Review of compliance

Mr. & Mrs. B D Lindley
St. George's House

Region:	South West
Location address:	8. Park Road Tiverton Devon EX16 6AU.
Type of service:	CHS - Care home services without nursing.
Date the review was completed:	July 2011
Overview of the service:	St Georges House is a care home providing personal care and accommodation for up to 19 older people. The home is privately owned and managed by Mr and Mrs Lindley, who purchased the property in 1982. The home is located a short distance from the centre of Tiverton, a market town offering a full range of amenities and facilities. The home is situated next to a large public park. The home, comprises a large detached Georgian two-storey building, surrounded by attractive and well-maintained gardens. There is parking to

	the front of the property.

Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that St. George's House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 May 2011, observed how people were being cared for, talked to people who use services, talked with two visitors on the day we did our unannounced visit, talked to staff, telephoned the district nursing team who have regular contact with the home, checked the provider's records, received a self- assessment of compliance against the 16 essential standards of quality and safety from the provider and looked at records of people who use services.

What people told us

On the day we made an unannounced visit to the home 17 women were living there. We met all the women who live at St. Georges and spoke with them both in communal areas and in private rooms. The women living at the home told us that the care and social support at the home was good and that the environment was clean and pleasant. One woman described the cleanliness of the home as 'spotless.' We were informed that the staff team were attentive and polite. Several people said that they had made an informed choice to move into this home.

What we found about the standards we reviewed and how well St. George's House was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
People living at the home are supported to retain their independence and treated with respect. However, the routine use of chair pads does not ensure that all people's dignity is met.

- Overall, we found that St. George's House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it
People able to make decisions about their medical treatment appreciate the offers of support from staff to discuss options, however, Mental Capacity Assessments are not person centred and not reviewed. This means that people may not receive appropriate independent support in reaching important decisions affecting their lives.

- Overall, we found that St. George's House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights
People living at the home are receiving good care and support which meets their health care needs. However, some people's care plans lack the necessary detail to explain how care is managed.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs
Good quality meals and meal planning at the home ensures that people receive nutrition in a way that they find palatable in comfortable surroundings.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services
The home is cooperative with other providers. This means that people are more likely to receive continuity of care.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights
Not all staff who work at the home have received training in how to protect vulnerable adults from abuse. This potentially means that abuse could go unreported and people's safety could be compromised.

- Overall, we found that St. George's House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The environment at the home is clean and hygienic and there are there good infection control measures in place.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Systems for administering medicines safely to people are robust but risk assessing people who choose to administer their own medicines is not person centred, which means that risk may be overlooked.

- Overall, we found that St. George's House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

St. George's House offers comfortable accommodation in a pleasing environment.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Some checks of equipment in the home are not being recorded and some use of equipment for individuals has not been fully risk assessed. This potentially compromises safe use of equipment and could put people at risk.

- Overall, we found that St. George's House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Robust recruitment processes at the home help to protect vulnerable people from the employment of unsuitable staff.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing levels and the range of staff roles at the home are sufficient to meet people's current needs.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff who work at the home are appropriately supervised. Staff are also supported to obtain suitable qualifications relevant to the job role they perform in order that the people who live at the home receive care and support from suitably qualified staff.

- Overall, we found that St. George's House was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home's quality assurance processes seeks feedback from a variety of interested parties in order to improve the service for people living there. Because accidents are not formally audited there is no record of the managerial strategy for accident prevention.

- Overall, we found that St. George’s House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 17: People should have their complaints listened to and acted on properly
At St. Georges there is an open attitude and approach toward listening to people’s concerns and staff acting to address people’s concerns.

- Overall, we found that St. George’s House was meeting this essential standard.

Outcome 21: People’s personal records, including medical records, should be accurate and kept safe and confidential
Records in the home are stored securely ensuring that people’s personal records are confidential.

- Overall, we found that St. George’s House was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us
We spoke with people living at the home. People we asked about their admission to the home told us that they had viewed the home prior to moving in. They also told us that if they had moved in from the surrounding area that they had been able to retain their GP. We asked people about the daily routines at the home and people told us that they had flexibility of times of rising in the morning and retiring in the evening. Several people told us of regular social events they attend in the Tiverton area which staff at the home helped them maintain. People expressed the view that at St. George’s the ethos is to support people to maintain independence until this is no longer possible for them. We asked people if the staff treated them with dignity and respect. Everybody confirmed staff did. People said staff always knocked before entering their private rooms and spoke to them respectfully. Two people mentioned how the owner asked them if they wanted to move to a bigger room as a vacancy occurred. One person accepted the offer on viewing the larger room. The other person said they declined but had appreciated being asked.

