

St George's Hotel Limited

St George's Hotel

Inspection report

St George's Road
Truro
Cornwall
TR1 3JE

Tel: 01872272554

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10 October 2022
11 October 2022

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14 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Georges Hotel is a residential care home providing personal care for up to 22 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 17 people using the service.

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

Checks and records were not all completed to ensure the safety of the people living at the service. Practice fire evacuations had not been completed and information to monitor people's health needs had not always been recorded correctly. Action taken following advice from a healthcare professional was not always recorded. This meant it could not be monitored.

Medicines were not always managed, administered or checked in line with best practice. This increased the risk of errors.

Staff had received training appropriate for their role; however, when practical in-house training had been delivered, there were no records staff had received this. Some improvements were required in relation to safe staff recruitment.

The new provider had completed audits and checks of the service including engaging an external consultant to complete a mock inspection of the service. They had used the results of these to produce an action plan to improve the service; however, some improvements identified in the inspection had not been highlighted in the provider's checks.

People felt safe living at the service and staff understood their responsibilities for keeping people safe and reporting any concerns. Staff understood people's health needs and sought external support promptly when necessary.

People told us they liked the food but people who had specific dietary needs or wishes sometimes had limited options available to them.

People's rooms were personalised to reflect their tastes. The provider had a plan in place to improve the premises and decor.

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.

Staff knew people well and were responsive to their needs. People and relatives told us staff were caring and kind. One person told us, "I couldn't be looked after better." Staff described how they protected people's privacy and dignity and promoted their independence where possible. The provider told us they were in the

process of increasing the opportunities and activities available to people.

The provider had ensured people, relatives and staff had been consulted about the quality of the service and had listened to and acted upon any changes suggested.

People, staff and relatives gave positive feedback about their experience of the service. Staff felt supported in their roles and were positive about the registered manager and the provider.

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

This service was registered with us on 6 September 2021 and this is the first inspection. The last rating for the service under the previous provider was good, (published 29 May 2018).

At that inspection we recommended that the provider reviewed their systems for infection prevention and control, involved people in the content of their care plans and sought their agreement to its content. At this inspection we found these areas had improved.

Why we inspected

We completed this inspection to provide a rating for this previously unrated service.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the safety of people's care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

We also made recommendations in relation to recruitment practices, how staff training and care provided to people is evidenced and how people's dietary needs and preferences are catered for.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 Hotel

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 completed by one inspector 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 Hotel 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 Hotel is a care home without 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.

Inspection activity started on 10 October 2022 and ended on 14 October 2022. We visited the service on 10

and 11 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all this information to plan our inspection.

During the inspection

We spoke with six people, seven staff, including the registered manager and provider, and one professional. We reviewed three people's records as well as two people's medicines records, and records used to monitor and improve the quality of the service. We spoke with four relatives by phone.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- A recent fire risk assessment had been completed. This stated fire drills should be completed; however, no practice fire evacuations had been completed. Staff told us they were informed of fire evacuation procedures when they first worked at the service, but some staff had worked there for several years and had not received refreshers or taken part in practice evacuations. Staff were not all clear about what action they should take if there was a fire in the service.
- Information was available describing what support people would need in an emergency evacuation. However, an emergency grab bag, meant to provide staff with the correct information and equipment for an emergency evacuation was not easily available and contained limited information.
- Some people had catheters in place. A healthcare professional told us staff managed these well and sought support when necessary. However, records of how much people drank and urinated were not always completed correctly. This meant risks to their health could not be monitored effectively.
- Information about how much each person should drink was not available and staff told us they didn't know how much each person should be drinking each day. This meant people may have been at risk of dehydration.
- People had call bells in their rooms to call staff, however there were no regular checks in place to reassure staff these still worked.
- Staff told us they understood how to reduce risks related to people's needs; however people whose records were still on paper and hadn't yet been digitalised, did not have risk assessments in place for all risks relating to their health and wellbeing.

This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us they had implemented regular call bell checks, the grab bag had been updated and made easily available, and staff knowledge of fire evacuation procedures had been updated.
- They also told us refresher training for catheter care had been planned for staff; and staff had received refresher training to help ensure fluid inputs and outputs were recorded and monitored effectively.
- The provider also confirmed all risk assessments had now been digitalised and reflected people's current needs.

Using medicines safely

- Medicines were not always managed and administered following best practice. Medicines were dispensed

from their original packaging into a pot before being taken to the person who was taking them. Sometimes staff took medicines for more than one person at a time. This increased the risk of errors.

