

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St George's Nursing Home

1 Court Close, Pastures Avenue, St Georges,
Weston Super Mare, BS22 7AA

Tel: 01934524598

Date of Inspection: 27 August 2014

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September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Delphine Home Care Limited
Registered Manager	Mrs Susan Claire Flowers
Overview of the service	St George's Nursing Home provides accommodation for people who require nursing and personal care. The home is specially designed to support people with dementia and can accommodate up to 60 people. At the time of our inspection there were 31 people living in the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We considered the evidence we had gathered under the outcomes we inspected. We spoke with three people who use the service, one visitor, four members of staff and the manager. We also looked at eight care plans and records related to the management of the service. Our inspection team was made up of one inspector. We used the evidence to answer five questions we always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service safe?

People told us that they felt safe. Safeguarding and whistleblowing procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the provider to maintain safe care. The provider had robust policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At the time of inspection, one person was subject to Deprivation of Liberty Safeguards. We found that the process was conducted in a manner consistent with the law.

Is the service effective?

People's health and care needs were assessed with them and they or their representatives

were involved in the compilation of their care plans. People said that they had been involved in the process and that care plans reflected their current needs.

Visitors confirmed they were able to see people in private and that visiting times were flexible.

Is the service caring?

We spoke with people who live at the home. We asked them for their experience about the staff that supported them. Feedback from people was positive, for example one person said, "I love it here and the staff are great". Another told us, "It can never be like your own home but it's the next best thing".

People who live at the home and their families were asked to complete a satisfaction survey by the provider. These were used to help improve the service in the future.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

The home worked well with other agencies and services to make sure people received care in a coherent way.

People knew how to make a complaint if they were unhappy. Complaints were dealt with in a timely and satisfactory manner.

People engaged in a range of activities both in the home and in the wider community.

Is the service well-led?

The service operated a quality assurance system which identified and addressed shortcomings. As a result, a good quality of the service was maintained.

The staff we spoke with were clear about their roles and responsibilities. They had a good understanding of the needs of the people they were caring for and were properly trained and supported to carry out their duties.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with three people who live at the home, examined eight care plans and daily records and observed interactions between people and staff. We spoke with the manager and four staff members. We also examined the provider's policies and documentation related to consent to care and treatment. The people we spoke with told us that staff always asked before offering care or support. Our observations confirmed this. One person said, "I never feel like I'm being forced into anything". Another told us, "They (staff) always ask before they do something. If I need to see a doctor, they will ask if that's OK".

We noted care plans contained assessments about people's capacity to make choices and decisions for themselves in line with the provider's 'consent to care' policy. These were updated on a regular basis or more frequently if required in the person's care plan. This process guided other aspects of care planning and ensured that those unable to make informed decisions would have their best interests safeguarded. This meant that the provider was acting in a manner consistent with the law. We noted that one person who lives at the home was subject to Deprivation of Liberty Safeguards (DoLS). We examined documentation related to this person and process and saw it had been conducted appropriately and proportionately, with the correct agencies and relatives involved in a consistent and lawful manner.

The home had responded to changes in legislation. We spoke with the manager about a recent legislation change in DoLS. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. They told us they were aware of the recent Supreme Court ruling made in March 2014 and explained the application process they would undertake with the local authority to apply for a DoLS

authorisation.

The staff we spoke with had a clear understanding of the implications of the Mental Capacity Act 2005 (MCA), in areas such as the general principles of consent, the rights of people to take risks and acting in the best interests of people where appropriate. We also saw that staff had undertaken training in the understanding of the MCA, including Deprivation of Liberty Safeguards (DoLS). This meant that staff were equipped to provide care consistent with the law that protected people's human rights. One staff member told us, "We try to let people make decisions for themselves as much as they can".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people and visitor we spoke with told us they held the home in high regard and were happy with the care provided. One person said, "I need to have my diabetes managed and the nurses do it really well". A visitor told us, "The care is superb. I have no complaints at all".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We used the Short Observational Tool for Inspection (SOFI) throughout our visit. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We found the care to be safe and appropriate, with adequate numbers of staff present. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. Those who could not express their needs received the right level of support, for example, in managing their food and drink. It was evident throughout our observations that staff had enough skill and experience to achieve this and meant that the care given was of a consistently high standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans we examined were legible, detailed and personalised. We found care planning and individual risk assessment were reviewed monthly or more frequently if required. The risk assessments were focused on the individual, in areas such as the risks associated with allergies, the management of pain and end of life care. We noted that the care plans contained detailed information about the delivery of nursing care and procedures such as wound dressing and the management of diabetes. We saw that these care plans were regularly updated in line with people's changing circumstances. We also found that staff had been given training in person centred planning.

There was good communication in the management of people's care between the provider and external professionals such as community psychiatric nurses, NHS Dental Services and social workers. We noted that advice and guidance given by these professionals had

been followed by staff and properly documented. This meant that the care given was personalised, relevant and up to date.

