

Mrs Karen Ann Tills

St Georges Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Georges Care Home is a residential care home which is registered to provide personal care and accommodation to up to 20 people. The home specialises in the care of older people. At the time of our inspection there were 15 people using the service.

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

Everyone we spoke with praised the staff and the care they received at St Georges Care Home. People felt safe and well cared for.

There were sufficient numbers of staff employed to make sure people received care and support when they needed it.

People received their medicines safely from staff who had undertaken specific training in medicines administration and management.

Staff were following good infection prevention and control practices which helped to protect people against the spread of infection.

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's care was person-centred, and staff treated people as individuals. Each person had a detailed care plan which gave information about them as a person and their wishes and preferences, as well as their needs.

People were able to make choices about their day to day lives and told us staff fitted around their preferred routines.

People were able to take part in a variety of organised activities or follow their own interests. Transport was available to support people to go on trips out.

The home was well led by a registered manager who was open and approachable. People told us they were able to share their views openly. People said they would be comfortable to make a complaint if they were unhappy with the care they received.

People could be confident that the registered manager and provider had systems in place to monitor quality and plan ongoing improvements. The registered manager was pro-active in addressing any shortfalls highlighted in audits and information received.

Staff worked in partnership with other professionals to make sure people received care and treatment to meet their individual needs.

Staff felt well supported in their roles which led to a happy relaxed atmosphere for people to live in.

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

Rating at last inspection

The last rating for this service was Outstanding (report published 23 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

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.

This was a focused inspection looking at safe, responsive and well-led key questions only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

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 safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

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

The inspection was carried out by 1 inspector.

Service and service type

St Georges 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 Georges Care Home 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 not 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.

The provider has chosen to have a registered manager to oversee the running of the home. 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 looked at the information we had received from and 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.

We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the home and 6 members of staff. The registered manager was available throughout the inspection.

We carried out general observations in communal areas throughout the day.

We looked at a variety of records relating to people's individual care and the running of the home. These included 2 staff personal files, records of audits, a sample of medicines administration records, health and safety records and 3 care plans.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures for recognising and reporting abuse. Where concerns had been raised the provider had worked in partnership with Local Authority safeguarding teams to ensure allegations were investigated.
- People felt safe at the home and with the staff who supported them. One person told us, "I feel safe and well looked after." Another person said, "I feel safe living here. Staff are never cross, always kind."
- Risks of abuse to people were minimised because staff had received training on how to recognise and report any suspicions of abuse. Staff all said they would be confident to speak with the registered manager if they had any worries about people's care. All staff were confident action would be taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people were minimised because risk assessments were carried out to enable people to receive safe care. For example, one person's risk assessment relating to their mobility outlined the equipment needed to support them. During the inspection we saw staff supporting the person with the correct equipment.
- People who spent time in their rooms were monitored by staff to make sure they remained safe. On the day of the inspection one person was being cared for in bed. We observed staff regularly visited them to make sure they were safe and comfortable.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- There were plans to guide staff about the action to take in an emergency. Personal Emergency Evacuation Plans (PEEP) were in place with information about people's support needs in an emergency.

Staffing and recruitment

- People were cared for by staff who had been safely recruited. New staff were not able to start work until appropriate checks and references had been obtained. This helped to ensure new staff were of good character and had the skills and experience needed to provide safe care.
- People were supported by sufficient numbers of staff to meet their needs. During the inspection we saw staff were always available to people.
- People had call bells to enable them to request staff when they needed them. People who liked to spend time in their bedrooms had call bells within reach. One person told us, "If I ring the bell they come quickly."
- The provider had experienced difficulties recruiting staff locally. To make sure people were cared for safely, the provider had recruited from abroad. We heard how the registered manager had supported staff from overseas to make sure they were able to provide good, culturally appropriate care.

- People were very complimentary about the staff who cared for them. One person said, "I am full of praise for all the staff. They are gentle and kind. Language is not an issue." Another person told us, "The staff are just marvellous."

