Bupa Care Homes (BNH) Limited

St George's Care Home

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 24 May 2017. St Georges Care Home provides nursing and residential care for up to 63 people, the majority of whom are living with dementia. At the time of our inspection there were 51 people living at the service.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risks of unsafe care. Risks to people were identified and acted upon including risks around behaviours, nutrition, bed rails and environmental risks. Personal evacuation plans were in place for every person and staff had received fire safety training.

People told us that they felt safe. Relatives felt their family members were safe. We found staff understood how to protect people from the risks of abuse. Recruitment practices were safe and relevant checks had been completed before staff started work. There were now sufficient numbers of care staff deployed at the service to meet people's needs with the use of agency staff to meet the required numbers and further recruitment was taking place.

Medicines were managed and administered safely and people received their medicines when they needed. Staff competencies with medicines were assessed.

Staff were suitably qualified, skilled and experienced to meet people's needs including dementia and challenging behaviours. Staff received appropriate support that promoted their professional development and had regular supervisions with their line manager.

The environment was set up to meet the needs of people living with dementia. Staff understood how to support people to make decisions. Where people had restrictions placed on them there was evidence that these were done in their best interests. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were given choices of meals and people told us that they liked the food on offer.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with dignity and respect and choices were offered to allow people to make decisions about their care. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. We saw that staff treated people and their families with care and compassion.

People were able to access meaningful activities that were important and relevant to them. People's needs were assessed when they moved in to the service and on a continuous basis to reflect any changes in their needs. Care plans showed that people and relatives (where appropriate) were involved in the planning of their care.

The provider had systems in place to regularly assess and monitor the quality of the care provided. Complaints were investigated with the necessary action taken. The provider actively sought, encouraged and supported people's involvement that was used to improve the quality of care. Staff were encouraged to contribute to the improvement of the service staff felt listened to and valued. People's records were up to date or accurate.

People told us the staff and management were friendly and approachable and were always visible in the service.

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.

Risks to people were identified and managed to keep people safe.
Medicines were administered, stored and disposed of safely.

There were sufficient staff at the service to support people's needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

The environment was set up to meet the needs of people that lived with dementia.

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

Staff understood how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to access healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Support was provided in accordance with people's wishes. Staff were kind and attentive towards people and their families.

People's preferences, likes and dislikes had been taken into consideration.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People had access to activities that were important and relevant to them.

Complaints were investigated with the necessary action recorded and responded to.

Care plans were detailed and people contributed to their planning of care.

People's needs were assessed when they entered the home and on a continuous basis.

Is the service well-led?

Good

The service was well- led.

The provider had effective systems in place to regularly assess and monitor the quality of the service the service provided.

The registered manager actively sought, encouraged and supported people's involvement in the improvement of the service and used this to improve the quality of care.

Staff felt supported and valued. People said that staff and management were always there to speak with when they needed to.

St George's Care Home

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 was planned to check 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 was an unannounced inspection which took place on 24 May 2017. The inspection team consisted of two inspectors, a nurse specialist and an expert by experience in care for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition we reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager (and other senior members of the management team) three people, five relatives, seven members of staff and a health care professional. We looked at a sample of eight care records of people, medicine administration records and supervision records for staff. We looked at records that related to the management of the service which included minutes of staff meetings and audits of the service.

The last inspection of this service was carried out on 27 April 2016 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service and were not concerned about how they would be treated. Relatives we spoke with felt that their family members were safe and secure at the service. One told us, "Totally safe I think the area she walks is very secure area." Another told us, "The quality of care from the staff and the security here is very good." A third told us that when they went home after visiting their family member they had a sense of peace that they were in, "Safe hands" at St Georges.

To help keep people safe, staff identified risks and they were managed. The corridors of the service were wide and clutter free which allowed people to walk around all areas of the service freely. One relative said, "As a place the freedom of movement is great. My wife is mobile, and goes on a wonder. She likes the freedom and it's safe." Another relative told us, "She (their family member) is safe here. She had a tumble about one and a half years ago. Since then they (staff) have kept a close eye on her." Where people were in their rooms but unable to use a call bell staff checked on them regularly. There were sensors in people's rooms where appropriate so that staff were aware who was out of bed to help anticipate possible risks to people's safety.

