

Outlook Care

# St George's Witham Nursing 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?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St George's Witham Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people and people with nursing care needs, some of whom may be living with dementia. At the time of our inspection there were 33 people using the service.

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

The provider's processes for monitoring the quality and safety of the service were not robust and did not always identify areas of concern. The provider had not ensured all staff were appropriately trained and received regular supervisions to support their learning and development.

Risks to people's safety were not always assessed and documented and people's care plans lacked detail about their choices and preferences for support. It was not always clear how people and those important to them were involved in the care planning and review process.

People's medicines were managed by staff who were trained to administer them; however, amendments to people's medicines records were not always documented correctly. Staff followed safe infection prevention and control practices and the service was in the process of a full refurbishment programme to ensure it was safe, hygienic, and better adapted to meet people's needs.

Staff were aware of how to recognise and raise safeguarding concerns. People and relatives felt comfortable making complaints or raising any issues with the registered manager. Staff were safely recruited with appropriate checks completed prior to starting work.

People were supported to take part in different social activities; however, there was a lack of information about how to fully engage and support people to enjoy personalised activities of their choice.

People were supported by staff who knew them well and we received positive feedback about the kind and caring support provided by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives, and staff spoke positively about the culture of the service and the approachability of the registered manager. The provider worked positively with other healthcare professionals to adapt to changes in people's health needs promptly.

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

### Rating at last inspection

The last rating for the service under the previous provider was good [published 22 November 2019]

### Why we inspected

We carried out this inspection as the service had not been inspected under the current provider. The inspection was also prompted in part due to concerns received about oversight at the service and the management of medicines. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements.

### Enforcement

We have identified breaches in relation to staff training and management oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St George's Witham Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector, a professional specialist advisor with a background in nursing 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. a specialist

#### Service and service type

St George's Witham Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St George's Witham Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 1 person and 7 relatives about their experience of the care provided.

We spoke with 7 members of staff including the registered manager, nurses, and care staff. We also received feedback from 3 healthcare professionals who have regular contact with the service.

We reviewed a range of records. This included 7 people's care plans, 13 people's medicines records, 3 staff files in relation to recruitment and staff supervisions and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Environmental risks to people's safety were not always assessed and documented appropriately. For example, we found a steep staircase in the service which was unguarded. The provider told us this did not pose a risk as people did not mobilise independently in this section of the service. However, we found people who were able to mobilise in this area of the building. People did not have clear personalised risk assessments to evaluate this risk or document safety precautions, only a generic environmental risk assessment was in place.
- The provider responded immediately, putting personalised risk assessments in place on the day of the inspection and confirming they would review safety measures for this staircase.
- The provider had completed risk assessments relating to people's health and nursing care needs; however, we found some of these lacked detail about people's specific health conditions and the associated risks for the person.
- Despite the concerns with documentation, we found staff were knowledgeable about people's health needs and the related risks. People's relatives told us they felt people were safe. Comments included, "[Person] is 100% safe" and "[Person] is definitely very safe."
- Following the inspection, the provider told us they were in the process of reviewing people's risk assessment documentation to ensure information was sufficiently detailed.

### Using medicines safely

- People's medicine administration records (MARs) were signed to document people had been supported to take their medicines. However, we found some MAR charts with handwritten amendments which were not countersigned in line with best practice.
- People's medicine stock balances had not always been accurately carried forward on their MAR charts to show how much medicine was in stock.
- The provider told us regular medicines audits were completed; however, we found these did not highlight the recording issues we found during the inspection.
- Staff were appropriately trained to administer medicines and there were guidelines in people's care plans about what support they needed.
- We observed medicines being given sensitively and patiently. People were consulted throughout and supported to take their time.

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

- The provider had a system for logging safeguarding concerns. A safeguarding policy was in place for staff

to follow.

- Staff confirmed they knew how to recognise the signs of abuse and would raise any safeguarding concerns with the management team or relevant authorities.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some communal flooring was worn and no longer fully intact and we found 1 item of equipment which had rust on it. This increased the risk of cross infection.
- The provider was in the process of completing a full refurbishment of the service and told us the flooring was being replaced. The provider removed and replaced the rusty equipment during the inspection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance.

#### Staffing and recruitment

- People were generally supported by staff who knew them well. Where agency staff were deployed in the service, permanent staff were available to provide guidance and support.
- During the inspection, we observed enough staff were available to meet people's needs. Feedback from people's relatives confirmed staff were visible and available. Comments included, "There always seem to be plenty about", "There are enough staff but a lot of agency," and "There's a strong continuity of staff."
- The provider had completed the appropriate employment checks prior to staff starting work to ensure they were safely recruited.

