St. George's Hospital Limited

St. George's Nursing Home and Home Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 and 19 December 2016 and was unannounced.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a strong visible person centred culture with staff regularly going the extra mile to ensure people's wishes and goals were achieved. Relatives and healthcare professionals consistently told us staff provided outstanding care and were always compassionate during interactions with people.

Staff received a thorough induction before they started work.

People were supported by staff that had the skills and knowledge to meet their assessed needs.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people's files.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life.

The provider had appropriate arrangements in place to assess people's capacity to make decisions about their care and treatment. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

People who required assistance to eat and drink were supported effectively. Appropriate assessments had been conducted for anyone who had difficulty in swallowing their food. Interactions between staff and people during meal times were respectful and dignified.

Multi-disciplinary teams including mental health workers and occupational health were involved in reviewing and updating people's risk management plans.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to their care and treatment were carried out.

People had access to activities that were important and relevant to them. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. There was a

range of activities available within the home.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager and said the management and leadership of the service was good and very supportive.

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. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Robust checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Good

The service was effective. People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS).

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were provided with a choice of nutritious food that met their requirements.

Is the service caring?

Outstanding ☆

The service was very caring. Staff had developed excellent relationships with people. Staff made significant effort to ensure people's wishes were respected and acted upon.

People were involved in decisions about their care and treatment and were provided with information to help them make their own choices about this.

People were supported by staff that had a very good understanding of their individual needs and preferences for how their care and support was to be delivered.

Is the service responsive?

Good

The service was responsive. People received care that was personalised and met their needs.

People could raise concerns about the service and these would be investigated to their satisfaction.

Staff supported people to maintain and develop their skills and to undertake varied activities.

Is the service well-led?

Good

The service was well led. Relatives and healthcare professionals told us the registered manager was approachable and always made time for them.

Regular audits were undertaken to ensure people received a safe well-led service.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.

St. George's Nursing Home and Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 19 December 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, three nurses, four care workers, the provider and four relatives. After the inspection we obtained feedback from three healthcare professionals.

We pathway tracked five people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 7 November 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Healthcare professionals and relatives provided positive feedback about the safety of the home. One healthcare professional said: "We have a single member of admin staff who helps to coordinate the prescriptions with the nursing home to try to make the process as efficient as possible" A relative said: "It is very safe here; they look after people so well and don't let anything go without being checked". Another healthcare professional said: "Whenever I visit there always seems to be enough care staff and you never feel like they are understaffed".

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

A set of policies, systems and processes were in place to manage and assess risk and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, nutrition, skin integrity, uncommunicated pain and the environment. Handover meetings took place on a daily basis which provided staff with useful information to ensure people were supported safely. A member of staff said: "We speak about each person in the home". Another member of staff told us the handover meetings were useful because it ensured all staff were aware of any changes in people's conditions. A healthcare professional told us they were contacted regularly with staff raising any concerns about people's health needs changing, such as continence concerns and skin integrity.

The service had a detailed policy in place to ensure people received their prescribed medicines in a safe manner. Each person had their medicines support needs assessed and recorded, and detailed care plans were in place. All staff had received training in how to administer medicines safely and the competency was regularly observed. Additional training or supervision was given to anyone who was not judged fully competent. All medicines given were properly recorded on a detailed medicines administration record. These were audited rigorously and random spot checks were also carried out.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered

manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. A member of staff confirmed staffing levels were adjusted to meet the needs of one person during a time where their mental health had deteriorated. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Good

Is the service effective?

Our findings

Healthcare professionals and relatives told us staff provided effective care. A healthcare professional said: "In my experience, absolutely. They always consider mental capacity and consent and consider 'best interests' and want to be their resident's advocates". Another healthcare professional said: "The staff were concerned as they felt the patient had the capacity to agree or to decline to the vaccination. I spoke to the patient and agreed with the staff that he had capacity and that he wanted the flu jab so this was given. This shows that they were thinking about acting in the patient's best interest and supporting residents to make their own decisions when they are able to". A relative said: "The food is really good here, I have seen people get help to eat and they don't rush them".