Using medicines safely

- People received their medicines safely from senior staff who had received specific training and had their competency assessed.
- Some people were prescribed medicines, such as pain relief, on an as required basis. People told us, and we saw, staff offered these medicines to them to maintain their comfort. Protocols were in place if people were unable to express their need for as required medicines. This helped to make sure these medicines were given consistently to promote comfort and well-being.
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.
- Staff worked with other professionals to make sure people's medicines were reviewed and changed in accordance with their needs.

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 able to have private and professional visitors at any time. People said their visitors were always made welcome. One person said, "Friends come to see me, it's very free and easy."
- People enjoyed trips out of the home with friends and family.

Learning lessons when things go wrong

- The registered manager was open and transparent. They audited all accidents and incidents and took action to minimise the risk of reoccurrence. This included seeking medical support and reviewing medicines.
- All medicines errors were acknowledged and used to learn lessons and drive improvement. Actions taken included individual supervisions, reflective practice with staff and further training if required.

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.
- The registered manager had made applications for people to be legally deprived of their liberty where they felt they required this level of protection to keep them safe.

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 outstanding. At this inspection the rating has changed to 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 were cared for in accordance with their needs and wishes. People told us staff always asked them about what they wanted to do and when. One person said, "Totally my choice."
- People were able to follow their own routines and staff worked around people's wishes. One person commented, "They fit in with my routines. That's a good thing about here." We saw one person liked to stay in bed in the morning. They told us, "I can do what I want."
- People had their needs assessed and their wishes were respected. From assessments care plans were written to make sure staff had information about how people liked to be supported. Staff told us care plans gave them the information they needed but they always discussed care with people.
- The registered manager operated a 'Resident of the fortnight' policy. This meant that each person who lived at the home had an opportunity to have their needs fully reviewed with them, share their views and have individual activities or outings for their fortnight. This helped to keep people fully involved and in control of their care and support.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. We saw thank you letters which had been written by people whose relatives had died at the home. One person had written, "Cared for him with love and dedication - nothing was ever too much trouble." Another person wrote their relative had been cared for with, "Love, compassion and care."
- When people were nearing the end of their lives, staff worked with other professionals to make sure people remained comfortable and pain free.
- People and their representatives were involved in decisions about the care they would like and where they would choose to be cared for at the end of their lives. All this information was recorded to make sure everyone knew the person's wishes. One person told us, "I am very well looked after. I would be happy to stay here till the end of my life. I think that's written down somewhere."

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 told us in their provider information return that all information could be made available in

different formats and languages according to people's individual needs.

- Each person had a care plan which outlined their communication needs. During the inspection we saw there was ongoing communication between people and staff.

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 were supported to maintain relationships with their friends and family. Visitors were always made welcome at the home and some people enjoyed going out with family and friends.
- People had made friends with other people who lived at the home. We saw people sitting together chatting happily. One person told us, "I share a lunch table with a lady, we are becoming friends."
- People were encouraged to follow their own interests and hobbies. One person told us about bulbs and shrubs they had planted in the garden and said how much they enjoyed the garden. We saw that another person was doing a large jigsaw puzzle.
- There were organised activities every day. People received a monthly programme enabling them to plan their time around things they would like to take part in. The programme covered a wide variety of activities including arts and crafts, games, visits from local schools and church representatives.
- On the afternoon of the inspection some people played a game of skittles which seemed to be enjoyed. We also saw photographs of people taking part in cooking sessions, spending time in the garden and feeding the ducks at the park. With people's consent, photographs were shared on social media so that friends and family could see what people had been doing.
- The care home was located close to the town centre and local park. This enabled people to easily access local facilities such as shops and cafes. We heard that staff also supported people to have walks in the park. There was a minibus which enabled people to go out on trips. One person told us they were looking forward to nicer weather as they were sure that there would be trips out.
- The registered manager arranged for entertainers to visit the home. Following these visits people were asked for their feedback to make sure they only booked entertainers who they enjoyed. One person told us, "We've had some very nice singers."

