

St. George's Hospital Limited

St. George's 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 25, 26 and 27 September 2017 and was announced.

St George's Home Care is a domiciliary care service providing care and support for people living in their own homes. They provided approximately 578 hours of care to 101 people at the time of our inspection. The service provided support to both young and older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment. St George's Home Care also provide 24 hour live in care for a small number of people.

The service had 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.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff.

There were sufficient numbers of staff deployed to meet people's needs. People were supported by staff who received regular training and support to help them provide effective care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

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 safe because staff understood their role and responsibilities to keep them safe from harm.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

Risk was assessed and measures in place to reduce identified risk.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

The service was well-led. The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

Records relating to people's care were accurate, up to date and stored appropriately.

Good ●

St. George's 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 25, 26 and 27 September 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people and people living with dementia.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law.

We used a variety of methods to inspect the service. We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, staff attendance rosters, and policies and procedures.

We spoke with the registered manager, care assessor and four members of care staff. We telephoned and spoke with nine people receiving care and four relatives. We visited and spoke with four people in their own homes to obtain feedback on the delivery of their care and to view their care records. We also received written feedback from one health and social care professional.

The provider completed a 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.

The service was previously inspected in November 2013 as part of the inspection of St. George's Nursing

Home and Home Care where no concerns were identified. The service amended its registration with the Care Quality Commission in September 2016 to become two separate registrations under the provider St George's Hospital Limited. This was the services first inspection under the registration of St George's Home Care.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe with my carer. She looks after me very well". Another person told us, "I'm very happy with them. They keep me safe and always make sure they lock my house up for me at night". A relative told us, "Very safety conscious in everything they do from helping (name) to move around the house to checking the food in the fridge is in date". Another relative told us, "Absolutely safe, the carers are excellent he loves to see them".

Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so that they were able to provide a consistent service. Most people we spoke with confirmed this. Comments included, "They are mostly the same ones and I do recognise them all", "I have a core of carers. Occasionally I have a new one who will shadow at first", and "I do like to see the same ones. I probably have three regular ones. Sometimes they will bring a trainee. I know St George's do their best to keep them the same".

The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "I think we are pretty good at keeping people safe and reporting concerns. I know the manager would take any concern seriously no matter how trivial we thought it was". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

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. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

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. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough staff deployed to meet people's needs. People told us they received a listing of staff who

would be visiting them in advance. One person told us, "I do get different girls but recently it's been the same one which is nice, you bond with them". Another person told us, "I think it has improved as about a year ago they were always very late and I kept having to phone but it is better now".

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives. Risk assessments included: mobility, nutrition, risk of skin damage, medicines and falls. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

There were systems in place to ensure that medicines were managed safely. Where possible, people were encouraged and supported to take responsibility for their own medicines. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Staff sometimes assisted people to take their medicines and recorded when they had done so on a Medicine Administration Record (MAR). These, where applicable were accurate, up to date and contained no gaps. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they felt they were well trained and competent in their work. One person told us, "It's amazing what they can do in half an hour I think it's because they are well trained and know what they are doing". Another person said, "Yes they all seem to know what they are doing, they all know what has to be done". A relative told us, "I think they are respectful and give my wife choices, I'm not usually around but she seems happy and I'm sure she would tell me if she was not happy". A health and social care professional told us, "St George's are one of the providers used by Adult Services, more specifically they have supported two of my allocated services users for some time. Said service users have over the years had a number of care providers which have all for one reason or another decided to end their involvement with the services users. St Georges however have continued to work with them despite the challenges faced".

People had access to healthcare services to maintain good health. People told us their health care appointments and health care needs were organised by themselves or their relatives. One person said, "They will notice if I'm more breathless than usual and discuss it and keep an eye on me or call the doctor for me". Another person told us, "Sometimes I have to go to the eye clinic in Southampton. My carer always comes with me to help me. I like that". People's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health.

