

St George's (Liverpool) Limited

St George's Care Homes

Inspection report

Croxteth Avenue
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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 is a 'care home' providing accommodation, nursing and personal care for up to 50 older people; some of whom lived with dementia. At the time of the inspection 37 people were living at the home.

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

The registered manager was clear about how the service should be provided and they led by example.

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced.

Infection control measures were safe. Steps were taken to learn lessons if things went wrong.

Staff were caring and treated people with kindness and respect. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of incidents reoccurring.

We received positive feedback on the service. One person said, "The care seems very good and they seem well staffed" and another said, "With the new manager it's really good."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infections. There were safe medicine procedures for staff to follow.

The registered manager provided good leadership and clear direction. Staff felt supported and were confident people received good care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published 21 December 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges on our website at 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 George's Care Homes

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 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 Georges 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 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 the there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. 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 visits

We spoke with 2 people who used the service and 8 family members about their experience of the care provided. We spoke with 10 members of staff including the registered manager, provider, care staff, maintenance staff and catering staff.

We looked at a range of records. These included 6 people's records related to their care and support and a variety of people's medicine administration records. We looked at recruitment records for 5 staff members employed since the last inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to take reasonable steps to mitigate risks regarding infection prevention and control.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to preventing and controlling infection.

- There were safe systems to manage and monitor the prevention and control of infection including COVID19.
- Cleaning schedules and checklists were in place for all areas of the service and equipment used and staff signed the records on completing the required task.
- 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 could 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's approach to visiting was in line with current government guidance.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to take reasonable steps to ensure that risks to people were always fully assessed and monitored. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) in relation assessing risk and safety monitoring.

- Risks to people's health, safety and welfare were assessed appropriately.
- Care records contained information that was person-centred. The registered manager had recognised that improvements were needed to care records and had begun a programme of reviews and

improvements. This included improving people's information around life stories and people's preferences when receiving care. Staff could access care records and had a clear understanding of the person they were caring for.

- Care monitoring records for people had been completed to show they had received the care and support they needed to minimise the risk of harm.
- People's family members told us they had no concerns about people's safety and would report any concerns about their safety to care staff, the registered manager or provider. One relative said, " We haven't any complaints, she feels safe with the carers. My wife can talk to the staff and would say to them or me if she didn't feel safe."
- Risks to people in the event of a fire were regularly reviewed. We highlighted that some people's personal emergency evacuation plans (PEEP) were not up to date and did not reflect a persons needs in the event of a evacuation. The registered manager took immediate action to improve these records.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received safeguarding training and were aware of the signs of abuse. They understood what to do if they had any safeguarding concerns. This included how to raise a safeguarding concern and how to use the providers whistle blowing procedure.
- The provider had robust accident, incident and safeguarding procedures in place. Staff completed the relevant reports, investigations took place when necessary and lessons were learnt and shared with staff.

Using medicines safely

- Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with current guidance.
- People had medication risk assessments in place and staff were familiar with individual medication administration procedures.
- Staff received regular medication training and competency checks. Routine medication audits were completed.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The provider used a moderate level of agency staff. Agency staff had induction and were supported by the provider.
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This

ensured that all staff were deemed 'suitable' to work in health and social care settings.

Learning lessons when things go wrong

- The home had regularly reviewed accident and incident records which reduced the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were prepared to use and confident in.
- Staff were able to explain the reporting process they followed to report an incident or accident.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.

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

- The newly appointed registered manager was committed to their role and aimed to achieve high quality care for people alongside a dedicated staff team.
- The home had a positive culture that promoted people's choice and independence. Peoples relatives praised the recent improvements in the atmosphere at the home and the approach from the registered manager and staff members.
- Family members and staff told us they had confidence in the leadership at the service. Feedback we received about the registered manager and the provider was positive. One relative said, "There have been a few changes in management and with COVID it has been difficult but happy with the new manager who has come in."
- Staff meetings took place regularly; staff told us they were able to share their views and that the registered managers door was always open for any discussions. One staff member said, "Whatever we need the manager will try to help us especially if we have concerns about the residents. They are on floor with people seeing how they can help improve anything" And another said, "[Name] is approachable and at first you worry with a new manager, but you get to know him and realise he is focused on the residents and staff.
- The provider had effective quality monitoring systems in place. Action plans were produced from audits and they were used to continually review and improve the service.
- The registered manager and provider were committed to the continuous development of the service. They were assessing the quality of the service to drive additional improvements. This included regular reviews of people's care and regular observations of staffing numbers and audits.

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

- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- Some relatives said they were not always involved in their loved ones care but recent management changes had made them feel reassured by open and ongoing communication from the registered manager and provider. One person said, "Nothing was ever done until the new manager came on board and its been done now."

Continuous learning and improving care; Working in partnership with others

- There were systems in place to monitor the quality and safety of the service.
- There was examples of how learning from recent audits and checks had been shared with the staff team in a positive manner with the aim of developing and improving the service provided.
- Referrals were made for people to relevant professionals when required for specialist advice and support.
- There was regular contact with people and relevant others to ensure consistency of care 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 provider understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
- The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices.