

Delphine Homecare Limited

# St George's Nursing Home

## Inspection report

1 Court Close, Pastures Avenue  
St Georges  
Weston Super Mare  
Avon  
BS22 7AA

Tel: 01934524598

Date of inspection visit:  
22 March 2023

Date of publication:  
30 June 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St George's Nursing Home is a care home providing personal and nursing care to up to 66 people. The service provides support for people living with dementia. At the time of our inspection there were 59 people using the service.

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

We found some areas of the service that were in breach of regulation and required improvement. This related to care planning around people's clinical needs and record keeping of people's care and support. Records did not always fully reflect the actions staff had taken to support a person.

People were supported by staff who were kind and caring in their approach and understood people's individual needs well. There were sufficient numbers of staff to meet people's needs safely. Systems were in place to ensure that staff were recruited in a safe way.

Staff received training and supervision to support them to carry out their roles effectively. Staff told us they enjoyed working in the home and were well supported. People's weights were monitored so that action could be taken if there were concerns about a person's nutrition. Staff worked with GPs and healthcare professionals when necessary to meet people's health needs.

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.

There were new systems being introduced to monitor and audit the service and the regional manager was supporting the home in this process.

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 and update: The last rating for this service was requires improvement (published 1 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service continued to be in breach of regulations.

### Why we inspected

We undertook a focused inspection of the service to check on breaches of regulation found at our last inspection (published 1 December 2022).

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St George's Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safety and governance.

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 effective.

Details are in our effective findings below.

**Good** ●

### 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 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.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St George's 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 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 manager in post, though they were not yet registered with CQC. They were planning to submit their application.

#### 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 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.

During the inspection

People were not able to give us detailed verbal feedback about the home, due to their dementia. 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 the manager and 6 members of staff. We contacted 8 relatives by phone. We reviewed care records for 3 people and looked at other records relating to the running of the service such as Medicine Administration Record (MAR) charts and audits.

# 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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection we found a breach of regulation 12 because there was insufficient planning in relation to people's clinical needs. At this inspection we found the service remained in breach of this regulation.

Assessing risk, safety monitoring and management

- We checked care plans for 3 people with catheters in place and these lacked clear information about how the person's needs should be met. For example, one person's plan stated 'X is double incontinent and has catheter increasing risk of skin breakdown' but there was no further detail about how staff should support the person with catheter care. In another person's records it stated, 'change every 12 weeks or when blocked and staff to empty bag', but no further detail, for example about how to keep the area clean and free from infection.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In some instances, where a risk had been identified in a person's care, there were measures identified to reduce the risk. For example, in relation to a person at risk of falls, staff were guided to have their bed on the lowest setting and to have a call bell in close reach.

Using medicines safely

- We found systems were not robust enough to identify errors and take action to improve practice. Missed signatures on medicines administration records (MAR) had been identified but there was no evidence this had been followed up with the members of staff concerned.
- The most recent medicines audit was not robust enough to drive improvement. One question asked whether medicines were being signed for by staff at the time of administration and this had been ticked as 'Yes', even though staff were signing retrospectively.

Systems and processes to safeguard people from the risk of abuse

- We observed people appeared settled and content in the presence of staff and reacted positively when staff approached them. Relatives told us, "(name) is very well looked after and gets on very well with the staff", and "All of the staff are really pleasant. They've taken time to talk to and get know (relative)."
- People were protected because staff received training in safeguarding and knew how to report concerns.
- The manager worked with the local authority when they needed to investigate any concerns about a person in the home.

### Staffing and recruitment

- The provider was registered with the home office to recruit staff from overseas. The manager told us they had recently recruited 17 staff on this scheme. We checked the recruitment procedures in place and saw references been sought, and a Disclosure and Barring Service (DBS) check completed. This check gives information about any convictions a person has and whether they are barred from working with vulnerable adults.
- The manager told us how they were supporting staff from overseas to settle in the local area by supporting them to find accommodation and carrying out activities with the existing staff team to learn about each other's culture.
- With the recent recruitment drive, there were sufficient staff to meet the needs of people in the home. There was a calm atmosphere in the home with call bells being answered promptly.
- We observed at the midday meal there were sufficient staff to support people in accordance with their needs. Staff checked regularly on people who were eating independently.
- Relatives commented, "Enough staff? Seems to be. I go in regularly. Enough on the floor. Sometimes they have to wait if staff are busy", and "There seems to be enough staff. Regular people. Staff you've seen before. Hopefully the use of agency staff is reducing."

### 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

- Visiting was allowed in the home, without restriction.

### Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. Electronic forms were completed to describe the incident, and these were reviewed by senior staff to ensure any necessary follow up action was taken.
- We saw an example of one person for whom, there had been a high number of falls recorded. It was clear action had been taken to support this person, and the person's family were kept informed and involved.