Other evidence

We observed staff interacting with people and speaking with people in a natural and friendly way. People seemed to respond positively to staff. We met two visitors at the home. Both visitors told us that they were made welcome at the home and found the staff easy to speak with about care their relative was receiving.

We noticed that two lounge chairs and the stair lift had removable cloth pads for managing incontinence on them. We asked the senior person on duty if this was because of a problem in continence management. We were told that this was not the case but that the pads were routinely placed there.

Our judgement
People living at the home are supported to retain their independence and treated with respect. However, the routine use of chair pads should be reviewed in terms of people's dignity.

Outcome 2:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People told us that when they saw their GP that they were offered staff to accompany them to help discuss options for treatment with the Doctor. Some people said they valued talking issues through with staff, other people said they preferred private consultation and were happy to see their GP on their own.

Other evidence
We looked at care records for two people. Initial assessments had been made for mental capacity to make choices for a range of daily activities such as oral hygiene and shaving as well as decision making with regard to consent to medical treatment and handling of personal finances. We were told by the senior person on duty that this assessment is carried out for everyone when admitted to the home. There was also a record for a person's decision in regard to life saving treatment. This had been completed by and signed by a family member. There was no record of the wishes of the person this was in regard to. The care plans did not explain how people would be supported in decision making where it had been assessed that capacity was absent. Although care plans were reviewed monthly, there was no record of whether this review had been taking into account changes in ability to make choices.

Our judgement
People able to make decisions about their medical treatment appreciate the offers of support from staff to discuss options, however, Mental Capacity Assessments are not person centred and not reviewed. This means that people may not receive appropriate independent support in reaching important decisions affecting their lives.

Outcome 4:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke with people in private about the care they receive at the home. Everybody we spoke with told us that they were happy with the standard of care and support they receive. People said that when they requested assistance or rang their call bell that staff arrived promptly. One person who had recently moved into the home told us that the staff had quickly become 'like friends' to them, which made the difficult transition of giving up their home and moving into the care home easier for them.

Other evidence
We looked at three care plans.. We saw that care plans had been signed by the individual where they were able to do so. The care plans were laid out in an understandable format. We saw that the home uses a number of assessment tools for health needs, such as falls risk, nutritional needs and skin integrity. The care plans used bullet points to highlight particular care needs. Although assessments of health needs were being made each month it was not always recorded in the summarised plan of care how the assessment of health influenced the care plan. For example, one person receives care from the community nursing team to manage a wound to their sacrum. The home was completing regular assessments of risk of pressure area damage and had arranged in partnership with the nurses for the person to use specialist pressure relieving equipment. When we spoke with duty

staff they had good awareness of factors that increased risk of further skin damage for this person and the importance of regular pressure area relief. They also knew what dressing was applied by the nurse and how to protect the skin and reapply the dressing should it come off between nurse visits. Care and kitchen staff had good awareness of the need for good nutrition to promote wound healing and how to address this for the person affected. Yet the person's care plan lacked detail to manage the wound holistically and detail of how to provide pressure area relief. No reference was made in the overall plan of care to the risk score in the monthly assessment tool.

There was also an ongoing record for a person in monitoring their 'mood.' The rationale for this was not explained in the care plan and there appeared to be no agreed review date for this record. Staff had made a record when the person was 'rude' but this was not expanded upon or put into context.

We saw detailed accounts of people's 'personal profiles' in their care plan, which gave a full sense of the person's background influences and preferences. We also saw that when a person had a fall, this was recorded in an accident record and the GP was notified, even if the person appeared to have suffered no harm as the result of the fall so that the GP had a full history of falls of individuals.

We spoke by telephone to the district nurses to gain their feedback about the service. They told us that they had regular and on-going contact with the service and found the staff at the home helpful, responsive to instruction and cooperative when joint care was needed for people living at the home.

Our judgement

People living at the home are receiving good care and support which meets their health care needs. However, some people's care plans lack the necessary detail to explain how care is managed.

Outcome 5:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We asked people in the home to tell us if they were happy with the amount and quality of food. People said that they did not enjoy every meal but that there was always choice and the kitchen staff would make an alternative meal for them individually if they did not like either of the choices on the daily menu. People said they were consulted about setting menus and that snacks were available and offered to them outside of set meal times. People said they had the choice of taking their meals in the dining room or in their own room, if they chose to do so.

Other evidence
We observed lunch being taken at the home. There is a good sized dining room for people to eat their meals and the tables were attractively set. Lunch was a social occasion with people entering into conversation with others sat with them at the table. We heard staff offering people choice from the menu, which was displayed in the main lounge of the home. The meal appeared nutritious and was home cooked. The kitchen at the home was inspected by the Environmental Health officer in 2010 and was awarded five stars, which is the highest possible rating.

We spoke with staff about people's specialist diets and staff had good knowledge of any person that preferred an adapted diet in order for them to maintain good nutritional intake. We saw in care plans that people had been weighed monthly and in the three care plans we read we saw that vulnerable people of low body weight on admission had maintained or increased their weight since living at the home.

Our judgement
Good quality meals and meal planning at the home ensures that people receive nutrition in a way that they find palatable in comfortable surroundings.

Outcome 6:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers.

Our findings

What people who use the service experienced and told us
Some people who receive joint care with district nurses said that the staff at the care home often accompany the nurse so that they can be sure that they know what treatment is currently being given.

Other evidence
We spoke to the community nursing team who told us that the home cooperates well with them when they have joint care for people living at the home.

The home keeps a summary sheet of current needs that accompanies the person when they go to hospital. This means that hospital staff are aware of relevant care needs and contacts.

Our judgement
The home is cooperative with other providers. This means that people are more likely to receive continuity of care.

Outcome 7:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that St. George's House was a pleasant place to live and that they felt safe living there. They told us that they could speak to the staff about issues that may be worrying them, indicating that people felt comfortable to share problems with the staff.

Other evidence
We spoke to staff about training they had received in detecting and reporting abuse. Care staff we spoke with gave us sound accounts of signs of abuse and what to do should they suspect abuse had taken place. One staff member who had a non caring role but who spent time on shift in people's rooms had not received any training in safeguarding people and was not sure about some of the home's internal processes in reporting suspected abuse.

We did not review the home's written safeguarding polices on this occasion.

Our judgement
Not all staff who work at the home have received training in how to protect vulnerable adults from abuse. This potentially means that abuse could go unreported and people's safety could be compromised.

Outcome 8:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People living at the home and visitors we spoke to praised the high standard of cleanliness at the home both in their own rooms and in communal areas. People said that staff wash their hands after delivering personal care to them.

Other evidence
The home employs dedicated domestic staff who manage the laundry and cleaning of the home. Some of the laundry is outsourced and the home also has laundry facilities with suitable equipment for managing personal laundry. When we carried out our unannounced visit the standard of cleanliness in the home was high. There were no malodorous areas in the home. We were also able to observed care staff wearing gloves and aprons to carry out personal care.

The senior member of staff on duty at the time of our visit was aware of the Commission's code of practice on the prevention and control of infections and informed us that policies in the home for managing infection had been revised following this guidance.

Our judgement
The environment at the home is clean and hygienic and there are good infection control measures in place.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke with some people whom the staff at the home take responsibility for managing and administering their medicines. We also spoke with one person who self-medicates. People whom the home was managing their medicines were happy for this to be the case. The person who was self-medicating was able to tell us how and when they take their medicines, how this is safely stored and how they inform the staff when they need their repeat prescription renewed.

Other evidence
We saw that the home has secure storage for prescribed medicines. The dispensing pharmacy provides the training for the staff in administration of medicines. We looked at records of staff administered medicines for the current month. Did you look at the storage for medications? Do they have controlled drugs? (recommendation from park view that we always ask this) These records were complete and maintained well. We saw that the home had completed a brief generic risk assessment for the person who self-medicates. It was not person centred and this means that all the associated risks for the individual had not been considered. For example, it was not assessed how the usage of a mouth spray for angina would be monitored so that the GP could be informed if the person needed their spray more than usual for them.

A dispensing pharmacy inspection took place at the home in September 2010 and this included checking that controlled drugs were stored and managed safely. The result of this pharmacy visit was that the home was managing controlled medicines well.

Our judgement

Systems for administering medicines safely to people are robust but risk assessing people who choose to administer their own medicines is not person centred, which means that risk may be overlooked.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People told us that they had chosen to live at St. Georges and found it a comfortable place to live. People also valued its town location and proximity to local amenities.

Other evidence
At the home are 16 bedrooms, three of which could be double rooms. Currently one room is used as a double room with two family members choosing to share one room. There are ten bedrooms with en-suite facilities. The shared communal rooms are spacious, comfortable and homely. There is a small private 'snug' where people can entertain visitors in relative privacy if they do not want to see people in their bedrooms. There is also a spare guest room should a visiting family member want to stay overnight to provide comfort to an unwell relative. The home is best suited to residents who are ambulant and able to manage stairs.

The home has one communal bathroom which was functional and attractively decorated. There were a number of staff information notices in the bathroom, however, which could detract from the person's enjoyment of the bathing experience. The manager told us that the notices in the bathrooms were not currently necessary for passing on information to staff.

We did not view equipment maintenance records on this occasion.

Our judgement
St. George’s House offers comfortable accommodation in a pleasing environment.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
When we spoke with some people living at the home they told us about specialist equipment that the home had sourced for them to help them maintain independent as possible. This included raised toilet seats, grab rails in bathrooms and specialist seating.

Other evidence
We noticed in the communal bathroom that a bath thermometer was by the taps. The bath had a mixer valve fitted to prevent very hot water from being dispensed into the bath to prevent scalding injuries. The senior person on duty said that staff check the temperature of the bath before people get in to ensure that it is not too hot. However, the record of temperature records is not written down.

We looked at risk assessments for equipment in the home. The home is risk assessing equipment but we found that when bed rails are used to prevent a person from falling out of bed that the risk assessment did not consider potential harm to the individual from the use of the equipment, for example from entrapment or entanglement in the bed rail.

Our judgement

Some checks of equipment in the home are not being recorded and some use of equipment for individuals has not been fully risk assessed. This potentially compromises safe use of equipment and could put people at risk.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not ask people about the selection and recruitment of staff.

Other evidence
The home has employed one new member of staff since the home registered with the Commission under the Health and Social Care Act in October 2010. We looked at this person's recruitment records. The records were full and the recruitment process appeared robust in order to protect vulnerable people living at the home. All necessary checks had been taken. The person was in a period of induction and good record keeping of the induction process was being maintained.

Our judgement
Robust recruitment processes at the home help to protect vulnerable people from the employment of unsuitable staff.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We asked people if they thought there were sufficient staff in the home to respond to requests for help in a timely way. People told us that when they used their cal bells that they did not have to wait excessively for the calls to be answered and assistance offered.

Other evidence
Seventeen women currently live at St. George's House. The current staffing arrangements are as follows; two care workers are on duty during the morning and afternoon, two care workers and a 'twilight carer' work in the evening and two waking care workers are on duty at night. This care team is supported by a manager who is available seven days a week, and a team of kitchen, domestic, administrative and ground staff. We asked duty staff is they thought staffing levels were sufficient to meet people's current needs. Staff said that they were. We observed staff performing their regular duties. We saw that staff were relaxed and unhurried and were able to spend quality time with people. This included social activities such as cross word puzzles and accompaniment to appointments outside of the home.

Our judgement
Staffing levels and the range of staff roles at the home are sufficient to meet people's current needs.

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We did not speak to people who live at the home about how the management of the home supervises and trains the staff team that work at the home.

Other evidence
We spoke with staff, which included speaking with duty care workers privately. The staff confirmed to us that they received feedback from the manager on their work performance and that this was addressed during supervision sessions. In addition to planned supervisions with their manager the staff also said that they were able to approach the manager to discuss work or personal issues. The staff we spoke with told us that there were regular training opportunities in the home for them to develop in their role and that they could suggest to the manager training that they would benefit from, for the manager to consider arranging. Staff training records for 2011 showed that training sessions have taken place on the topics of; moving and handling, fire safety, the safe handling of medications, first aid, the protection of vulnerable adults, food hygiene, infection control, dementia care, and diet and nutrition.

Our judgement
Staff who work at the home are appropriately supervised. Staff are also supported to obtain suitable qualifications relevant to the job role they perform in order that the people who live at the home receive care and support from suitably qualified staff.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us
People in the home we spoke with told us that the manager consults with them about changes in the home and asks their opinion on how the service could be further improved for them.

Other evidence
The home conducts an annual quality assurance audit which sends out surveys to people who live in the home, their visitors and relatives, and health care professionals who treat people who live at the home. From the survey returns the home plots results on pie charts, which then can be compared with results from previous years. The results are made available in the home with any actions from feedback (if negative). When we visited the home we were provided with a copy of the 2010/2011 audit. The results indicated high level of satisfaction across the service.

We looked at accident records in the home and found that there was good record keeping of accidents and falls. We asked the senior person in the home how accidents were audited to identify any trends and patterns that might indicate that changes should be implemented to routines in the home, the environment or individual care plans. We were told that this was an informal process and discussed in the staff team but that this was not currently recorded.

Prior to the visit to the service we asked the provider to provide us with information as to how they were compliant with the essential standards. On this occasion the self-assessment did not provide us with evidence showing how people who use the service view the home. This made it difficult for us to see how people had been consulted about the running of the service. However when we visited the service people were able to tell us that they are consulted about how the service is run.

Our judgement
The home’s quality assurance processes seeks feedback from a variety of interested parties in order to improve the service for people living there.

Because accidents are not formally audited there is no record of the managerial strategy for accident prevention.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We asked people if they were able to raise concerns or complaints to staff in the home. People told us that if they had a problem or a concern they would feel able to talk to any of the staff, including the manager. People also told us that problems they might raise are taken seriously and addressed. We asked people if they had ever had to use the formal complaints process at the home. Nobody we spoke to had said that this had been warranted as their issues had been sorted out informally.

Other evidence
The home's complaints process was clearly displayed in the entrance hall of the home. The senior staff member on duty told us that there we no current complaints under investigation and no complaints were logged in the complaints book. We were told that sometimes people raise minor issues that are sorted to their satisfaction at the time, but that this is not recorded in the home's records. However, not all concerns are recorded. This means there is no audit trail demonstrating how people's concerns were addressed.

Our judgement
At St. Georges there is an open attitude and approach toward listening to people's concerns and staff acting to address people's concerns.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not ask people who live at the home about here records in the home were stored.

Other evidence
The home has an office that is locked when senior staff are not working in it. Records relating to people were stored confidentially and securely.

In this report we have made a number of improvement actions with respect of recording verbal communications in order to demonstrate that the health and welfare of people is being monitored.

Where records were kept we saw that information was consistently recorded.

The home does not handle money on behalf of people who live there.

There have been no incidents at the home or hospital admissions requiring notification to the Commission.

Our judgement

Records in the home are stored securely ensuring that people’s personal records are confidential.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	17 (1)	Outcome 1: Respecting and involving people who use services.
	Why we have concerns: The routine use of chair pads should be reviewed in terms of people's dignity.	
Accommodation for persons who require nursing or personal care.	18	Outcome 2: Consent and care to treatment.
	Why we have concerns: Mental Capacity Assessments are not person centred and not reviewed. This means that people may not receive appropriate independent support in reaching important decisions affecting their lives.	
Accommodation for persons who require nursing or personal care.	11 (1) (b)	Outcome 7: Safeguarding people who use services from abuse.
	Why we have concerns: Not all staff who work at the home have received training in how to protect vulnerable adults from abuse. This potentially means that abuse could go unreported and people's safety could be compromised.	
Accommodation for persons who require	13	Outcome 9: Management of medicines.

nursing or personal care.	**Why we have concerns:** Risk assessing people who choose to administer their own medicines is not person centred, which means that risk may be overlooked.	
Accommodation for persons who require nursing or personal care.	16 (a), (b)	Outcome 11: Safety, availability and suitability of equipment.
	Why we have concerns: Some checks of equipment in the home are not being recorded and some use of equipment for individuals has not been fully risk assessed. This potentially compromises safe use of equipment.	
Accommodation for persons who require nursing or personal care.	10 (1) (b)	Outcome 16: Assessing and monitoring the quality of service provision.
	Why we have concerns: Because accidents are not formally audited there is no record of the managerial strategy for accident prevention.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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