#### Learning lessons when things go wrong

- The provider had shared lessons learnt from incidents and accidents with staff during team meetings and supervisions in order to minimise the risk of a reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff completed or renewed their mandatory training when required. Not all staff had completed specialised training to support their understanding of people's specific health needs. For example, the provider's training records demonstrated some staff did not have up to date training in key areas of people's support such as falls awareness, pressure care, dysphagia and swallowing difficulties and dementia awareness. This meant there was a risk staff may not have up to date knowledge to support people safely and appropriately.
- We received mixed feedback from staff about the frequency of their supervisions. One member of staff told us, "I do not get supervision, I don't know when my last one was."
- It was not always clear how regularly supervisions were taking place as the provider's system for recording supervisions only detailed staff's most recent meeting. This meant we could not be assured staff were receiving ongoing support to monitor practices and support professional development.

The provider had not ensured staff were suitably trained and supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed an induction when starting in their role and completed an induction booklet to demonstrate learning.
- Whilst we could not be assured staff received regular supervision, staff we spoke with told us they knew who to go to for support. One member of staff said, "If I need to talk, I know who to go to." Staff confirmed they felt comfortable raising any concerns or queries with the management team.

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

- The provider had not always ensured people's needs were fully assessed and documented.
- People's care plans did not provide enough guidance about their physical and mental health and how this impacted on them. For example, we found people did not always have care plans about how to support their mental health, despite having assessed needs in this area.
- People with health conditions such as diabetes did not always have a detailed care plan describing how this affected them. This meant there was a risk staff may not have clear guidance about how to provide care holistically, with a clear understanding of people's needs and preferences.
- The provider told us they were aware of shortfalls in people's care plan documentation and were in the process of addressing these to ensure information about people's assessed needs was detailed and accurate.

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

- People's bedrooms were not always personalised and communal spaces had not always been adapted to suit people's preferences. For example, where people were cared for in bed, we found consideration had not always been given to the space around them or optimising the views they had from their bed. We also found a lack of communal spaces where people could come together for activities or conversation.
- The provider told us they were aware of the concerns with the layout and condition of the building and had already implemented a number of improvements since taking over the service. A full refurbishment plan was in place to address the communal spaces and upgrade people's bedrooms. During the inspection, structural work was taking place to create a large open plan lounge and dining space. The provider sent further evidence of the environmental improvements made following the inspection.

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

- The provider monitored people's eating and drinking to ensure they received enough support to maintain a healthy diet.
- Where concerns were identified with the amount people ate or drank, staff recorded what actions they were taking and the registered manager monitored this to check whether people's intake increased.
- We received positive feedback from people and relatives about the quality of the meals and the availability of snacks. Comments included, "[Person] always says the food is nice", "They love the food" and "[Person] can have a drink or snack at any time."

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

- The provider responded to people's changing health needs, making referrals to relevant health professionals when necessary.
- People were supported to attend their health appointments when needed. People's care plans contained information about health professionals involved in their care.

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.

- The provider had assessed people's capacity to consent and documented this in their care plans. Information in people's assessments was not always detailed; however, the provider had already identified this and was in the process of reviewing the assessments with people.
- The provider had submitted DoLS applications to the appropriate authorities when necessary. The registered manager monitored when DoLS had been applied for and authorised to ensure they knew when they were due for renewal.

# 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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- Staff supported people in a kind and caring way. We observed staff taking their time, listening to people, and responding in a respectful manner.
- People's relatives spoke positively about the support staff provided. Comments included, "They are a very friendly bunch", "They always find time to have a word with [person]", "They know [person] really well and have a really good relationship."
- The provider had implemented equality, diversity, and inclusion training to support staff's understanding of people's rights and how to promote these.
- The provider told us people's protected characteristics were considered during the assessment of their needs and relevant information was documented in their care plans. Staff were respectful of people's individual needs and preferences when providing support.