New staff undertook a period of induction before they were assessed as competent to work on their own. Care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "I thought it was helpful". There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

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 Act 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. The application procedures for care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. The registered manager had made the appropriate referrals to the local authority and were complying with the relevant legislation.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. A member of staff told us a malnutrition universal screening tool (MUST) was used to identify people who may be underweight or at risk of malnutrition. Any risks identified such as weight loss were shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to

eat and relatives told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. We saw examples of good practice where staff patiently assisted people with drinking fluids. For one person who was at risk of choking staff sat with them at the same level and supported them appropriately at their pace without rushing them,

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists and opticians. Records indicated people saw consultants via outpatient's appointments, accompanied by staff, and had annual health checks. Each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

Outstanding ☆

Is the service caring?

Our findings

Healthcare professionals and relatives consistently spoke highly of the service and told us staff provided outstanding care. One healthcare professional said: "I have never had any cause to doubt their abilities to provide effective care and as stated, staff attend end of life training courses with us". Another healthcare professional said: "I have always felt that staff go above and beyond to support their palliative and end of life care residents. They have also had some complex residents with difficult needs to manage, such as extreme anxiety and a young (Person) with (Disease), however they always 'rise to the challenge' and approach such challenges with confidence and determination to do all that they can" and "Whenever I have a new referral for a patient at St Georges, I am extremely confident that their end of life care needs will be met with high levels of professionalism and quality care, even those with complex symptom needs. A lot of staff I have met have genuine passion and enthusiasm to maintain such an excellent standard. It is always a pleasure to work with this Nursing home.

A relative said "It's a great place to be, staff are always smiling and encouraging people to take part in activities. It's the people living here make who the decisions, I can see that when I come to visit and nothing is too much for the staff". During lunch one person asked for a different newspaper, the staff member responded immediately by getting their preferred paper. Another person told staff they didn't want dessert because they were meeting up with their friend. The member of staff said: "That's no problem, would you like me to wrap a cake up for you so you can take it with you and you can have it with your friend?" Care records provided comprehensive detail about people's life histories. We regularly observed staff speaking to people about their previous jobs, holidays they had been on and their family members. The owner and the registered manager were visible to people and they interacted with people in a very open and friendly way.

Staff consistently demonstrated outstanding compassion towards people, were highly motivated and committed to helping people to remain independent. For example, one person was upset because they wanted to return to their home. The member of staff sat patiently with the person, held their hand and talked with them about the things they missed. The member of staff spoke softly, reassured the person and by the end of the conversation the person was smiling and looking forward to their lunch. A relative said: "Before (Person) died, the staff looked after him so well, they never left him alone and they were always speaking to him even though he couldn't really talk. I had great comfort knowing the staff genuinely cared". We saw staff encouraging and motivating people to eat independently whilst supporting them to maintain their dignity. Other observations included encouragement from staff to take part in activities. People told us they felt valued and said they were able to contribute their views which were always valued and respected.

The service has a strong, visible person centred culture and was exceptional at helping people to express their views so they understand things from their points of view. For example, one person who had been diagnosed with (Disease) had asked staff if they could be supported to have a tattoo. Features of the disease can often include difficulties with behaviours, communication and abnormal movements. A member of staff told us the person concerned often moved involuntary by jerking, flicking and displaying fidgety movements of their limbs. They said: "He really really wanted a tattoo and there were lots of barriers and worries but we worked with everyone to make sure it would happen and that it was safe". After visiting several tattoo

parlours, completing a mental capacity assessment and obtaining medical advice from the GP, the person successfully had their tattoo with support from three care workers who attended the session in their own time. Staff used pictures, symbols and verbal communication to ensure the person was able to express themselves. We spoke with this person who was extremely proud to show us their tattoo. They pointed to it and smiled, laughed and were clearly very proud.

