

Mr Matthew Lindley Faiers Lindley

# St George's House

## Inspection report

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Date of inspection visit:  
28 June 2023  
06 July 2023

Date of publication:  
11 August 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St George's House is a residential care home providing personal care to up to 19 people. The service provides support to people aged 65 and over. At the time of our inspection there were 13 people using the service.

St George's House is a detached period property in the market town of Tiverton. The home has accessible access to the garden and communal areas. People's bedrooms are on the ground and first floor, which people access using a stair lift.

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

People lived in a home where the providers system was not always effective to identify and address concerns and shortfalls in the service. During the inspection we identified issues relating to people's records, policies and procedures and medicine management. The provider and registered manager took prompt action to resolve the concerns we found. We have recommended they continue to seek reputable guidance to continue to establish and maintain effective quality assurance systems to embed improvement into practice.

People had not always been protected from environmental risks at the home. The provider took prompt action to the concerns we found. We have recommended the provider continue to regularly monitor health and safety risks at the home.

People's medicines were not always being managed in a safe way. Improvements were made during the inspection to make medicines safe regarding concerns we identified. We have recommended the provider continue to review their practice in relation to safe and effective use of medicines

People were protected from the risk of abuse because the provider had effective safeguarding systems in place. We observed kind, compassionate and caring interactions between people and staff. People looked comfortable and relaxed with staff who supported them. People spoke positively about the care provided.

Staff told us there were usually enough staff to safely meet people's needs. We identified concerns about the early evening staff levels which we discussed with the registered manager. They told us they would look into the staff levels at this time.

Infection control practice followed national guidance and sought to keep people safe from infection. We signposted the provider to resources to develop their approach further.

The provider worked well with healthcare professionals to ensure good outcomes for people.

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 providers policies and systems were being reviewed to ensure staff had clear up to date guidance. The registered manager welcomed support, advice and guidance to achieve compliance. They consented to being contacted by the local authority quality improvement team to continue to improve the service.

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 22 May 2018).

#### Why we inspected

We received concerns in relation to the management of the service and risks to people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement 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 George's House 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **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 House

## 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 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. They joined us at the service and spoke with people and relatives to ask their views about the service.

#### Service and service type

St George's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St George's House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 asked for feedback from health and social care professionals who support people at the service. We used all this information to plan our inspection.

### During the inspection

We met with people who lived at the home. We spoke with 6 people who could tell us about their experience and views about the home. Some people were unable to fully express their views to us as they were living with dementia. We therefore spent time observing care in the main communal area and the interactions between people and staff.

We spoke with 5 members of staff. We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, staff recruitment, incident records, quality assurance processes and various policies and procedures. We emailed the GP who support people at the service to ask their views.

# 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 changed to 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.

### Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicine management.
- Where people were prescribed 'as required' (PRN) medicines they did not have a PRN protocol in place to guide staff when and how to use these medicines. This included medicine to support people with anxiety, pain, and constipation. This put people at risk of not receiving their medicines in the most effective way. The registered manager began work to introduce PRN protocols at the time of our inspection.
- Staff were monitoring the medicine fridge temperature to ensure medicines were stored at the correct temperature. However, they did not have guidance about what temperature range the fridge should be set at and actions they needed to take if outside of the range. During the inspection new guidance was put into place to guide staff.
- The processes and systems in place for ordering, storing, and disposing medicines were mostly safe. We discussed with the registered manager there was no system to record checks on medicines coming into the home. The registered manager told us they checked medicines coming into the home and would start recording this.
- Medicines that require additional security were being safely managed. Improvements were made during the inspection to ensure these medicines were regularly checked.
- One person at the home was a self-administering their own medicines. Staff had completed a risk assessment to ensure this was safe in 2021. However, they had not kept this under review to ensure it remained safe. The registered manager said she would reimplement regular reviews.
- The provider's medicines policy did not cover all of the areas needed to ensure staff were guided about the medicines management at the home. The registered manager developed a new medicine policy during the inspection process.
- Improvements were needed in the oversight of the administration of prescribed topical creams at the home. Staff were not always recording that they had administered prescribed creams as required. The registered manager said they would work with staff to ensure prescribed creams were applied as prescribed.

We recommend the provider continue to review their practice in relation to safe and effective use of medicines in line with National Institute for Health and Care Excellence (NICE) guidance.

- Only staff senior staff who knew people well administered medicines which mitigated the risk of people not receiving these medicines effectively.
- Staff had received training and their competence in administering medicines was checked regularly.

## Assessing risk, safety monitoring and management

- Risks to people's safety had not always been safely managed. People had not been protected from the risks of hot water. We found the hot water coming from taps in people's ensuite bathrooms and toilets were too hot to hold our hands under after running for 1 minute. There was signage to make people aware of the hot water. However, this presented a serious risk of scalds for vulnerable people who lived at the home. Following our feedback on the first day of the inspection, the provider took prompt action and reduced the temperature of water coming out of outlets accessible to vulnerable people.
- On the first day of the inspection some windows on the first floor had openings above the HSE guidance which vulnerable people could be placed at risk of falling from height. On the second day of our visit all the windows were restricted to ensure people were safe.
- Where we raised any minor areas of concern, the provider took action to identify and manage the risks. For example, a trip hazard in the dining area.

We recommend the provider continue to regularly monitor health and safety risks.