Staff were aware of the risks to people and what action was needed to reduce risks. One member of staff said, "We use equipment like hoists and the correct size sling for each person. I check for things like cables under the beds to check they are not broken or lying on the floor which could trip someone." Another member of staff said, "We have a person that will lay on the floor. We are aware that someone may trip up on them so someone will sit with them until they are ready to get up." Risks around people's behaviours were managed well by staff. Staff recognised that behaviour could be a result of frustration in the way others around the person are behaving, a sense of being out of control, or a feeling of not being listened to or understood. One member of staff said, "It's important that we reassure people when they are feeling anxious." We saw this in practice on the day. There was detailed individual guidance in the care plans for staff around how to manage people's particular behaviours. Other risk assessments were in place and comprehensively completed that included the risk of malnutrition and dehydration, moving and handling, skin integrity, the use of bed rails and the risk of falls.

Accidents and incidents were recorded and action taken to prevent further risks to people. Staff were aware of what action they needed to take when an accident occurred. One member of staff said when talking about a person falling, "Go to the resident and make sure they are ok. Press the alarm and wait for a nurse. I wouldn't move them. We have an accident and incident form which we complete and also write the information in their care plan." We reviewed the accident and incident reports at the service. One person had fallen a number of times. They had been referred to the appropriate health care professionals to review their needs.

On the day of the inspection there were sufficient staff to meet the needs of people. However a number of staff had recently left the service and there was a greater reliance on the usage of agency staff. We asked people and relatives if they felt there were enough staff. One person told us, "No, they don't have enough staff here we have a lot of agency staff but the regular staff are very good." A relative said, "Sometimes they

are a bit short but it doesn't impact on the care." Whilst another relative said, "They have been recruiting. There are lots of new faces here. Levels of staff do seem to be sufficient to me though."

Staff we spoke agreed that due to staff leaving this had impacted on them. One told us, "There are enough staff when we use agency but it's when they don't turn up it has an impact." Another member of staff said, "With permanent staff you can cope but using agency it can be a struggle with their lack of experience with people that live here." The registered manager was aware of these concerns and plans were in place to recruit additional care staff and nurses. They told us that where there was a last minute sickness ancillary staff (who were trained carers) would assist with care and the registered manager also came in at weekends at times to cover absence. The lack of permanent staff did not impact on the care that was being provided on the day of the inspection. When people needed support this was provided promptly by staff.

Medication was administered and stored in a safe manor and people or relatives where appropriate were aware of the medicines that people were on. One relative told us, "I have seen her take her medication and we have been told about the side effects." Another relative said, "He (their family member) is on medication and we have asked about the side effects and now were having some of the medication reduced." People's Medicine Administration Record (MAR) were appropriately completed and corresponded with the medication given to the person.

There were appropriate procedures in place for disposal of medication. The temperature of the room and fridge was recorded daily and had not deviated from acceptable limits. Dates of opening were recorded on medicines where appropriate. There were PRN 'as and when' protocols in place with guidance for staff on when to provide people with medication when they needed it. We did raise with the registered manger that pain scale charts were not being used as often as they should be to assess the level of pain people may be in. They told us that this would addressed straight away. There was evidence that people were receiving PIR medicines when they needed. We saw a nurse checking a person's blood sugar levels. The nurse explained why they were there, and before moving the person in their chair to their room asked if that was ok. They moved the person to their room to carry out the test in private.

Safeguarding procedures were understood by staff. They were able to recognise what constituted abuse and what to if they suspected any type of abuse. One staff member told us, "Abuse can be sexual, financial, and physical. People's behaviour may change; they might start hitting out at people or staff. I have to report it to the nurse or the manager. I know I can call the social services, CQC or our head office if I need to." Another told us, "I would speak up if I noticed anything and go straight to the manager. I wouldn't think twice." There was a safeguarding adults policy and staff had received training in safeguarding people.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

Is the service effective?

Our findings

The environment was set up to meet the needs of people living with dementia. At times people with dementia see the world differently, everyday things (a rug for example can look like a hole), this can be confusing for people. The flooring of the communal areas and the hall ways were plain in colour to reduce the risks of people becoming confused when walking. There were memory boxes outside of people's rooms to help orientate them back to their bedrooms. There was appropriate signage on the bathrooms and toilets. Toilet seats were in a bold colour to assist people when using them.