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives had no concerns about staff, they told us, "Staff are sufficiently trained. They know (relative's) needs", and "I think (relative) is getting on ok with the staff. They know what (relative) needs. They've jelled quite well."
- People's needs were assessed prior to arriving in the home and these helped inform care planning.
- For people who had wounds to the skin, we saw these were photographed to help monitor their progression and records were kept of what dressings needed to be used and how often they were changed.

Staff support: induction, training, skills and experience

- Staff received good training and support to help them carry out their roles effectively. Staff also received 1:1 supervision as a means of monitoring their performance and development.
- An overall record of staff training was kept so that the manager could monitor whether staff training was up to date.

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

- Relatives were happy with the support people received with eating and drinking. Comments included, "(Relative) is not eating and drinking much. Staff are doing a good job with encouraging", and "(Relative) enjoys the food. If a change is wanted it can be requested."
- We observed a midday meal and saw that people received good support and in accordance with their needs.
- People's weights were monitored and recorded. Recognised assessments were used to assess people's nutritional risks.
- We noted one person had lost weight over a 6 month period and the manager told us verbally what had been done to support this person with nutrition. Records relating to what action had been taken were unclear and we have reported on this under the well-led key question.

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

- The home was suited to people's needs, rooms were accommodated over 2 floors.
- There were communal areas for people to eat their meals and socialise as they wished as well as for carrying out activities.

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

- Relatives were positive about the support people received with their health needs. Comments included, "A Nurse practitioner comes in and is amazing. They called all the time with updates", and "Staff keep in touch with me regularly. Nealy a year ago, (relative) had a chest infection. The GP was called out".
- Staff identified when there were health concerns about a person and ensured this was discussed with the person's GP or specialist nurse.

#### 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.

- An overview of DoLS applications was kept so the manager could monitor their progress with the local authority.
- Capacity assessments and best interests decision were made when a person lacked capacity to make a particular decision.

# 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 requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection we found a breach of regulation 17 as governance systems were not sufficiently robust. At this inspection, we found the service continued to be in breach of this regulation.

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

- Records relating to people's care did not always fully document what action had been taken to support a person. For one person, we noted a significant weight loss over a period of 6 months. The manager was able to tell us verbally what support was in place for the person, but the records did not fully reflect this. For another person, we staff had noted the person was very confused during a welfare check, but it was not documented in the records what had been done following this observation. People had 'welfare check' forms in place which documented people's presentation when staff checked on them. In many cases there were large gaps and even whole days when no recordings had been made. The manager told us if a person had been seen by staff in another capacity, for example, taking part in an organised activity, then they would not expect observations to be recorded in the welfare check form as well. This made it very difficult to track a person's wellbeing throughout the day as observations and information was recorded in several different ways.
- Breaches of regulation found at our last inspection had not been fully addressed, which meant there was a lack of effective and prompt response to concerns being identified.

This amounted to a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a regional manager in place who supported the running of the service. They told us at the time of the inspection, they were spending 3-4 days a week at the home. They were new in post and in their initial few weeks had spent time supporting the induction of new staff and introducing the new auditing system being rolled out across the organisation.
- There were staff in post with the responsibility for carrying out activities with people. We saw examples of these taking place and people were happy and engaged. Relatives told us, "On the whole the home is good. A lot of activities. Day to day staff are excellent. (Relative) is happy".

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

- There was a positive, person centred culture within the service. People received good care from staff who were kind and caring in their approach. Comments from relatives included, "The carers do care which is nice to know. They do care what happens to residents. They keep them active and entertained", "It's taken them (relative) a while to settle. Staff have been fabulous. Not one complaint."
- Throughout our visit, we observed staff treating people with kindness and respect. There were organised activities taking place and people appeared to be engaged and enjoying these.

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

- There had been no incidents reportable under the duty of candour regulation, however there were systems for recording accidents and incidents and identifying actions to prevent reoccurrence.

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

- Comments from some relatives indicated there were times when communication could be improved. They told us, "if (Relative) became unwell I'm not 100% confident the staff would let me know. If there is a change in behaviour they don't always let me know", and "The home was without heat for a good week. Communication not that great. I had to get heaters PAT tested. Maintenance takes quite a while."
- Staff told us they were happy and well supported. Comments included, "(Name) is a good manager and has implemented some good ideas", and "The manager is very supportive".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care planning was not always sufficient to ensure people's care was safe. Improvements were required in relation to medicines management.</p> <p>This was a breach of regulation 12 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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Record keeping was not sufficient to demonstrate the support that people received. Governance systems were not fully effective at addressing breaches from previous inspection.</p> <p>This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>