

St Georges Limited

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Inspection report

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15 February 2019

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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

About the service:

This service is a domiciliary care agency based in Witham. It provides personal care to 30 people living in their own houses and flats. It mainly provides a service to older adults but also to adults with other support needs.

People's experience of using this service:

When we last inspected the service we found staff were caring but rated the service requires improvement because we had concerns about how the service was assessing need and managing risk. We found the service was in breach of regulation as improvements were needed in the management of risks associated with people's specific health conditions, daily living and administration of medicines. At this inspection we found the registered manager had made significant changes and people received safe and person-centred care from skilled staff who knew them well.

The registered manager was passionate about the service and introduced innovative and practical solutions which made a difference to the support people received. The new deputy manager worked well the registered manager and we receive feedback from people, families and staff that the service had improved since our last visit.

Feedback from key professionals about how the service worked with them was not consistently positive. The registered manager did not always respond openly and effectively when they received feedback from external organisations. They had also not notified CQC following a safeguarding incident, as required. We made recommendations about improving how the service communicated following mistakes and how they responded to stakeholder feedback.

The registered manager had implemented a new electronic system which they used effectively to improve all areas of the service. Senior staff could check what support staff provided and the system highlighted any concerns around late visits or delayed medication.

There had been improvement in the safeguarding processes at the service. Staff knew what to do when they had concerns about a person's safety. There were enough well-deployed staff to meet people's needs.

Senior staff had revised care plans to ensure they were more detailed and person-centred. The improvements since our last inspection meant people now received their medicines safely. Staff had detailed guidance about individual needs and knew how to minimise risk to people's safety.

The registered manager had adapted the new electronic system creatively to ensure it was tailored around people's personalised needs. Staff provided support flexibly and adapted it when people's needs changed. Staff supported people holistically and promoted their physical and emotional wellbeing. People received support to eat and drink in line with their preferences and needs. Staff were alert to any changes in people's

health and circumstances and referred people to professionals for support as required.

Staff were caring and attentive to the needs of the people they supported. People received dignified respectful care and were encouraged to remain independent. At the time of our inspection all the people at the service had capacity to make decisions. Staff supported them to make choices about the care they received.

People had access to a complaints process and office staff communicated well with people and their families and usually resolved concerns informally and promptly.

Staff were enthusiastic and told us they were well supported. They benefitted from the improved communication and morale was good. Senior staff ensured care staff had the skills to meet the needs of the people they supported. Training was varied, and senior staff provided additional guidance when there were gaps in staff skills.

Rating at last inspection: Requires improvement (Last report published 1 March 2018)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to check St Georges Ltd to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

St Georges Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection:

This announced inspection took place on 15 February 2019. We gave 48 hours' notice as we wanted to make sure the registered manager was in the office when we visited. When we rang to arrange our office visit, the registered manager told us they were on leave on the planned date, so we rearranged our visit as we wanted to make sure we met with them. The inspection team consisted of two inspectors. An expert by experience also carried out phone calls to people and their relatives to ask for their views about the service. These calls took place on 13 February 2019. An expert by experience is a person who has had personal experience of using or caring for someone.

Registered manager:

The service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we received when there are concerns about a person's safety.

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The registered manager had completed a PIR which provided us with information for our inspection.

We spoke with the registered manager and deputy manager, and two care staff. We had contacted staff by email and had three responses. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including staff files and a range of quality audits.

We had contact with three health and social care professionals who were involved in the support of the people at the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- The registered manager had addressed the concerns raised at our last inspection in relation to the support people received with their medicines and the service was no longer in breach of regulation.
- Care plans now gave staff detailed and personalised guidance. Plans advised staff to gain consent from people before administering medicine and to provide the support in a personalised manner. People told us senior staff visited regularly to check and update medicine records.
- Staff had face-to-face training and were observed by senior staff to ensure they had the skills to give people their medicines safely.
- The new electronic system enabled office staff to monitor how staff were supporting people with their medicines. The deputy manager showed us how the system had immediately highlighted when a member of staff supported a person to apply a cream which was not on the care plan. Office staff were able to speak with the care staff promptly to discuss what had happened and amend the care plan as required.
- Staff supported people to remain independent and safe with their medicines. They had arranged with a person's GP for their medicines to be put in a blister pack to minimise the risk of errors.
- A person described how a member of staff had made a minor mistake with her medicines and the next member of staff had addressed it immediately. She said, "They don't just pass it off, they phoned the office and my relative."

