

Wellburn Care Homes Limited

# St Georges Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Georges Residential Home is a residential care home providing personal care to up to 38 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 36 people using the service.

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

People, relatives and staff gave positive feedback about the care provided. Staff felt people were safe and were confident to raise concerns, if required.

The provider investigated safeguarding concerns, incidents and accidents and acted to help keep people safe. Staff regularly carried out health and safety checks and risk assessments. The home was clean throughout. There were enough staff to meet people's needs and medicines were managed safely.

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 was a structured approach to quality assurance which had been effective in identifying and addressing issues. People, relatives and staff had opportunities to give feedback.

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

### Rating at last inspection

The last rating for this service was good (published 1 February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part due to concerns received about staffing levels impacting on people receiving timely care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remains good based on the findings of this 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.

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

## 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# St Georges Residential 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

An inspector and an Expert by Experience carried out this inspection. 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 Georges Residential 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 Residential 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 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 not a registered manager in post. The manager had applied to register and the application was progressing.

#### 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 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 this information to plan our inspection.

#### During the inspection

We spoke with 10 people who lived at the service and 5 relatives. We spoke with 8 staff; the manager, the deputy manager, 1 senior care worker and 5 care workers. We reviewed a range of documents relating to the safety and management of the home.

# 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. The rating for this key question 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 effective systems to help keep people safe from the risk of abuse. Safeguarding concerns had been referred to the local authority, investigated and recommendations were acted on.
- People, relatives and staff confirmed the home was safe. One relative commented, "I'm very happy with the level of care [family member] receives and the measures in place for their safety."
- Staff knew about the whistle blowing procedure and were confident to raise concerns, if needed. One staff member told us, "I have not used it [whistle blowing procedure] but I would definitely use it if I had to."

Assessing risk, safety monitoring and management

- The provider managed risks and acted accordingly to help keep people safe.
- Health and safety checks were completed regularly, to keep the environment and equipment safe.
- Risk assessments identified measures to reduce risks and help keep people safe from harm.
- The provider had procedures for dealing with emergency situations. This included personalised plans to support people safely in an emergency.

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.

Staffing and recruitment

- There were usually enough staff to meet people's needs. The manager monitored staffing levels to ensure they remained at a safe level.
- People and relatives told us staff responded in a timely way when people needed help. One person told us, "There's plenty of staff. Although I don't need anything doing myself, they still ask every day."
- New staff were recruited safely. The provider carried out pre-employment checks to ensure prospective

staff were suitable to be employed at the home.

#### Using medicines safely

- Medicines were managed safely. People told us they received their medicines on-time. One person said, "They come round with the [medicines] trolley to my room. They always stay till I've taken them."
- Staff kept an accurate record of the medicines people were given. The manager regularly checked staff followed the correct medicines procedures.

#### 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.
- The provider was following Government guidance in relation to visiting in care homes. There were currently no restrictions.

#### Learning lessons when things go wrong

- The provider had systems to investigate accidents and incidents and acted to keep people safe. One relative told us, "[Family member] has been having falls more lately. They've had a special mat on the floor next to [family member's] bed so they know when they get up out of bed."
- The provider analysed incidents to identify learning, which was used to help improve the care provided.



# 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. The rating for this key question 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

- The provider worked towards developing a positive, person-centred culture. People, relatives and staff gave positive feedback about the home and the care provided. A person said, "The staff are great. They're always laughing so they must be happy." A relative commented, "I know [family member] is really happy here."
- People, relatives and staff described the registered manager as supportive and approachable. A person told us, "[Manager] is a lovely girl. She has been here a long time and she always has time to listen." One staff member said, "I am very supported, I can go to [manager] and [deputy manager] with any concerns."

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

- The provider understood the duty of candour and acted appropriately. They were proactive in submitting the required statutory notifications for significant events to the Care Quality Commission.
- Most relatives told us the provider updated them about their family member's needs. Relatives said, "I get a phone call if they want to discuss things" and "I do get correspondence from them every now and then."

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

- There were opportunities for people, relatives and staff to give feedback about the home. People had completed questionnaires in January 2023. Feedback was mostly positive in areas such as activities, meals and maintaining links with families. Where issues were identified, an action plan was developed and progress was monitored.
- Staff meetings were not regular as, prior to the most recent meeting in April 2023, the last one was in March 2022. Staff told us they had recently attended this meeting and were able to share their views.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to quality assurance. The manager and area manager completed regular checks across a range of care related areas. These were effective in identifying areas for improvement and actions plans were developed to monitor progress.

- The provider was working with commissioners and other health services to work towards promoting good outcomes for people.