There was a large garden and outdoor space that provided a place for familiar activities such as cleaning cars, gardening and hanging out the washing, and a place for exercise. We saw that people accessed these areas and enjoyed participating in these meaningful activities. One person said, "I can go anywhere in the home and I can go into the garden." The provider had created interesting outlooks for people in the lounge areas where they could look out at a bird table, water features and decorative planters. The design of the garden encouraged wildlife including squirrels and birds that people could look at. The corridors had been decorated and furnished with sensory items, murals and objects of interest; these were all placed in the corridors which people accessed independently.

People and relatives we spoke with felt the staff were effective in their role. One relative told us, "The key workers are really good they know his (their family member) needs very well there brilliant." Another told us, "The staff are pretty good really." Whilst a third told us, "The care is brilliant here, one hundred per cent."

The PIR stated, 'Staff undertake a comprehensive induction when they join the company and then refresher training to ensure they retain and update their knowledge and skills in mandatory areas. We encouraged our staff to undertake diplomas in health and social care. We are rolling out in depth dementia care training to support our residents who have a diagnosis of dementia.' This was reflected in what we found. People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff told us, "We have in-house and external training and you can ask for more training if you feel you need more." Staff received training appropriate to the needs of the people who used the service. This included dementia, challenging behaviour and moving and handling. All staff completed a full training programme and we observed good practice by staff on the day. We found that appropriate care was provided in relation to wound care, catheter care and other health care needs. Clinical staff were able to describe best practice in dealing with medical emergencies and were knowledgeable about the needs of people.

Staff had received appropriate support that promoted their professional development. One member of staff said, "I find one to one supervisions useful. If you want to say something it's easier in supervision. If I have something more personal to discuss then I can do it then." Another told us, "I have done this with the manger and am waiting to have it with the nurse. I had one two months ago." They said supervisions were an important part of the job. Clinical staff had the opportunity to review their skills with a clinical manager. At the time of the inspection a new clinical lead was in post who would continue with this support.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Mental capacity assessments were undertaken to ensure people's rights were protected. We saw that people's mental capacity had been assessed to determine if they needed support to make decisions about their care and treatment. Consent had been formally sought in a variety of areas including care and treatment from people or their representatives where appropriate and where they had the authority to do so. One relative told us, "They ask him (their family member) for consent but don't necessarily get a verbal response (due to their commination needs)."

Staff had an understanding of the MCA and its principles. One told us, "Everybody has the right to make decisions. If we feel that someone lacks capacity then we have to look at what may be in their best interest for example if someone is refusing medicines. We look at whether it's necessary for them to keep taking it and get the GP involved." We saw that MCA assessments had been taken for specific decisions that needed to be made for example in relation to whether the person needed bed rails or medical treatment supported with evidence of best interest meetings. Relatives told us that they were involved in decisions about people's care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications for DoLS authorisations had been made where restrictions were involved in people's care to keep them safe for example in relation to people going out without being supported by staff, bed rails and the locked doors inside the service. One member of staff said, "We complete DoLs applications where we feel we are placing restrictions on people and it's in their interest."

We asked people and relatives what they thought of the food at the service. One person said, "The food here is very good and we get a good choice of food my favourite meal is a roast." Another told us, "The food is very good and we get a good choice my favourite is Scampi and Chips and we can always get snacks and I drink water at night." A third told us, "The food is good and I get a good choice." A relative said, "The food here is excellent and there's a good choice of food his favourite meal is salmon and it's very nice and he never gets hungry at night." Another told us, "The food is lovely." A third told us, "To me it seems superb. It's varied, hot, with fresh veg. The use of the hot trolleys ensures the food stays hot thorough out the lunch time."

We observed lunch being served at the service. The main dining room was very bright and the tables were well laid out with the table clothes and each place setting had a serviette. Staff were very interactive with people and there was a pleasant atmosphere. Staff were laughing and joking with the people and relatives. Staff went around to each person showing them photos of each meal that was being served and offered them a choice including those that were on a restricted diet. The meals looked appetising and pureed food looked and was very well presented on rectangular plates to increase the dining experience. People that required were assisted with their meals. All through the day people were offered drinks and homemade snacks. There were drink stations in the service where people could help themselves.