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

- People were supported to make decisions about their day-to-day care. We observed staff offering people choices and providing care in line with people's preferences.
- People's relatives generally told us they were kept up to date about people's care and were able to give feedback and contact staff or the registered manager if they had any queries or concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. We observed support being offered in a sensitive manner which promoted people's privacy.
- The provider had allocated the role of dignity champion to a member of the staff team. They were responsible for attending meetings with other dignity champions across different organisations in order to share and develop good practice in promoting people's dignity in care.
- People's relatives spoke positively about the respect shown by staff. Comments included, "Staff treat everyone with respect" and "They respect [person's] dignity."
- People's care plans provided an overview of the areas they required support with and what they were able to do for themselves in order to maintain and promote their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were not always involved in planning and reviewing their care. It was not clear from the care plans viewed how people had been consulted and we received mixed feedback from people's relatives about their involvement in the process.
- People's care plans were not always adequately personalised to provide clear guidance about people's preferences for support.
- Despite the lack of personalisation and detail in the care plan documentation, people were generally supported by staff who knew them well and were able to tell us how people liked to be supported. We observed staff offering people encouragement to make choices.
- Following our feedback, the provider confirmed they were reviewing their processes for arranging people's care plan reviews and engaging with people's relatives to ensure greater involvement.

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

- The provider had not always clearly documented people's preferences for social activities and personalised interests. Information was generalised and did not always provide enough guidance about how to engage people.
- During the inspection, we found a large number of people were cared for in bed. Whilst their care plans did note how this impacted on how they engaged with activities, there was a lack of clear information about what options staff could suggest in order to minimise the risk of people being isolated. For example, 1 person's care plan stated they had, "Expressed at times [person] is bored in their room" and "Attempt to engage [person]". There was no detailed care plan describing what the person enjoyed doing.
- Where people were able to join in with group activities in the lounge and garden, we observed people enjoying conversations and trying different activities. People were offered a choice about what they would like to do and staff engaged positively with people, offering encouragement and support.
- People were supported to stay in touch with friends and family and we observed relatives visiting throughout the inspection. The provider had created a communal space for relatives to meet with facilities available for making hot drinks and spaces to sit. Relatives told us they felt welcomed into the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. The registered manager completed a complaints log to monitor the progress of the concern and the outcome.
- People's relatives confirmed they knew how to make a complaint if necessary and felt comfortable talking to the registered manager about any concerns.

### 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.

- The provider had considered how people communicated and recorded the relevant information in their care plan.
- We observed staff tailoring their communication to people's individual needs, using visual aids where appropriate.

### End of life care and support

- Where people were receiving end of life care, the provider had worked closely with other health professionals to ensure their needs were met in a sensitive and dignified way.
- People's end of life care plans documented their clinical needs clearly; however, there was a lack of detail around people's wishes for their final days. The provider told us these care plans were being reviewed as part of the wider care plan update to ensure they fully reflected people's wishes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's processes for monitoring the quality and safety of the service were not robust. Audits lacked detail and failed to highlight concerns and the information audited was not always relevant. This meant the audits did not provide accurate oversight about risks to people's safety and the quality of their care.
- For example, the provider's skin integrity audit had failed to identify people with pressure care needs. The audits for both the management of choking risks and nutritional support were completed for people with no identified needs in this area and this meant the information gathered was not relevant. The care plan audit failed to highlight concerns found during the inspection. Many of the audits reviewed showed the service as 100% compliant with no actions identified. This meant they were not being used effectively to identify and address improvements.

The provider did not have robust processes in place to monitor the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider had implemented a number of changes to the governance processes and environment of the service since taking over. At the time of the inspection, the registered manager was in the process of reviewing how audits had been completed and pulling information together to create a clear and accurate service development plan. The provider told us this would enable them to better monitor and review the improvements needed.

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

- The provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.

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

- People and relatives spoke positively about the culture and management of the service. Comments included, "It has a lovely atmosphere", "[Registered manager] is approachable and the home is well managed", "Overall it's a very happy place."
- People and relatives were asked for feedback during residents and relatives' meetings and through surveys. Relatives told us they were also able to give feedback informally by calling or going to see the registered manager while visiting in the service. One relative said, "[Registered manager] will always talk and has an open-door policy."
- Staff told us they were consulted about decisions in the service and were able to give feedback during team meetings. Staff spoke positively about the culture of the service and approachability of the management team. One member of staff told us, "I know [registered manager's] door is always open if I have a problem either work related or personal. It is a pleasure coming in to work every day."

#### Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals. Staff understood the importance of liaising with other professionals to ensure people's changing needs were met. We received positive feedback from the health professionals we spoke with about the communication and knowledge of the registered manager and staff team.

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
Treatment of disease, disorder or injury	<p>The provider did not have robust processes in place to monitor the safety and quality of the service.</p> <p>This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider had not ensured staff were suitably trained and supported.</p> <p>This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>