

Grand Park Homes Ltd

# St George's Nursing Home

## Inspection report

42 Kneesworth Street  
Royston  
Hertfordshire  
SG8 5AQ

Tel: 01763242243

Website: [www.grandparkhomes.uk](http://www.grandparkhomes.uk)

Date of inspection visit:

05 December 2023

05 January 2024

Date of publication:

15 February 2024

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St George's Nursing Home is a care home providing nursing and personal care to 24 people. The service provides support to older people, some of whom were living with the experience of dementia. At the time of our inspection there were 22 people using the service.

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

Medicines were not always managed safely. Risks to people had not always been assessed and planned for. Staff were not always recruited safely. We made a recommendation to the provider to review their practice.

People's privacy and dignity were not always respected. People did not always receive care in a person-centred way.

The registered manager had audits and quality assurance processes in place, but they were still working to embed and sustain the improvements which were required.

People were not happy with the food they received, and they told us it was cold. The home was undergoing an extensive programme of repairs to modernise it. Health professionals visited the home regularly.

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 enough staff to meet people's needs. Staff understood how to safeguard people from the risk of harm. The provider had good infection control practices in place. The registered manager was learning from accidents and incidents. People and their relatives spoke positively about the activities.

People's needs were assessed before they moved into the home. People and their relatives were very happy with the care they received. Staff were friendly, caring, kind and supportive and the registered manager was approachable.

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 the service under the previous provider was good published on 07 March 2018.

### Why we inspected

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

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

### Enforcement and Recommendations

We have identified breaches of regulations in relation to safe care and treatment, person centred care and meeting people's nutritional and hydration needs. We made a recommendation regarding staffing.

### 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive 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 Nursing 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.

#### Inspection team

Two inspectors, 1 medicines 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 Nursing 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. 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. We visited the location on the 5 December 2023 and 5 January 2024.

#### 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). 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 5 people who used the service and 4 relatives. We spoke with the registered manager, and we received 12 staff questionnaires. We reviewed a range of records, this included 4 people's care records, 9 medicines administration records and 3 staff records. A variety of records relating to the management of the service were also 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 under the previous provider this key question was rated as good. At this inspection the rating for this key question 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

- Medicines were not always managed safely. Medicines were administered using an electronic medicines administration (e-MAR) system which supported staff to follow the prescriber's instructions. Staff manually updated the system following a change in medicine or dose, however some records we reviewed had not been updated in line with the prescriber's instructions. This meant we could not be assured people were always receiving their prescribed medicines.
- People who were prescribed time-sensitive medicines did not always get these at the correct times. This placed people at risk.
- Staff who were administering medicine patches did not record where they applied the patches. This meant people could be at risk of skin irritation as this medicine should not be applied to the same site in succession.
- The service was not storing medicines requiring fridge temperatures within the recommended temperature range.

This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The provider did not always follow safe recruitment procedures before employing staff. We reviewed 3 staff records and we found there was gaps in 2 people's application form as their employment histories were incomplete.

We recommend the provider review their employment practice to ensure they are recruiting staff safely.

- There were enough staff on duty at any one time to meet the needs of people who used the service. Throughout our visit, we observed there were staff available to meet people's needs in a timely manner. Relatives confirmed there was enough staff. Comments included, "I visit at different times of the day and there always seems to be enough staff and they are always friendly and respectful to the residents" and "I am completely satisfied with the care. The staffing is good and there are adequate numbers. I have no concerns at all."

### Assessing risk, safety monitoring and management

- Risks to people had not always been considered, assessed or planned for to ensure people received care

safely. We identified there was no risk assessment in place for people who smoked and used paraffin-based skin products which placed them at increased risk of being harmed by fire and or smoking. On the day of the inspection, we raised our concerns with the registered manager and appropriate action was taken to mitigate risk.

- Risk assessments were in place for people's individual support needs. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks.
- Risk assessments were reviewed each month or if a person's need changed and staff told us they felt they had the necessary information to care for people safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Comments from relatives included, "[Person] is safe there." And "I have no concerns with safety."
- Staff had the skills to identify possible abuse and take appropriate action by reporting any concerns to the registered manager without delay.

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

Learning lessons when things go wrong

- The registered manager was proactive about learning lessons and improving the service. The provider had systems in place to monitor incidents and accidents. This information was monitored to look for themes and trends and this was discussed in handover and team meetings.



# 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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There needed to be improvements to ensure people were supported to eat and drink. We observed lunch and we found there were ineffective procedures in place to ensure people received their food in a timely way. Kitchen staff served food 1 at a time and staff brought the food to the person and if they were asleep, it was taken back to the kitchen and reheated later in the day.
- People also confirmed there was a problem with the quality of the food and the temperature of it. Comments included, " The problem is they plate them all up in the kitchen and put a cover over them and it gets cold "and " The food is awful, it is cold, I had cold custard today."
- The registered manager told us if people did not eat their lunch a hot meal was later prepared however this was not confirmed by people and staff. People also told us, "We used to have a hot meal in the evening but that has changed and now we have two sandwiches and a cake, it is not enough for me."
- There was no dining area for people to eat so people ate in their rooms or with a small table in front of them.