Assessing risk, safety monitoring and management

- When we last visited the service we had concerns about how the service assessed and recorded risks relating to people's specific health conditions and daily living. At this inspection we found the management of risk had improved.
- Senior staff had carried out individual risk assessments and developed plans to advise staff what to do to minimise risk. For example, a person had a detailed plan around their diabetes, with clear instructions to staff on what to do if they became unwell.
- Guidance around helping people with the mobility was detailed and practical, such as clear advice about the how to use a hoist safely.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we became aware of a safeguarding concern which had taken place since our last visit. The registered manager had investigated the concern in detail and taken the necessary action when they had been contacted by the local authority.
- Office staff had not notified the relevant authorities about this incident. At this inspection, we found the registered manager had addressed this effectively, through training and increased guidance. Office and care staff now had a good understanding of what to do when they had concerns about a person's safety.
- Although the registered manager took immediate action, this safeguarding alert raised a number of

concerns regarding how well the service worked with local authority to address this issue. This has been outlined further in the well-led section of this report.

- We found staff were extremely vigilant about people's safety and had regularly raised concerns with the local authority when they felt a person was at risk. A relative told us, "Staff are very caring and professional and alert me to anything they notice such as when [person] occasionally bruises their arms from throwing their arms around." The actions staff took had made people's lives safer.

Staffing and recruitment

- There were enough staff to meet people's needs. Office staff planned visits efficiently so that care staff were not rushed and had enough time to travel between people's homes. A person said, "Care staff appear and disappear at the right times. They always let me know if there are any changes."
- Missed visits were rare. The provider had invested in a new electronic monitoring system which minimised the risk of missed, late or shortened visits. The registered manager had set up an innovative and practical system to minimise the risks from loss of mobile reception on staff phones.
- Staff files contained all the necessary pre-employment checks to support safe recruitment. Staff confirmed they did not start supporting people until the checks were completed.
- We noted staff no longer worked at the service where people had raised serious concerns. A relative told us, "I don't think our family member felt as safe with some carers, but we mentioned it and the manager stopped them coming. It has not happened over recent times."

Preventing and controlling infection

- Senior staff promoted high standards around cleanliness.
- A person described how carers minimised the spread of infection, ""They are immaculate in their uniforms. They don't want to pass on any infections and get through a lot of gloves and aprons."

Learning lessons when things go wrong

- Following the concerns raised about the safeguarding processes in the service, the registered manager had taken personal responsibility for implementing the changes.
- Lessons learnt were not always recorded and reviewed in line with good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had addressed the concerns we had at our last inspection about lack of detail in care plans. Assessments were carried out by senior staff who produced care plans which were comprehensive, personalised and up-to-date. A person's mobility had changed over the last year and their needs had been reassessed regularly and the care adapted promptly and effectively.
- Some people at the service had dementia, and we found good examples where staff had the necessary guidance to and skills to ensure people received the care they needed. A care plan had been amended to prompt staff to prepare a snack for a person who frequently told staff they would make a meal later. The support also included checking whether the person had eaten the snack.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager told us all the people at the service had capacity to make day to day decisions. Staff had a good understanding of people's rights to make choices. A member of staff said they encouraged people to make safer choices, such as not using a metal tray in a microwave.
- Staff had guidance about how to communicate best to support people to make decisions, such as only use simple instructions.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. A person said, "I do think they are very good. They are not new to me and know my routine I don't have to tell them what to do, they know and have the skills and that makes me feel safe too."
- Staff attended a mixture of face-to-face and e-learning training. They received additional training and guidance based on their skills and the needs of the people they supported. Senior staff observed care staff to ensure they had the skills and attitude to provide good quality care.
- Some staff had attended dementia training. A member of staff said, "I learnt so much about why people behave in certain ways and how to support people better." We found staff had put the knowledge into practice in the way they supported people, and this was confirmed by relatives.
- Staff told us they were well supported. There was a structured timetable for meetings between senior and individual care staff, where they could discuss training needs and any issues. When the new electronic