Three people shared situations with us that involved the emergency services. One person told us, "On one occasion I got up and fell so when the carer arrived she took charge and called the ambulance and stayed with me until they came". Another person told us, "One day I felt unwell when they (carers) arrived. They called the paramedics and I went to hospital, they were brilliant and stayed with me", whilst a third person told us, "There was a situation where I fell and they found me, they were very helpful in calling for an ambulance, they would of stayed when they arrived but I insisted that I was ok with the paramedics".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the provider had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness. A health and social care professional told us, "I have found that St George's have always tried hard to ensure that the care workers allocated to work with my service users have the necessary skills and qualities to deliver the level of care required. Which, when considering the complex needs of said service users can present some challenges for care providers".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working

and to receive feedback on their work practice. One member of staff told us, "I think it's great that we get the opportunity to review how we work".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care staff) never come in and assume or take over. They always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "They will wash my wife's hair, they just do whatever is required or we ask". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. The registered manager and assessor told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. A health and social care professional told us, "I have always found that when working with my service users St George's have always worked on the presumption of capacity unless it is proved otherwise".

Most of the people we spoke with or visited did not require support with food preparation or eating however one person told us, "Because of my condition I need to eat low fat foods. My carer calls and prepares food from scratch and it is well cooked. It has helped me maintain and control my weight and I feel really good". A relative told us, "They come once a day and prepare lunch for my wife and me if I want, they don't have to cook it as it comes ready prepared but they will microwave it and cook a few vegetables as well". Staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

People, relatives and health care professionals praised the standard of care the service provided. People consistently told us that they were treated with kindness and compassion. One person said, "They are excellent. I couldn't wish for better carers". Another told us, "My carers are really lovely people, very caring". Several people attributed the care they received as the reason they were able to remain in their own home, with one person telling us, "The level of care and support I receive means I can stay in my own home and be as independent as possible. The people who come to me treat me respectfully and I respect them". Relatives were equally as complimentary of the care their relatives received and repeatedly described the service as, 'Excellent' and 'Fantastic'. One relative told us, 'They are very respectful and treat (person) so well which has meant that they can still be at home which is so important'. Another relative told us, "They always treat (person) with real respect and kindness".

Staff gave us examples of how they engaged with people and explained how they promoted respectful and compassionate care. One staff member told us, "If I visit when relatives are there I ask if they could go to another room as the person preferred this". One person we visited said, "I don't mind male or female carers and they did give me a choice when I started having care". Staff respected people's privacy and dignity using various means. For example, letting people wash their own face and other areas and drawing curtains when providing personal care. Another person said, "I will wash my top half and as much as I can my lower half. They (staff) will help me with my legs and feet, they are respectful and ask me what I need help with before they start".

One person with a specific condition was unable to communicate verbally. A relative told us, "Communication is difficult but the carer has found ways to engage. This might simply be facial expressions or hand gestures but it works really well and the carer has worked hard to achieve this it has made a real difference". One member of staff said, "I love my job as we are sometimes the only people that the person's sees throughout the day". People indicated that staff knew how people preferred their care to be provided. Our observations and people we spoke with confirmed that this was the case.

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised and special to each person. For example, 'Please pass on my thanks to (carer) who really went 'above and beyond' to care for mum last Thursday', 'We wanted to make you aware of the positive effect (carer) has had on his life and how she is a credit to St George's. Her hard work and vigilance in recognising something was wrong and for encouraging (person) to contact the GP for an urgent appointment'. A health and social care professional told us, "St Georges effectively monitor the health and wellbeing of service users. If there are any concerns they have either raised with friends/family members or professionals or on occasion they have encouraged the service users to contact the GP themselves".

Is the service responsive?

Our findings

Before receiving care people's needs were assessed to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. A relative told us, "They came out and did an assessment at the start of my wife's care and we set up a care plan, we were all involved". This was to identify what was important to the person and how their individual needs were to be met. People's care plans were routinely reviewed annually or if needs or circumstances changed. For example, where people had been admitted to hospital a full review of their care needs would be undertaken by the provider on their discharge to ensure they could still meet the persons care and support needs.