- A staff member administering medicines told us they didn't always offer people 'as required' (PRN) medicines as people would ask for them, if they wanted them. This relied on people remembering they had PRN medicines available.
- Some people were administered medicines in communal areas without being asked if they were comfortable with this. □
- Staffs' competence to manage and administer medicines safely was assessed when they first started working at the service; however no further checks were undertaken to help ensure they continued to be competent.
- Some checks and audits were completed of medicines management, but these were not comprehensive and not always recorded.

This forms part of the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Those people who had support with their medicines were happy with the way they were managed by staff. One person told us, "They never make a mistake."
- Following the inspection, the provider told us plans were in place to improve medicines audits, medicines would now be stored in people's rooms and a thorough, annual competency assessment would be completed with each staff member. They also told us they had reminded staff of the importance of offering PRN medicines to people.

Staffing and recruitment

- Checks were in place to help ensure new staff were suitable to work with vulnerable adults. However, some new staff had not provided a full career history, as required. This meant the provider could not be fully assured of their suitability for the job.

We recommend the provider seek reputable advice regarding safe recruitment practices.

- Staff were not rushed and responded to any requests promptly. Staff told us the service had been short staffed, but the team had worked to make sure everyone's needs were still met. New staff had recently been recruited, so there was less pressure on the staff team.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and understood how to report any concerns they had.
- People and relatives said people were safe at the service.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Used and soiled items were stored in the laundry without a lid on, whilst clean items were hung in the same room drying. Clean bedding had been left out on a trolley in the dining room. These practices increased the risk of cross infection. Following the inspection the provider told us these practices had been changed.
- 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 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

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff responded to incidents promptly and reported them to the registered manager.
- The registered manager monitored incident records to look for developing trends. Changes had been made to reduce the risk of a similar incident occurring in the future.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments of people's needs were completed before they moved in to help ensure the service could support them safely.
- The service worked with external professionals to understand and follow best practice.
- Staff understood people's needs and respected their choices, which helped achieve positive outcomes for people. A relative told us, "[Person] is calm and happy now. The staff are so good with [them], I don't know how they do it but [person] responds really well to them"

Staff support: induction, training, skills and experience

- Staff were up to date with their training but some training, such as practical skills delivered in the service, had not been recorded.

We recommend the provider reviews how training is recorded and evidenced.

- A healthcare professional told us staff had the skills and knowledge to recognise any concerns with people's health.
- Staff told us they were confident providing the care and support people needed and felt well supported by senior staff and the registered manager if they had any queries.
- Staff had not received regular one to one supervision recently but had received an appraisal with the new provider. Staff were positive about this process saying, "I was able to be open and honest and able to talk about concerns, [The provider] is very down to earth and easy to talk to." Plans were in place to help ensure regular one to one supervision was provided to staff in the future.

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

- Overall people told us they enjoyed the food. However, the choices available to people at lunch time, which was a hot meal, were limited. This meant people who had specific dietary needs or preferences were not always well catered for. Following the inspection, the provider told us meal options had been reviewed and increased.
- Staff described how two people's needs when eating had recently increased, and that staff were trialling ways to help them maintain their independence.
- Relatives gave positive feedback about people's experience of the food. Comments included, "[My relative] likes the food, they seem to get fed really well" and "[Person] loves the food, I don't think he would have settled there if the food had been poor."

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

- The provider had an action plan in place to update the premises and the décor.
- Peoples bedrooms were personalised and decorated to their taste.
- One person was keen to maintain their exercise regime and had been able to bring necessary equipment to the service so they could continue with this part of their life.

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

● A health care professional confirmed staff were good at working with them, sharing information and following advice. However, staff did not routinely record that they had done this. For example, staff had been advised to encourage one person to stand more and to drink more. There were no records to show this had been done. Following the inspection, the provider told us the new digitalised system would be used to ensure this information was recorded.

● A healthcare professional told us staff knew people well and referred any concerns they had about a person's health promptly. This helped people get the support they needed.

● Relatives confirmed they were kept up to date with any changes to their family member's health.

Comments included, "They do ring and tell us if there is anything wrong and what they are doing about it" and "They get a GP lightning fast if they need one. They seem really on top of that and they let us know

● Information was included in people's care plans detailing what support they required with their oral health.

● Hospital passports were in place to aid communication if a person was admitted to hospital.."

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 registered manager understood their responsibilities under the MCA.

● People had the capacity to make everyday decisions but where the registered manager had assessed someone did not have the capacity to make a bigger decision, they had arranged a best interests meeting.

● The registered manager had applied for DoLS on behalf of one person. This was awaiting review by the local authority designated officer.