system came in, any staff who needed extra support received additional guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- A member of staff described how they used the electronic system and an understanding of people's needs to ensure people had enough to eat and drink. They said, "Our phones tell us if people need support to eat and drink. Sometimes people with dementia will say they have already eaten or had a drink and so then we look for evidence of this on our system and if there is no evidence we gently encourage them to have some more."
- The registered manager looked daily at what meals staff offered to ensure people had varied diets, in line with their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were diligent about supporting people to access health and social care support and regularly supported people to contact GPs and district nurses. Office staff had contacted an occupational therapist as there was a fault in a person's specialist mattress.
- Office staff kept a clear log to help them track referrals and contact and checked to make sure action had been taken.
- Staff supported people in a holistic manner, supporting not only their physical health but also their mental health and emotional wellbeing. A member of staff said, "Mood and welfare is something we keep a tight grip on, it is not just about personal care needs, but also it's about people's quality of life."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We received overwhelmingly positive feedback from people and families. A person told us staff had come within 10 minutes when they had spilt something on themselves. They said, "That's the sort of thing the carers do."
- The change in the culture at the service meant people were now treated with greater respect. People and their relatives told us they now felt able to ring the office and receive a courteous response.
- The registered manager showed how they had altered the electronic system, so it was more than a list of tasks. They had added an additional section to tell staff about where they should go "over and above," such as any support to people's pets or looking out for someone who was having a difficult time.
- We found staff used the system in a caring manner. The registered manager told us, "It helps us keep an eye on how [person] is. We've asked staff to record their moods in a bit more detail as they have been bereaved recently."
- Staff knew people well and spoke about them warmly. A person told us, "I like to make [person] laugh. Sometimes I will walk into and see a look on their face and know that when they say they alright they aren't and then we talk about they are feeling."

Supporting people to express their views and be involved in making decisions about their care

- Staff were skilled at promoting choice. A person told us, "All my carers are careful how they talk to me. They don't say 'Right you've got to do this' They make suggestions but don't tell me what to do."
- People and their relatives described how they had been involved in the assessment of their needs and in how the care was then set up. A relative told us how they had shown all the staff how their family member liked to be hoisted and this was written in the care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff adapted the service to ensure they treated people with dignity. Staff did not wear the usual uniform when a person out into the community, which helped them feel more comfortable in their local community.
- Staff supported people to remain independent. A person told us, "The carers don't moan if I want something done. They also let me do what I can myself. Even as old as I am I like to be independent, but they are there watching and keeping an eye on me."
- Staff were reminded of the importance about maintaining confidentiality. A person described how discrete staff were, "The care staff never talk about anybody else. If anyone asks (how another person is) they just say someone's if fine and that's it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found people received person-centred support, but care planning did not always capture people's needs. We found the care plans now reflected people's needs and promoted more consistent support.
- The new electronic system helped office staff communicate immediately with care staff about changes in need, so they could alter support immediately. For instance, following discussions with a relative about a person's skin condition, office staff had immediately altered a care plan to include applying cream.
- There were formal reviews at least once a year, but care was regularly adapted when people's needs changed. There were effective systems to help senior staff know which people were deteriorating and at risk.
- People and relatives described how flexible the service was. A relative told us about an incident where they had called on care staff in an emergency, "They came back and sat with my family member...I can rely on them if things go wrong."
- Support and communication was tailored around people's sensory needs. A visually impaired person told us, "They give me everything in large print which helps, and they make sure they don't move things around so that I know where to find things." Staff had detailed guidance to ensure they supported the person consistently.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain. Complaints were logged and investigated fully with action taken. For example, prior to the new systems, a family member had complained about a missed visit and the registered manager took swift and effective action.
- The regular contact between the senior office staff and people receiving care meant concerns were dealt with promptly and rarely escalated to formal complaints.

