

Bushby Care Ltd

St Georges Lodge Residential Care 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 Lodge Residential Care Home is a residential care home providing accommodation and personal care to 21 older people with a variety of health conditions, some of whom are living with dementia. The service can support up to 26 people.

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

People felt safe living at the home and said there were always staff around to support them. Risks were identified, assessed and managed to protect people from harm. People received their medicines as prescribed.

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 were involved in all aspects of life at the home and were invited to residents' meetings to share their views. A robust system of audits monitored and measured the care and support people received and the service overall.

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 Good (published 8 August 2019).

Why we inspected

This inspection was prompted by our data insight that assesses any potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to review the previous rating.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Lodge Residential 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 Care Act 2014.

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 undertaken by one inspector.

Service and service type

St Georges Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two senior care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and the provider's policies in relation to admissions, medication and their COVID-19 contingency plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- One person explained they felt safe living at the home and said, "There's so many staff around who pop in and make sure I'm all right".
- Staff had completed safeguarding training. One staff member told us, "It's ensuring our residents are safe, with no signs of abuse, such as physical or financial. If we have concerns, we raise these with the manager, who will investigate and raise a safeguarding".
- The registered manager had a good understanding of their responsibilities in line with the provider's safeguarding policy. They said, "It's our duty and everyone's duty to keep everyone safe. Staff are trained to recognise the signs of abuse and how to report it". The registered manager had completed additional training with the local authority on how to investigate and report on potential or alleged abuse.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- One person told us they walked with the aid of a frame and staff walked behind them to make sure they did not fall; they added, "I like to be independent".
- Risks were mitigated and where incidents did occur, these were reported and analysed to prevent reoccurrence. Several people lived with diabetes. One carer explained they telephoned through the results of people's blood sugars and blood pressure readings to the local surgery. This updated the GP and regular monitoring of people's health meant prompt action could be taken if required.
- We reviewed a range of risk assessments, for example, in moving and handling, weight and nutrition, and skin integrity. Records provided detailed advice and guidance for staff which were followed.

Staffing and recruitment

- Staffing levels were sufficient and were assessed based on people's care and support needs.
- The registered manager told us there was a full complement of staff and no vacancies at the time of the inspection.
- Staff felt there were enough staff on duty and said they had time to sit and chat with people. One staff member said, "It was very difficult during Covid and when people were isolating, but there are no problems now".
- Systems were robust in ensuring that new staff were recruited safely and records showed that all appropriate checks had been made.

Using medicines safely

- Medicines were managed safely.
- One person said, "I have all sorts of medicines. If I have any problems, they look into it. If I want any tablets for pain, they give me them".
- We observed medicines being administered to people during lunchtime. The carer handed people their medicines and waited with them whilst they swallowed their tablets.
- One person wished to take their medicines independently and this had been risk assessed.
- Medicines were ordered, stored, and disposed of in line with the provider's policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Any visitors completed a lateral flow device test and needed a negative result before being allowed into the home.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learned when incidents occurred.
- The registered manager said, "We've learned lessons throughout the pandemic and updated our policies and systems. We make decisions on a daily basis that ensures people's safety. One lady had a fall and fractured her hip, so we moved her from the first floor to the ground floor, to be nearer staff. We discussed this with her and her family".
- When incidents happened, staff identified what had gone wrong, what could be done differently, and lessons that had been learned.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- People received personalised care that met their needs.
- We observed staff engaging with people throughout the day of our inspection. Staff were patient and kind in their interactions. During lunchtime, people were shown meals on a tray so they could see which appealed to them. People were asked if they were enjoying the food and the atmosphere in the dining room was relaxed and cheerful.
- One person said, "I'm always asked if I have any problems. I can go into the garden whenever I want and I enjoy that".
- Residents' meetings enabled people to share their thoughts with staff. The last meeting was held a month before the inspection. People were asked for their feedback through surveys and comments were positive. The home had been a finalist in the 2020 Top 10 Care Home of the Year, run by a local newspaper group.
- On a noticeboard in the hallway we read, 'Our Vision – a care home that ensures a person-centred approach to all service users which enables individuals with support to enjoy a healthy, engaging and independent life'. Our findings at inspection supported this vision.
- The registered manager completed regular 'walkarounds' the home and knew people and their families well.
- A robust system of audits measured and monitored the care people received and the service overall. Care planning was in the process of being reviewed, with consideration being given to the merits of electronic care planning, rather than paper-based systems.

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 registered manager understood their responsibility under duty of candour. They told us, "We have a duty to be open, honest and transparent about everything that happens in the home, and to talk with relatives and the local authority. Notifications that were required to be sent to us by law had been completed as needed.
- The registered manager felt supported by the provider and described them as, "Very supportive. If we need anything it will be obtained".

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

- People were encouraged to be involved in every aspect of life at the home. One person said, "I love it here and have made some lovely friends. I've no complaints and they look after me well. If I want to talk to my daughter, they ring her for me. The new shed [visitors' pod] is quite nice and my son brought his dog to visit. There's a beach party soon and everyone received a personal invite".
- Staff told us they enjoyed working at the home. One carer said, "It's a small home and family atmosphere. Everyone gets on with each other. I like having responsibilities and being given opportunities for training. I've worked at a lot of care homes, but this is the best".
- People's individual needs were catered for and everyone was treated equally. One person was cared for in bed and struggled to communicate verbally. Staff knew how to read this person's body language and communicated through signs and gesticulations.
- People stayed in touch with those who mattered to them through social media which provided daily updates for family and friends.
- The registered manager explained how additional risk assessments were completed where required, for example, for staff from minority ethnic groups, or staff with an underlying health condition.

Working in partnership with others

- The home worked in partnership with a range of agencies.
- The registered manager was a member of West Sussex Partners in Care and attended regular meetings. They also worked with Skills for Care and joined with other registered managers through social media.
- The home was part of the National Care Association.
- Good links had been forged with a range of health and social care professionals who engaged with people living at the home.