed by people who lived at the home and their relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well-managed, and praised staff for their support when providing end of life care. Comments received included, 'St George's provided us all with a cushioned safety net while we all got over the shock of Dad's illness.' And, 'There is a lovely sense of family at St George's.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's and district nurses. For example, the service provided people's GPs with a weekly summary, which helped to inform risk management and interventions.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