Care records were fundamental to providing person centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care. People we spoke with on the telephone confirmed that copies of their care plan were kept in their own homes and we also saw and viewed care plans of the people we visited. Staff told us the information enabled them to deliver effective support and it was always available to them before they were asked to support someone. One member of staff told us, "Before any of us go to see a new person for the first time we get to read their care plan so we know all about the person before we arrive". The service took active steps to ensure staff had all the information they needed to deliver appropriate and personalised care.

People confirmed that they had various opportunities to provide feedback and they had good on-going relationships with their care staff and the service. We looked at the returned questionnaires from the latest survey conducted in May 2017. Seventy one responses were received from 120 being sent out. 100% of people felt that staff were friendly, approachable and treated them with respect, 94% of people felt they had sufficient input into their care assessment and development of their care plans and 88% felt they were involved in reviews of care needs. The registered manager told us, "We really want to achieve 100% in all areas but this isn't always possible. Where people have not felt involved we have visited them to try to address this issue and hope that going forward they do actually feel involved". This meant that the provider listened to people and took actions to address any areas of concern.

Staff were required to 'log in and log out' at every call using a free-phone telephone that was linked to a computer system in the office. The registered manager told us, "If a carer is late to arrive at a call we get an onscreen message advising us. This enables us to contact them (staff) to make sure they are ok but also prompts us to contact people expecting a visit to advise them that it may be a little later. It could be that the member of staff has a medical emergency with one of our clients but it is a useful tool in reassuring our clients and ensuring the safety of our staff". We reviewed a sample of staff attendance rotas for the previous two weeks and found that most care calls were 'on-time' and staff stayed for the duration of the agreed time.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received six formal complaints in 2017. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their

relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received.

Is the service well-led?

Our findings

People, relatives, staff and a health and social care professional told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. One person told us, "They are always helpful and obliging in the office". A relative said, "I do know the manager, when I call the office they are always helpful but I don't need to call very often". One member of staff said, "The registered manager and office staff are very approachable. I feel that I can talk to them about anything". A health and social care professional told us, "St George's have been very good at working in partnership with Adult Services. If there have been any concerns raised by Adult Services or vice versa by St George's we have worked together to resolve the issues to achieve the best out-comes for said service users".

The registered manager had clear visions and values of the service and told us, "We aim to deliver a homecare service that we would be happy for our family and loved ones to receive. We aim to support people to maintain their independence and lifestyle by providing a high standard care. We want to be flexible; person centred and put the people at the heart of everything we do".

Quality assurance systems were in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The care assessor regularly visited people in their homes to monitor the quality of the service provided. Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments, incidents and accidents were reviewed. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.

Accident and incident reports were monitored to identify any trends and identify people at increased risk and showed that actions were taken to reduce risks. For example, we saw that a person's risk management plan had been updated following an accident when they were receiving personal care. This showed us that action had been taken to reduce the likelihood of further reoccurrence and that appropriate changes had been implemented. The provider is required, by law, to notify the CQC of certain important events that occur at the service and in people's homes. From records viewed we found that they and the registered manager had notified us about these events where required.

Staff team meetings were held regularly. We looked at the minutes of the meeting held in May 2017. Topics included for example, correct completion of care records and daily care notes, supervision, communication and training. The registered manager told us, "I think it's good for morale to have these meetings and I wish we could have them more often but my door is always open should staff need to speak with me about anything". Staff we spoke with told us there was a sense of 'togetherness and teamwork' and morale was very good.

The provider also sought feedback from staff through annual questionnaires. We looked at 12 completed

questionnaires undertaken in August 2017. Most staff were positive about the support they received from management. One member of staff commented, "I'm very happy working for St Georges Home Care and certainly can't find any reasons to grumble. I love it". Another said, "With good communication flow and team work, work has been made easier for me".

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.