- Other risks associated with people's support needs were safely managed such as skin integrity and malnutrition.
- The service had assessed fire risks and equipment was available to support people to evacuate in the event of an emergency. Staff had received training in fire safety and were scheduled to undertake updates. The fire officer had visited the home in March 2023 and made several requirements. The provider had taken action regarding these.
- The registered manager told us the fire officer had requested more detail in people's Personal Emergency Evacuation Plans (PEEPs) to assess the level of support people required if an emergency occurred. The registered manager showed us a grab sheet which identified people's needs and told us they were going to do a more detailed PEEPs as requested by the fire officer.

## Staffing and recruitment

- People told us there was enough staff to safely meet their needs.
- Staff said there were usually enough staff but said there were times during the day when they were very busy. The staff rota showed 2 care staff allocated on duty over the evening meal period and a kitchen assistant who prepared/ dished out the evening meal but did not provide any care support.
- At the time of the inspection there were 3 people at the home who required additional support with their meals and 5 people who required 2 staff to support them with their personal care. The 2 care staff provided all of the care support as well as 1 of them undertaking a medicine round. This meant people may not be safe if staff were supporting people who required 2 staff in their room. The registered manager said they would discuss the staff levels with the provider.
- We observed while at the home, staff responded promptly to people's requests for support.
- Recruitment practices were mostly safe. However, we found minor omissions in 2 staff files. The registered manager rectified this during the inspection and assured us recruitment would be safely managed going forwards.

## Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse. The registered manager and staff were aware of their safeguarding responsibilities.
- The majority of staff had received training in this area. They had confidence in the registered manager to deal with concerns and knew how to contact safeguarding themselves if they needed to.
- Everyone we spoke with said, they felt safe. For example, "I have never had no trouble here"; "I feel able to talk to the staff" and "I am confident with the help I receive."



- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

#### Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy contained the information staff required to ensure safe infection control practices at the home.
- 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 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 have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home.
- People confirmed their families and friends had been able to visit. Comments included, "My friends can come and visit me any time they like. We go out into the garden."

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. The majority of staff had received training in the MCA and understood people with the capacity had the right to make their own decisions. The registered manager told us, they were supporting staff who had not completed the training to undertake it.
- Records demonstrated one person had left the home and was not safe due to their cognitive impairment. The registered manager had submitted an application for them to be assessed under the Deprivation of liberty safeguards. However, they had not completed a care plan or risk assessment to guide staff how to support the person to remain safe. After the inspection visit a care plan was put in place.

#### Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed appropriate actions were taken by staff following any accidents and advice was sought from other health professionals when needed.
- The registered manager reviewed all accident and incidents to ensure staff had taken appropriate action.

# 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 changed to 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

- Quality assurance systems did not always operate effectively. The range of audits was limited and did not ensure oversight of the whole service. Audits carried out by the registered manager had not identified the shortfalls found within the inspection regarding environmental risks, management records and medicine management. The provider and registered manager took action to resolve the concerns identified at the inspection and ensured people were safe.
- On the first day of our visit people's medicine and care records were not held securely and could be easily accessed. These records were securely stored by the second day of our visit.
- Improvements were being made during the inspection to ensure the providers policies were up to date and reflective of current guidance.

We recommend the provider continue to seek reputable guidance to continue to establish and maintain effective quality assurance systems to embed improvement into practice.

- The new registered manager had previously undertaken the role of deputy manager. Since they had been the registered manager, they had not had a deputy manager to support them in their role. This meant they were undertaking a lot of roles at the home and there was no management cover when they were off except when a senior carer was on duty. We discussed with the nominated individual and the registered manager the risks this posed and did not ensure the continued safe running of the service. They told us they would look at the management cover at the home going forward.
- The nominated individual regularly visited the home and supported the registered manager. They completed a monthly review which included a 'house inspection' and reviewed any staff or residents' concerns.
- The registered manager welcomed support, advice and guidance to achieve compliance. They consented to being contacted by the local authority quality improvement team to continue to improve the service. The registered manager demonstrated their dedication to ensure people lived in a safe and high-quality home.
- The registered manager was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- People were positive about St George's House and everyone said they would recommend it. For example,

"I wouldn't want to be anywhere else. It has a lot to commend it. Even if it was possible, I wouldn't want to be anywhere else", "I am quite happy here" and "They look after us very well, I am lucky to find such a good place."

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. People and staff told us the registered manager was always accessible, approachable and supportive.
- Staff said they enjoyed working at St George's House. They felt valued for the work they did and were proud to work at the home.

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 was open with us about ongoing development of the home. They had recognised where further improvements were needed. They understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

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

- The registered manager told us it was important to them to be a visible presence within the home and worked alongside staff. People told us, "The (registered manager) is excellent, but has too much to do... When (registered manager] is here she is always accessible" and "She (registered manager) is always around...she would put it right (if there was a problem)."
- The provider had provided people and those acting on their behalf with a survey to complete in 2022 to gain their views about St George's House. The responses had been predominantly positive. Where people indicated improvement was needed, plans were in place to address this. The registered manager said they would be doing another survey during the summer.
- The registered manager said resident's meetings had stopped during the pandemic, but they had a resident's meeting scheduled.
- Regular staff meetings took place and staff told us they were able to give feedback about the running of the service.
- People benefited from partnership working with other local professionals, for example GPs, community nurses and social care professionals. A GP working with the service was positive about how the service engaged with them. They said, "Overall I think St George's is an excellent residential home and I would have no hesitation about recommending it to patients." We discussed with the registered manager having a better recording system to record advice given by community nurses to ensure it was followed and consistent.