All the food was homemade following the BUPA developed menus. We asked the chef how they knew people enjoyed the meals. They said that they dished out food in the dining area dishing up, so they could see and get immediate feedback about people's enjoyment of the meals. We saw this took place and that people vocalised with the chef that they were enjoying the meals. Clear information was on display in the kitchen about peoples preferences and allergies, and type of diet Cultural and medical needs were also

recorded, such as no pork, or to avoid certain foods such as cranberries or grapefruit (due to their interactions with medicines). The Chef was aware of the reasons why people could not have these items. We asked how they ensured people received the correct meals. They explained that they had a sheet that had each person's name on it, with their food preferences. During the dinner service staff came to him and asked for a meal for each person, they checked their sheet for that person, prepared the meal in accordance with preferences and then ticked the name off the list.

Nutritional assessments were carried out as part of the initial assessments when people moved into the service. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. One relative told us, "She (their family member) has two key workers who do try to get her to eat and that can take hours to feed her that's the really good part of the care she gets."

People and their relatives told us that people had the opportunity to see health care professionals when needed. One relative told us, "I get a phone call if there are any issues. She (their family member) was prone to urine infections but not had one for a while. The GP advised them to log the fluids, and they (staff) have been sticking to that." Another relative said, "The Chiropodist did his feet this morning and the GP comes here on a Wednesday and the Dentist came in and look at his teeth." A third told us, "Her (their family member) blood pressure went low at one point and the visiting GP gave me a contact for a GP who was a specialist in my wife's condition. He came out and things have got better." People's care records showed relevant health and social care professionals were involved with people's care. Records showed involvement of the GP, community nurse, Tissue Viability Nurse, dietician, Speech and Language Therapist and mental health tea. Staff followed the guidance provided by the health care professionals.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and attentive to their needs. One person said, "The staff are like family towards me." One relative said, "Such a nice bunch (staff). They are all caring people. They really cheer people up." Another relative said, "They show him (their family member) so much care." A third told us, "When (their family member) first came into the home he was very aggressive towards the staff. Now with the time spent with him staff being gentle with him bringing the best out of him he now smiles laughs all the time." One health care professional told us, "I love coming here, the attention they give, nothing gets left, the staff's relationship with residents is amazing."

During the inspection we saw staff showing care and compassion towards people and were attentive to their needs. Staff approached one person to offer them a drink and did this from a direction the person could see them. Staff knelt by the person's chair and held their hand, gently rubbing their arm. The person held her hands out to the staff member face, and the staff member moved a little closer so the person so they could feel the staff members face. Another member of staff gently sang along to a song playing on the television to one person they were supporting to drink. Another staff member helped a person to eat their biscuit with their tea. The member of staff broke the biscuit into smaller pieces for them, so that they could eat the biscuit themselves. On another occasion a person became agitated towards a member of staff. The member of staff was patient and reassured the person who responded positively. One staff member spoke to an Italian resident in their own language which the person responded to.

Staff ensured that they treated people with dignity and respect throughout the inspection. One relative told us that when their family member had been unable to get to the toilet in time staff, "Were really good to mother not making her feel bad." We observed one person strip the cloth off of the dining table. A member of staff reacted to the calmly without bringing attention to this and re-made the table. When people had spilled a small amount of drink down their chin, or had remains of biscuits around their mouths, staff supported them (and asked) to clean their face. This was done quickly, so people weren't left. Staff noticed that one person was showing interests on what was on the television, but their chair position meant they were at a slight angle to the screen. Staff moved the screen so they had a better view. One member of staff told us, "Talk to people and listen and reassure them."

The PIR stated, 'Our residents are encouraged to bring in personal items from home to make the rooms more homely. Each resident has a memory box outside of their room and relatives of residents are encouraged to fill them with meaningful items this helps the resident to recognize their own room and acts as a prompt for staff when engaging in conversations with the residents.'