End of life care and support

- Although no one at the service received end of life care, the registered manager was improving staff skills and guidance in this area.
- Senior staff had started to talk to people about end of life care, to help them understand people wishes.
- The deputy manager had attended specialist end of life training. Care plans were gradually being adapted to include information on end of life needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support openness and the delivery of high-quality, person-centred care.

Working in partnership with others; and how the provider understands and acts on duty of candour responsibility

- Although people received good quality care, and there were improvements in the running of the office, we had feedback from professionals that the registered manager did not respond positively when concerns were raised. We found the registered manager was pro-active when carrying out investigations and passionate about improving the service. However, they did not always communicate positively following external audits and when concerns were raised about a person's safety. We discussed this with the registered manager who assured us this was an area they would focus on.

We recommend the service look into best practice examples around how to use information positively from concerns and stakeholder feedback to improve quality and safety. This includes how to record any learning, so it can be communicated appropriately with stakeholders, staff, people and families.

- The service had not notified CQC as required following a safeguarding concern. We found no other instances where the service had failed to notify. The registered manager agreed to notify us as required in the future.

Planning and promoting person-centred, high-quality care and support

- The registered manager told us, "There are better foundations and a better culture, where we lead by example." Our findings confirmed a dramatic change in the culture and management of the service.
- Key to the improvements was the appointment of the new deputy manager. People and families consistently told us this had improved the service for them. A relative told us, "Before you had to fight your way if you wanted anything. Now they do contact me on a regular basis. I get along with the registered manager and deputy manager well. I can see a great improvement since the end of last year."
- Another crucial change was the implementation of the electronic monitoring system which had been tailored and adapted to provide safe and personalised care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Efficient delegation and communication by the registered manager meant senior staff and care staff were clear about their roles.
- Staff confirmed things had improved, A member of staff said, "Communication and morale has got better this year."
- The registered manager made full use of the new electronic system to audit the service and had developed

systems to highlight any potential concerns, such as late visits.

- Senior staff carried out regular checks of the service. The director was not involved in auditing the service and there was limited opportunity for the registered manager to benefit from scheduled quality checks of how the service was managed. The registered manager was aware of this and were considering options to improve wider oversight of the service.

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

- Since our last inspection, the deputy manager had started ringing people regularly before sorting out new rotas to check the service was meeting their needs. As well as ensuring the service was meeting people's ongoing needs, it also provided an excellent opportunity for people to give feedback about the service.
- Communication with relatives was very good. A relative told us, "Office staff will email me weekly and tell me about things like how my family member has been taking her medication. We have more of a conversation about it."
- The registered manager and their deputy had introduced change to staff in a supportive manner. The deputy told us, "Me and [member of staff] went out for a bacon sandwich to talk about what was happening."
- We noted examples where staff had been supported exceptionally well, with considerations given to their personal circumstances. A member of staff said, "If I had any worries I would feel happy to phone them up. The deputy often says I would prefer you to tell me a hundred times than not at all. They always act on things."

Continuous learning and improving care

- The service was evolving continually and making the service better for people. After the new electronic system had been implemented there were some networking issues. The registered manager resolved this promptly, setting up contingency plans and brining staff in for re-training.
- The registered manager used feedback from families and people, such as from the survey and made changes as a result.
- The service was not part of a wider organisation and this meant the registered manager was in quite an isolated position. We discussed with the registered manager different opportunities for them to engage in positive local networking and share best practice.