Improving care quality in response to complaints or concerns

- The provider had a complaints process which ensured all complaints could be investigated and responded to. People said they would not hesitate to complain if they needed to. One person said, "I would complain if I had to. They would sort it out." Another person told us, "I have no complaints, but I know how to complain. I think they would thank me if I pointed something out."
- There were regular meetings for people who lived at the home which was another opportunity for people to share any concerns. One person said, "I go to the meetings. You can definitely say what you like. There would be no bad feeling."
- The home was pro-active in ensuring people were satisfied with the care they received. In one instance we saw the registered manager and provider had facilitated a meeting with outside professionals when a family member was unhappy with the practice of a visiting professional. This demonstrated the provider's commitment to making sure people received a good service at St Georges Care Home even when concerns did not involve their own staff.

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 remained good. 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; 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 and provider promoted a culture which respected each person as an individual and enabled them to continue to be in control of their day to day lives. Staff spoken with understood the ethos and worked to promote this. Feedback from people demonstrated they continued to make choices.
- People were very satisfied with the care they received. One person said, "I think this is one of the best homes there is." Another person told us, "There is no doubt I feel very well looked after."
- People were supported to maintain their independence. Staff said they helped people to do things for themselves if they wanted to. One member of staff said, "We let people be independent. We are here to help when they need us."
- Staff were supported to provide person centred care because each care plan contained a section called 'Who am I.' This contained very personal information about people's lives, preferences and routines. For example, information about people's evening routines gave details about times people liked to go to bed and any drinks they liked to have before bed.
- There was an inclusive atmosphere which made people feel comfortable and relaxed. One person told us, "I do feel at home here." Another person said, "You can have anything you want. You just have to ask. It's home."
- Staff were happy in their jobs which helped to make sure people lived in a comfortable and happy environment.
- The registered manager was open and approachable. People and staff felt they could raise any issues and they would be listened to. One person commented, "You could always talk to [registered manager's name]." A member of staff told us that openness was encouraged. They said, "I feel really well supported. You can talk to any of the management. They want us to learn."

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

- The registered manager led by example to make sure high standards of care were provided to people. One member of staff said, "The managers are always checking and guiding. Not in a bad way but to make sure we do things right for people."
- There was a staffing structure which made sure there was always a senior member of staff on duty. This meant people and staff always had access to a senior member of staff to ask for advice or raise concerns.
- The provider and registered manager had systems to monitor the quality of care provided to people.

Action was taken to make improvements when these systems highlighted shortfalls in care and support.

- The provider used all audits and incidents to make sure there was continuous learning and ongoing improvements. For example, the staff had begun to complete wound management plans with district nursing staff following some issues. This helped to make sure that everyone was aware of treatments and care provided by district nurses.
- The registered manager completed a monthly checklist to make sure the provider was aware of everything going on at the home. This enabled the provider to have oversight and monitor standards.

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

- People, relatives and visiting professionals were able to share their views about the care home. The registered manager was open and approachable to enable people to share their views informally. There were also quality assurance questionnaires where people could give feedback more formally.
- The registered manager involved people in decisions about the home. There were monthly meetings where people could make suggestions and discuss any issues. People told us they felt free to talk about any issues at these meetings.
- Staff worked in partnership with other professionals to make sure people were able to easily access services to meet their needs. There was a weekly call with the local GP surgery and regular visits to the home from other healthcare professionals.
- There were regular staff meetings including handover meetings and a daily mid-morning short meeting. This enabled all staff to receive information about any changes to people's care needs and to raise issues.
- Staff worked in partnership with other professionals to make sure people received the care and treatment to meet their individual needs. We saw correspondence from professionals which praised how well they had worked together. One praised the dedication of staff working with them to improve a person's mobility.