Aria Healthcare Group LTD

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St George's is a residential care home providing personal and nursing care to up 68 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 53 people using the service. People were accommodated over two floors with the upper floor being used for people living with dementia.

People's experience of using this service and what we found
People told us they felt safe and that staff treated them well. We received comments such as staff being "brilliant" and they "go above and beyond". However, we did receive feedback consistently from both staff and people in the home that staffing levels were at times challenging. This didn't impact on people's safety, however it did mean that staff weren't always able to provide the level of personalised care they would have liked to. The home were actively recruiting to fill the hours of cover required but in the interim were reliant on agency staff.

We found that some improvement was required to ensure that the service was person centred in nature. The environment of the floor for people living with dementia needed to be addressed to provide an environment more suited to people's needs. This included for example making different areas of the floor and individual rooms, more easily identifiable. Some repair and decoration was also required, as identified in the provider's own audit.

The registered manager and provider were working with stakeholders to make improvement. There was recognition that it would take time to embed changes and stabilise the staff team. However, the provider was proactive at sharing progress with CQC and the local authority in the form of their action plan. The registered manager was receiving support from other registered managers in the organisation and the area manager.

People were protected from the risk of abuse because staff were trained and knew how to report concerns if they had them. There were safe recruitment practices in place, including Disclosure and Barring service checks (DBS).

Risk assessments were used to identify areas where people's safety was at risk. Where a risk was identified, measures were in place to manage that risk such as support to reposition people where pressure damage was a concern.

People were supported to have maximum choice and control of their lives and staff supported not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for the service under the previous provider was good published on 1 April 2021.

At this inspection we found improvements were required and the home was rated requires improvement.

Why we inspected
The inspection was prompted in part due to concerns received about how the home were meeting people's clinical needs. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St George's Care home on our website at www.cqc.org.uk.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement
We found one breach of regulation in relation to staffing levels. We made a recommendation in relation to the home environment.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

St Georges Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
This inspection was carried out by 4 inspectors.

Service and service type
St George's Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St George's Care 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also discussed the service with the local authority safeguarding team and health professionals who visit the home.

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 spoke with 9 people who lived in the home and one relative. We spoke with the registered manager and 10 members of staff, including the deputy, nurses and care staff. Two managers from other services were also present. We reviewed records relating to people's care and how the service was run.

Requires Improvement

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, under the previous provider 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.

Staffing and recruitment

- The registered manager told us that a number of staff had recently left and they were recruiting currently to cover 240 care hours. The home had recently recruited a nurse but were using agency nurses to cover shifts. The registered manager told us they had block booked agency nurses to ensure continuity of care for people in the home.
- We received varied feedback from staff and people about how staffing levels were working. One person told us there were enough staff to cover 'basic care', though another person told us there were occasions when they had waited longer than they would have liked to have their continence needs addressed.
- People told us that staff were kind and caring. One person told us that staff went 'above and beyond'. However, staff told us that they often felt rushed and consequently didn't feel able to offer the level of personalised care they would like to. Furthermore, there had been a high turnover of staff in recent months, and by necessity a reliance on agency staff. Recruitment was ongoing but the situation was challenging for some people who told us they needed to get used to new staff.
- At times, care became task focused rather than personalised. We observed for example that one person who was evidently hungry waited 10 minutes for their meal in front of staff who were working down a list of people they needed to serve meals to.

This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were systems in place to check the suitability of staff in the recruitment process. This included gathering references from previous employers and undertaking a Disclosure and Barring Service (DBS) check.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff had training in how to identify and report concerns if they had them. Staff knew where to find phone numbers and contact details for reporting any concerns they had.
- The registered manager told us they had recently reported some concerns around medicine administration errors; we saw records relating to this.

Assessing risk, safety monitoring and management

- People told us they felt safe and well supported and that staff treated them well. One person commented, "Yes I am happy and feel safe".

● There were risk assessments in place to guide staff in how to support people safely. We saw for example that people had assessments in place for the risk of pressure damage to the skin and for choking.
● Some people required support with repositioning to minimise the risk of pressure damage to the skin. We saw that regular recordings were made of staff supporting people with this.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● When a person did not have capacity to make decisions for themselves, assessments and best interests documentation was in place to support decision making in their best interests.

Using medicines safely
● We saw that medicines were stored in a secured room. People's individual medicines were stored in boxes with their photos attached so they were easily identifiable.
● There was additional security in place for medicines requiring it.
● Medicine administration records were (MAR) charts were used to record when people were supported with their medicines. Nursing staff were aware of people who required time specific medications, such as those used for Parkinson's disease.
● There was a new system in place for ordering medicines and this was reported to be working well.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
People were allowed to visit the home without restriction, in line with current guidance,

Learning lessons when things go wrong
● Incidents and accidents were recorded and reviewed by the registered manager. Records contained information about what action was taken as a result of the incident, such as the GP being contacted or risk assessments being reviewed.

Requires Improvement

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 was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person centred culture of the service was further impacted by the environment of the home. We observed that the floor for people living with dementia was not well suited to people's needs. The floor was not decorated in a way that made individual rooms easily identifiable.
- There was a lack of meaningful activity taking place for people living with dementia. One person commented that activities only took place 3 or 4 times a week. We noted that there were no items for people to explore around the environment, such as rummage bags. These are bags of items that people with dementia find interesting and stimulating to explore.

We recommend that the provider continues to work on the environment of the home to ensure it is suited to people's needs.

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 registered manager was open and transparent about the improvements that were required in the home and spoke honestly about the plans in place to address them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Healthcare professionals visiting the home had raised several concerns about the home and the local authority safeguarding team were involved in overseeing the improvements required. The registered manager, with the support of the area manager was engaging with the process and sharing regular updates on their action plan with us.
- We discussed how the provider was monitoring and supporting the registered manager to make improvements. Managers from the providers other homes were visiting regularly and supporting with observations of care. For example, professionals had raised concern about the positioning of people at mealtimes and how this presented a choking risk for some people. We saw from the action plan and through discussion that managers from other homes were visiting to observe mealtimes and monitor this risk.
- There was a programme of internal audits in place and these were used effectively to identify areas for improvement. For example, during our inspection we observed some environmental concerns on the top floor of the home. These had been identified in a recent environment audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Staff told us handovers at each shift were good and they were told important information such as whether a person was unwell or their needs had changed.

● Feedback from staff about communication and support was varied. One member of staff said, "I feel supported in my role. The nurses and the manager are nice. I have worked in many homes, but this is by far the nicest".

● From discussions with the safeguarding team and healthcare professionals, we heard that communication had been a concern and that requests and advice from health staff visiting the home weren't always being actioned. We discussed this with the registered manager and staff. One of the nurses showed us the diary they used to record when people had appointments to attend and the registered manager told us how their had addressed technical issues with the email system they were using.

● The provider was actively engaging with stakeholders to listen to concerns and find solutions. The registered manager and provider had taken part in meetings with the local GP surgery to listen to the difficulties they had been experiencing.

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 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff deployed across the home. This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014