● People had been asked to sign their care plans to confirm they consented to the care they received.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were keen to ensure people were treated well. One staff member who took responsibility for arranging flowers throughout the home told us, "This is their home, so it's nice to make it look homely."
- People were positive about how they were treated, One person told us, "It's tip top, no complaints. I couldn't be looked after better."
- Relatives had provided positive feedback via a recent questionnaire. Comments included, "St George's is a caring and happy place" and "This is a lovely caring home, staff very good. Would always recommend this home."
- Staff understood people's diverse needs and treated people with compassion. A relative told us, "They can't do enough for [person], they are so kind and considerate"

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

- People were able to make decisions about their care. During the inspection one person asked the manager to contact the hairdresser and the GP for them. The manager responded that they would do this as soon as possible.
- Staff understood the importance of taking the time to talk to people to find out about them and their views.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to protect people's confidentiality when discussing people's needs; however, cupboards and offices that contained confidential information were not always locked. Medicines administration records were also left in communal corridors when staff were administering people's medicines. Following the inspection, the provider confirmed all records had either been digitalised or were locked away.
- People were encouraged to retain their independence. Care records described what people could do for themselves and what they needed support with.
- Staff understood that privacy was particularly important to some people and respected this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed how they would like to receive their care. These were being expanded upon as they were digitalised. The provider told us that when people's care plans had been digitalised, they planned to consult people and staff to further increase the level of detail in them.
- People could tell staff what their needs were and told us staff were responsive to their wishes. Comments included, "They can't do enough for you."
- The provider listened to feedback in order to increase choices available to people. A relative had requested some garden furniture so people could sit outside. This had been provided for and was being used by people during the inspection.

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.

- Care plans were in place detailing people's communication needs. At the time of the inspection, no-one needed information providing in a particular format.

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

- People and staff told us there weren't always a lot of things to do. One person told us they were sometimes a bit bored, but most people were not unduly concerned, as they were happy, reasonably independent and able to occupy themselves. Following the inspection, the provider told us an activities co-ordinator now offered people opportunities to occupy themselves inside and outside of the service; and a befriending service had been engaged for those who were interested.
- The provider told us they aimed to increase the number of opportunities for people to engage with structured activities. They had made some improvements and had plans to further develop this aspect of the service. A relative told us, "I know the manager is trying to get more people in and things for people to do"
- Staff told us they often asked about people's lives as this helped them engage with people. Some of this information was recorded and was being added to, as records were digitalised.
- Relatives told us they were able to visit the service frequently and were made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had a policies and procedures in place for dealing with any concerns or complaints. The provider investigated any complaints or concerns thoroughly.
- One person told us that a concern they had raised with the provider had been listened to and resolved.

End of life care and support

- Where possible people's wishes for their end of life care was recorded. Staff told us they read these in advance, so they knew what people wanted, but also respected any changes people wished to make.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Audits and checks had been completed of the service's performance; where improvements had been identified, these were acted upon. However, audits had not identified all the areas for improvement highlighted during the inspection. The provider told us that following the inspection they were reviewing their auditing system to identify any areas for improvement.
- Records to show what care had been provided to people, or that new staff had been shown more complex aspects of people's care, were not always in place. Following the inspection, the provider confirmed a digitalised system was now in place which enabled staff to record care promptly on handheld devices.
- Staff told us they were regularly updated about people's needs and the service and the registered manager regularly shared updates and best practice with staff. However, there was no system to ensure each staff member had received or understood all the information shared. Following the inspection, the provider told us they had consulted with staff about the most effective way to provide updates and information and staff meetings had been planned.
- The manager and provider monitored the quality of the service by regularly speaking with people and formally requesting their feedback via questionnaires. Feedback was mostly positive, and one person had responded to a questionnaire saying, "Very happy. Beds good, very good service, food's excellent, nice and warm"
- The provider had engaged an external consultant to complete a mock inspection of the service. The feedback from this was being acted upon as part of the service's improvement plan.
- The provider was responsive to feedback received during the inspection and proactive in improving the service.

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

- People and relatives were positive about the service. Comments included, "It's gorgeous here. It's a smashing atmosphere", "It's lovely here. There's nothing to dislike" and "It's been brilliant. I can't praise them enough."
- A healthcare professional told us they enjoyed visiting the home, that the registered manager was, 'on top of things' and that the provider was proactive.
- The registered manager took an active role within the running of the home and had good knowledge of the staff and people at the service.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff reported having positive relationships with the registered manager and provider. Comments included, "It is really easy to get hold of the manager or anyone really. We are very happy that [person] is there" and "I speak to the manager often, you pass her office on the way in, so we often speak, and if you ring, you get someone alright."
- Staff were positive about how the service was run. They told us the registered manager and provider were approachable and they felt comfortable raising concerns with them.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured all risks to people were mitigated.