Staff were aware of peoples expressions and what they were looking at or showing an interest in which was very important for people who could not verbally express themselves, and had limited mobility in their arms to draw attention to themselves. We observed a member of staff placed a serviette around a person's neck (to catch any spillages when drinking) and staff asked, and told the person what they were doing to protect their dignity. This person was offered a choice of drinks The person was unable to lift the cup themselves. The staff held the cup to the person's lips and kept confirming if they were ok, if they wanted another sip.

This was done in the persons own time, and at no time was she rushed.

People were supported to be as independent as they could be and were given choices. The chef told us that one person had an old recipe for a Christmas cake. They made a cake using their recipe. The person was involved by helping with the cleaning up, and 'supervised' the chef while the chef made the mix. People had the opportunity to have showers or baths when they wanted them. Comments from relatives included, "She (their family member) has a shower and one of the carers assist her and she has one every day", "She (their family member) has a shower I think every day and its assisted", "He (their family member) has a shower every day and they help him." One member of staff told us, "One person needs to be kept busy. He will push the trolley around. If people want to do things they should be able to. They need to have a normal life."

Relatives and friends were encouraged to visit and maintain relationships with people. One person said, "I go out with my family most Sundays to have lunch." A relative said, "I come and go anytime night or day." Another told us, I feel very much welcomed when I am here." A third said, "When we visit we are able to go to quiet areas in the home if we find it too noisy." We saw family and friends visiting the service on the day of the inspection.

There was evidence in people's care plans that people and relatives (where appropriate) were involved in the planning of their care. All of the people and relatives that we spoke with confirmed this with us. There was information around how people communicated, their spiritual needs, their likes and dislikes and whether they had a preference to a male or female carer.

Good

Is the service responsive?

Our findings

People and relatives felt that the staff responded to their care needs well. One person said, "I like living here and I like the staff." One relative told us, "(Their family member) had a problem with a resident that she kept on coming into her room and it frightened her so I told the staff and it was suggested if it would be a good idea to move her to another room which we did and it's been a lot better."

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. One relative told us, "I have been involved in one or two care reviews. All I can say is keep doing what you're doing. If I was unhappy I'd probably just bang on the managers door, I know them, they know me, I've never really needed to though, I would think they would put things right, they are a professional lot here." A member of staff said, "The manager or nurses do an assessment before the person comes here and they tell us about the person, contact with family is important."

The PIR stated, 'All residents have personalised care plans which document how their needs should be met, and any risks to their health and safety effectively managed. This includes information on action staff should take in the event of an emergency, such as evacuation requirements in the event of a fire, and action staff should take if the resident shows signs of distress or agitation.' Pre-admission assessments provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. There were detailed care records which outlined individual's care and support. Care plans included people's communication needs, continence, mobility, nutrition and hydration, sleeping and mental health and cognition.

There was guidance to inform staff of how they needed to support people. For example one care plan stated that they person 'When in communal area they are able to call for help' but that they needed to be regularly checked on. We observed the he staff member coming into and out of the room they were within earshot at all times and was checking on the person. One member of staff said, "I read the care plans. The nurses or senior carers write them. We inform the nurses if there are any changes, by putting in the daily notes or talk about it at handovers." We confirmed this took place. Where people needed their glasses on and hearing aids in this was done. With catheter care the care plan detailed the size of the catheter used and the date it was last changed. Pressure mattress settings were recorded dependant on the weight of the person.

We observed whether there were sufficient activities for people to occupy them. One person said, "I do join in their always doing something." Activities in the service were age appropriate and meaningful to people living with dementia. During the day there were various activities taking place including art and music sessions. Staff encouraged people to carry out tasks for example putting laundry away. One relative said, "One member of staff gets her (their family member) to fold napkins which is an activity and she doesn't do much in the way of activities now her dementia is getting worse." Staff took time to encourage one person to do a jigsaw another to use some percussion instruments. One staff member threw a ball to a resident while passing and asked about whether the person used to do sport and congratulated them on their skill. One member of staff told us that they had reviewed the activities on offer for people and had noticed that there