The staff we spoke with were knowledgeable about people's individual needs and preferences. We noted, through our observations and conversations with staff, that they were focused on delivering care based on maximising people's potential for independence. One staff member told us, "I love it here. We have time to care for people properly". We noted that the home provided a wide variety of social and educational opportunities for people, both within the home and in the wider community. For example, we observed that one person had taken responsibility for the day to day running of the home's library. This meant that people's emotional and psychological needs, in addition to care needs, were met.

There were arrangements in place to deal with foreseeable emergencies. We observed that the home had clear protocols to follow in case of emergencies, such as an outbreak of fire or contact with hazardous substances. We found staff had been given training in relation to these situations. The staff we spoke with were clear about their responsibilities in this area.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us they felt they were safe and protected from harm. One person told us, "Yes, I am safe. I would do something if I wasn't. My family would too". Another said, "I don't think about it at all. I suppose that means I am safe". We noted that there was one on-going safeguarding investigation at the time of inspection. We examined documentation pertaining to this and found the provider had acted in a manner consistent with their own policy and local authority guidelines.

The staff members we spoke with were all able to identify the correct safeguarding procedures should they suspect abuse to have taken place. All were aware that a referral to an external agency, such as the local Adult Services Safeguarding Team could be made, anonymously if necessary, in line with the provider's policy. One staff member told us, "I would let the manager know straight away. I know they would act". Staff confirmed to us the home manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

We noted that the provider's safeguarding policy contained information about and the contact details of external agencies who would investigate concerns raised by people or their families. People and their representatives had also been given information related to their rights in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We examined the provider's staff training records and found training in adult safeguarding had been undertaken by all staff members in line with the provider's policy. This meant that staff were trained to identify possible cases of abuse and take action to protect vulnerable people from harm.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We examined the provider's staff supervision policy and the supervision records for four staff members. In addition, we looked at the staff training records and associated documentation. The people and visitor we spoke with had confidence in staff's ability to deliver care to an appropriate standard. One person told us, "Some of the people here need quite specialised care it seems to me. The nurses do it really well". A visitor told us, "They (staff) really seem to know what they're doing".

Records showed staff regularly attended one-to-one meetings with their manager and had a yearly appraisal of their performance. We saw that areas for improvement were identified and agreed on these occasions with an action plan devised to be completed within a set period of time. The staff we spoke with felt that these meetings were useful and afforded them the opportunity to raise matters of importance to them. One told us, "I know that I can say what's on my mind in supervision and I'll be listened to. The manager is really good". We noted that the provider organised regular staff meetings. We examined the minutes of these and noted staff were able to discuss matters freely and openly. One staff member said, "I find them a good way to find out what's going on. They're open and honest; people can say what they want". This meant that staff were supported to deliver safe and appropriate care.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. We examined documentation pertaining to staff training and development. We found staff were able to access training in subjects relevant to the care needs of the people they were looking after. These included the care of people with dementia, positive behaviour management and equality and diversity. There was additional training for registered nurses in areas such as updates on wound dressing and end of life care. The staff we spoke with were satisfied with the training opportunities on offer. One staff member said, "There is no problem with training. If it's something that improves care, then the chances are you can do it". This meant that staff were supported to deliver safe and appropriate care.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. This was done on both a formal and informal basis. We noted that the provider facilitated regular residents' meetings and friends and families' meetings, in which people were able to discuss and exert influence over the day-to-day running of the home. We examined the minutes of the latest meetings and saw issues were noted and addressed within an agreed time frame. We also found people's views were sought via customer satisfaction questionnaires from both people and their families on a yearly basis. We examined 13 recently returned questionnaires and found high satisfaction levels amongst people and their families, particularly in the area of quality of care and the cleanliness of the home. In addition, we were told that people and their families were encouraged to approach the home manager at any time to discuss matters of concern to them. The people and visitor we spoke with confirmed this to be the case.

The provider took account of complaints and comments to improve the service and explained how complaints would be dealt with. This information was provided in a format that met people's needs, in written form and subsequently and informally by staff. The people and visitor we spoke with felt they could make a complaint if needed and would be listened to. One person told us, "I'm sure all the staff here would listen if I had a complaint, but I never have".

We examined the complaints policy and procedures and found they included clear guidelines on how and by when issues should be resolved. They also contained the contact details of relevant external agencies, such as the Care Quality Commission. We looked at the provider's complaints log and found that there had been five recent complaints made. We examined documentation related to these and found the complaints were managed in a timely and satisfactory manner. Our observations and conversations also indicated that the home's manager operated an 'open door' policy in which people,

their families and staff could raise issues of concern to them. This meant that people had their comments listened to and acted upon, without the fear that they would be discriminated against.

We found the provider conducted robust audits of the service against the essential standards of quality and safety in areas such as care planning, medication management and infection control. We noted that the provider had taken remedial action whenever issues were identified as a result of these audits. This meant that the provider was able to monitor the on-going delivery of safe and effective care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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