The provider had not ensured people's nutritional needs were being met adequately. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had information and knowledge about special diets for people who had swallowing difficulties or were at risk of choking. People's weight was monitored on a monthly basis and advice was sought from the GP if required.

Staff support: induction, training, skills and experience

- Staff received training and support but there was limited information recorded for staff on their individual induction process. This meant it was not always clear if they had completed the induction process in line with the providers policy.
- The registered manager had an overview of the staff training and whilst there were some gaps the registered manager was addressing this.
- Staff told us they felt well supported. Staff had regular supervisions which gave them the opportunity to discuss their learning and development needs.

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

- The home was not purpose-built, the provider had a programme of works which they were implementing to ensure the home and garden area was being modernised and we were able to see some work which had been undertaken.
- People told us the building was tired, but they felt it did not impact on their care. One relative said, "Although the décor is tired and old-fashioned, the care by the staff more than makes up for this."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-assessment was carried out before people moved into the home. This information was used to form people's care plans and was further developed as staff got to know people better.
- Care documentation had recently been moved to an electronic system. People's care was planned and delivered based on national guidance and standards.

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

- People's healthcare needs had been assessed and there were care plans relating to these. This meant the staff had information about these needs and the care people required to stay healthy and safe. We could see appropriate referrals were made to healthcare professionals when required.

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 provider was working within the principles of the MCA. Staff spoke knowledgeably about working within the principles, one staff member told us, "I offer support without imposing my own opinions, aligning with the MCA's emphasis on promoting the person's best interests and respecting their autonomy."
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements.

# 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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We were not always assured people were involved in making decisions about their care. The provider did not always have a clear process of people consenting to care from male carers. Male staff told us they sometimes provided intimate personal care to females when this was not their preference.
- People who needed support to eat were supported but it was not always clear how this was decided. We saw there was limited interaction and meaningful conversation between people and staff when they were supporting people to eat. People's choices in relation to their meals were not ascertained as they were not always asked what they would like to eat.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's privacy and confidentiality was respected. We observed staff knocking on people's doors before entering, using people's names and ensuring people's dignity was respected.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff. All of the feedback we received from people or their relative's consistently showed staff were kind and caring. Comments included, "The girls are so committed, they are a happy team they are always having a laugh." And "I can't sing their praises enough."
- People were supported to maintain and develop relationships with those close to them. One relative told us, " They always welcome me when I come and offer me a cup of coffee, they treat me with respect as well."

# Is the service responsive?

## Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of Life

- People were not always supported as individuals, or in line with their needs and preferences. This led to some people receiving inappropriate care and support which was not person centred.
- There was limited information about people's backgrounds, likes and dislikes. This meant staff did not always know what was important to them.
- At the time of the inspection, the service was supporting people reaching the end of their lives, but the care plans did not have enough information about how best to support people. We discussed this with the registered manager, and they told us they relied on families to provide this information, but they told us they would be reviewing all care plans.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received end of life care training and worked with palliative care services when required.

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.

- People's communication plans were recorded within their care plans. Some people's communication needs were impaired due to their condition; however, we did not always see clear guidance available to be able to support staff.
- The registered manager understood their responsibilities under the AIS and Information was available in different formats if people required.

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 participate in activities which they enjoyed. The home had an activities worker and people, and their relatives told us they were happy with the range of activities. Comments included, "The activities organiser is brilliant and always provides appropriate activities." And "They have gone out of

their way to involve [person] in activities, [person] loves music and they have lots of music activities."

- The activities worker also supported local community groups to come into the home and people spoke positively about the impact this had on people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People and their relatives told us they understood the procedure. Comments included, " I have never needed to make a complaint but if I did, the manager is very approachable" and " I go along to the residents' meeting and say if I have any concerns, the manager and the senior nurses listen, and they put it right."

# 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 under the previous provider this key question was rated as good. At this inspection the rating for this key question 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

- The provider's quality assurance systems and processes were not always effective. Their checks and audits had identified the issues we found during our inspection in relation to medicines and care plans, but they were unable to embed the learning and the ongoing sustained improvement which was required.
- The registered manager was working on an action plan as a result of the local authority's visits, and it was evident progress was being made and there was a clearly defined action log with dates for the registered manager and staff to meet.
- The registered manager was responsible for leading on a substantial programme of improvements across all areas of the home which meant they had to prioritise work areas based on risk.
- The management team were aware of their roles and responsibilities including what events they needed to notify CQC about.
- Information related to people and staff was stored securely and treated in line with data protection laws.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home was well managed, and the management team were visible to residents and staff at the home and residents spoke highly about the management team. One person said, " It is well-managed, I never hear a raised voice, the manager is always about the home."
- People and their relatives there was a clear vision and set of values at the service which were shared by staff which focused on people receiving good holistic care whilst engaging with people and their families.

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 understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.

Continuous learning and improving care

- The registered manager had good procedures in place to support their ongoing learning to improve the service.
- There was regular contact with the local authority and the registered manager was committed to making

the ongoing improvements required.

Working in partnership with others

- The registered manager and staff worked in partnership with healthcare professionals within the local area.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider did not always ensure people receive person centred care. Regulation (9 )(1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to assess, monitor and mitigate all risks to people and manage medicines safely. Regulation 12 (1)
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider did not always ensure service users' nutritional needs were being met. Regulation 14 (1)