were a higher number of activities specific for the ladies. A decision was made to create a 'pub' for the men (and ladies if they wanted) with beer pumps, a juke box, a television to watch sports and a darts board with magnetic darts. The opening of the pub was happening the day after the inspection. We were sent photos of the event and saw that people were enjoying themselves at the event. Staff took people out on day trips that included the garden centre, shopping and museums.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person told us, "Never needed to make a complaint. They're very good here." Another told us, "I've complained when they lost my blanket but they brought me a new one." One relative told us, "There was an occasion when their family member wasn't dressed when they were going out to the hospital. I complained it has changed for the better." We asked staff how they would support people to make a complaint. One told us, "I would go to the nurse or the senior carer or manger to raise this with them." Another said, "I would sit and try and reassure the person. If I was worried at all I would speak to the manager." They told us that some people may not be able to say what was bothering them but they would pick up signs from their behaviours that they may be unhappy about something. We reviewed the complaints received since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with the response. On one occasion staff had been provided with additional training as a result of a concern raised.

Good

Is the service well-led?

Our findings

People at the service and relatives were complimentary of the management of the service. Comments about the registered manager included, "She's very good she listens and if you ask her to do things she does them", "She is doing a good job and she's hands on", "I came here one evening and the manager came and answered the door in a plastic apron and she was helping to support someone which gave me a real positive impression of her", "(The manager) seems to have a good working relationship with her staff." We saw that the manager and senior staff were very much present on the floor and interacted with people throughout the day.

Staff echoed these sentiments about the registered manager. One told us, "I like (the manager). She has put a lot into this place." Another said, "She will help when she can. I like the manager. She is always visible. When I have an issue she will help if she can." A third told us, "I don't see any issues with the management. I can always knock on her door with queries. She's always around the home." Another said, "I feel supported by the manager, the nurses and senior carers. If I go to the manager and tell her I need help she will come and help me." Regular staff meetings took place to discuss on-going practice in the service and to ask for staff feedback. One member of staff said, "We talk about the situation at the home, talk about what we can change to make it better for everyone. If anyone has any ideas, for example the hot trolleys were an idea from a member of staff. I think the pub that is opening tomorrow was also a staff member's idea. We also talk about any news."

Due to the recent departure of some staff the staff morale was not as good as it had been. However this did not prevent them from working well as a team and encouraging each other. Steps were being taken to employ additional staff which would have an impact on how staff felt. Staff were very praising of each other and pointed out to us how they felt about other staff at the service and how well they worked. One member of staff said, "When we are all together we work so well as a team. Everyone knows the routines and people get the support they need." The staff had been recognised for their work at the service and felt valued. One told us, "I feel so supported. I asked if I could put a programme of activities in place and she was so supportive of that. I felt my opinion mattered. She (the manager) thanks me every day and makes me feel valued."

Effective systems were in place to ensure the quality of care at the service. Internal and external audits were completed with actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed. This included recruiting additional staff, ensuring the dining experience was maintained and monitoring of people's behaviours. Other internal audits covered nutrition and catering, night visits and weekly medicine audits. All had actions to address that had been completed. For example during a night visit it had been identified that there needed to be more evening snacks for people and this had been addressed.

The PIR that was completed reflected the work that was being undertaken in the service. It stated, 'We have

a system that allows us to collect data throughout the month that helps us to produce a quality matrix report. This report is discussed by the manager and deputy manager as well as being discussed at the weekly clinical review meetings.' We found that this was taking place.

People and relatives had the opportunity to attend meetings to feedback on any areas they wanted improvements on. One relative said, "They have resident's meetings and I went to the last one about two months ago and some of the relatives put their point of view and yes I think they do act on what was put forward." Another said, "My daughter comes to the relative's meetings which are very useful, you can put your point of view across." We saw minutes of the meetings along with actions from the previous meetings. We saw that people were asked how life was for them at St Georges, what events were taking place and what they would like to see more. One person asked for a library to be set up in the service and this was done.

People's and relatives feedback about how to improve the service was sought. Surveys were each year and any actions needed would be addressed. After each survey a 'You say we do' document was produced for people to see what actions have taken place as a result of things they had raised. For example people had asked for more activities in the evenings and weekends and this was arranged for people. Activities were extended to 7.00pm and events were planned for the weekend. Another person had asked for more musicals to be shown on the television and we saw that DVDs had been purchased.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns. Records were accurate and kept securely.