Staff were consistently proactive and always advocated positively on behalf of people who were unable to communicate their feelings. For example, one person who had been diagnosed with (Disease) had been suffering from extreme anxiety. A staff member made contact with various healthcare professionals to seek alternative treatment options for the person. The staff member was consistently told there was nothing else that could be done to help ease the person's anxiety and behaviours. The member of staff decided to make a direct referral to a local hospice to obtain support. A specialist from the hospice visited the person, assessed their needs and prescribed injections to reduce their anxiety. The member of staff said: "It worked amazingly well, so now the ladies quality of life has dramatically improved". Staff spoke passionately about people they cared for and told us they frequently supported people in the community during their own time. One member of staff said: "On many occasions we have taken one person to watch a football game, we even wrote to different clubs to try and get tickets because it's three tickets we need because staff need to go with him". Other activities staff supported people to attend in their own time included trips to the zoo, Christmas and Birthday shopping.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. The privacy of people was supported. For example, one person with a visual impairment told us staff often read any correspondence they had to them and ensured the door to their room was closed when this was done.
Each person's physical, medical and social needs had been assessed before they moved into the service. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included detail about people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Good

Is the service responsive?

Our findings

Healthcare professionals and relatives told us the staff were responsive to people's needs. One healthcare professional said: "They seem to undertake risk assessments like MUST scores etc and act on these appropriately". Another healthcare professional said: "They maintain regular contact regarding any concerns/updates about my patients. They action any requests promptly and are always able to give detailed knowledge regarding their residents. I hold a six weekly end of life link nurse meeting which is very regularly attended by a representative. Staff also regularly attend training courses that we provide here at (xxxx) Hospice".

Care plans described what support was needed in sufficient detail to ensure that consistent support was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, one person did not need help but liked staff to be nearby for reassurance when they had a bath. Staff acted in accordance with the person's wishes. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time and again ask if they would like to be supported.

Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. Information about people's preferred daily routines included when they liked to get up and whether they preferred to eat breakfast in their own room or with others. The provider had effective tools in place to assess, monitor and review people's nursing care needs. Nutritional screening documentation, moving and handling assessments and monthly observations records including blood pressure and weight checks were used to review and change people's care when needed, for example one person was referred to the speech and language team after it was noted they had lost weight over a two month period.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care. These included an advocate, a community psychiatric nurse and a behavioural psychologist.

People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure was displayed on the notice board and gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any

concerns with the staff. Complaints had been appropriately investigated and by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly.

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One member of staff told us they had supported people to return to their family during special occasions such as Christmas and Birthdays at their request. One relative told us they regularly visited the home as it provided them with a sense of comfort and friendship after their partner had passed away. They said: "I still come here because the staff are so kind and I can have a cup of tea and a chat with the staff, that option is still there for me".

People were encouraged and supported to participate in a wide range of activities. These included exercise classes, yoga, arts and craft, choir singing, board games and papering afternoons. Trips to the local pub and a Christmas pantomime were documented on the homes monthly activities plan. Relatives consistently told us activities took place frequently. One person said: "They do a lot here, I enjoy the bingo and the exercise classes".

Good

Is the service well-led?

Our findings

Healthcare professionals and relatives spoke highly about the leadership and culture within the home. One healthcare professional said: "Staff are always very friendly, polite and professional. I always have the feeling that it is a 'happy place' to work with some fantastic members of staff. I really don't think I can praise their commitment to provide effective end of life care enough" and "On a personal note, we were looking to place my Grandad in nursing care due to deteriorating health and out of all the nursing homes that are in our area (that I have knowledge and experience of), St George's was where I chose for him to go. I believe this shows my level of confidence in this home". Another said: "The nursing home always seems to be very clean and tidy. Whenever I visit there always seems to be enough care staff and you never feel like they are understaffed" and "Whenever I have a new referral for a patient at St George's, I am extremely confident that their end of life care needs will be met with high levels of professionalism and quality care, and as stated, even those with complex symptom needs. A lot of staff I have met have genuine passion and enthusiasm to maintain such an excellent standard. It is always a pleasure to work with this nursing home".

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example we saw actions had been put in place to keep people safe whilst additional staff had been employed.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A member of staff said: "I raised a query about additional staff and we are now recruiting. We get the chance to give feedback during supervision and appraisal". Another member of staff said: "It's an open door policy here the managers are really approachable and they even help out with care if it's needed". Another member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey.