St Georges Hotel - Care Home

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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

St Georges Hotel is a care home which offers care and support for up to 22 predominantly older people. At the time of the inspection there were 20 people living at the service. Some of these people were living with dementia.

This unannounced comprehensive inspection took place on 8 May 2018. The last comprehensive inspection took place on 18 February 2016 when we found the service was in breach of one of the legal requirements. The service was rated as Good at that time. On the 13 February 2017 we carried out a focused inspection to check on the action taken by the provider to meet the requirements of the regulations. We found the service had taken appropriate action and had addressed the concerns we had found in February 2016. The service was found to have remained Good at this inspection

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager and at the time of the inspection there was a registered manager in post. 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 and associated Regulations about how the service is run.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. People's bedrooms were personalised to reflect their individual tastes.

People told us, "I am happy here and feel safe" and "I have two friends that visit each week. When we have visitors we see them in the quiet lounge or I could see them in my room if I wanted." Relatives told us, "It's a home from home here and feels like that from the moment you walk in; they're all wonderful."

The premises were well maintained. People's bedroom doors held a number and their name in small print to help people identify their own rooms. The premises were regularly checked and maintained by the provider. The service was comfortable and appeared clean with no odours. Equipment and services used at St Georges were regularly checked by competent people to ensure they were safe to use.

The soap dispensers in all bathrooms were open topped and being regularly topped up as needed. This posed a potential infection risk as the residual soap in the dispensers was not being regularly emptied and filled entirely with new soap. Best practice is for soap to be dispensed from sealed cartridges. The provider addressed this issue immediately and ordered sealed dispensers for all bathrooms.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Records of care and support provided were completed regularly by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had one staff vacancy at the time of this inspection and this was being covered by existing staff. The service had a calm and relaxed feel throughout with staff having time to sit and chat with people regularly. Staff were supported by a system of induction, training, some supervision and appraisals.

There were systems in place for the ordering, storage, management and administration of medicines. The system for monitoring people who self-administered their own medicines was effective. It was clear that people had received their medicine as prescribed. Regular formal medicines audits were not being carried out, however, checks on medicine administration records (MAR) were identifying if any error occurred such as gaps where staff should have signed to evidence they had given prescribed medicines.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. An activity co-ordinator was not in post but staff and external entertainers provided activities for people regularly. People went out in to the local area and attended appointments supported by staff.

The use of technology to help improve the delivery of effective care was limited. However, people had access to call bells to obtain assistance when needed.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

The registered manager spent much of their time working alongside care staff and with people living at St Georges. This meant they did not always have sufficient time to complete some of the managerial tasks needed, such as robust auditing of the service provided and formal staff supervision. The registered manager was supported by the provider and a team of motivated and long standing staff. An external agency was supporting the service to implement appropriate systems and processes to enable them to continually monitor and improve the service it provided.

The staff team felt valued and morale was good. Staff told us, "I am very happy here, we are a good team and it is a relaxed place" and "We all help each other out here, it is good."

The service had sought the views and experiences of people and their relatives in order to monitor the standards of the care provided to people. The service was being supported by an external agency to begin robust audits of many areas of the service such as infection control and medicines management.

We have made recommendations in this report that the service take advice and guidance on the prevention and control of infection in care homes and involving people in their own care plans.

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 remained Good	Good
Is the service effective? The service remained Good.	Good
Is the service caring? The service remained Good.	Good
Is the service responsive? The service remained Good.	Good
Is the service well-led? The service remained Good.	Good

St Georges Hotel - Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 8 May 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who has used this type of service.

Before the inspection 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. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Most people we met who were living at St Georges were able to give us their verbal views of the care and support they received. We looked around the premises and observed care practices. We spoke with three care staff, the registered manager and the provider. We spoke with two visitors and two external healthcare professionals.

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

We looked at care documentation for three people living at St Georges, medicines records for 20 people, four staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and happy living at St Georges. People told us, "Yes, I am very happy here, despite me moving to a flat next week" and "Yes, I am (happy), there are no words to explain." Relatives told us, "Absolutely, yes, without question. It's a home from home here and feels like that from the moment you walk in; they're all wonderful."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. Some staff had been provided with training on equality and diversity, others still required to do this training. Equality and diversity training helps ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what support was required and how many staff were needed to support a person safely. At the time of this inspection there was no one living at the service who required a hoist to move them safely.

Equipment used in the service such as moving and handling aids, wheelchairs, etc., were regularly checked and serviced by external contractors to ensure they were always safe to use. Necessary safety checks and tests had been completed by appropriately skilled contractors.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. The stock held was recorded. However, there were two other medicines showing as held at the

service, which had been returned to pharmacy. We were assured these records would be corrected immediately to ensure medicines held tallied with the records held at the service. Records of people's medicines travelled with them when they went to hospital.

People told us they received their medicines as prescribed. One person told us, "They put cream on my legs every morning when I first get up."

St Georges were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

The service had ordering, storage and disposal arrangements for medicines. There were no regular formal internal audits carried out which would help ensure the medicines management was safe and effective. However, the service was in the process of being supported to do this in the near future. An external pharmacy audit had been carried out which did not identify any concerns.

People were given the opportunity to self-administer their own medicines if they wished. People had signed to agree to taking on this responsibility and they were regularly assessed to ensure they remained competent to do this. Staff monitored their medicines in their rooms to ensure people took their medicines appropriately.

Staff training records showed that staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed any actions taken to help reduce risk in the future.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes. The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy but did not have a lead member of staff who monitored robust infection control audits. There were no infection control audits being carried out at the service. This was in the process of being addressed by the provider. The soap dispensers in all bathrooms were the open topped type and being regularly topped up. This posed a potential infection risk as the residual soap in the dispensers was not being regularly emptied and filled entirely with new soap. Best practice is for soap to be dispensed from sealed cartridges. The provider addressed this issue immediately and ordered sealed dispensers for all bathrooms.

We recommend the service take advice and guidance from a reputable source regarding the prevention and control of infections in care homes.

Staff received suitable training about infection control. Staff understood the need to wear protective

clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. People told us that staff responded quickly when they rang their call bell. Commenting, "'Yes, it's (call alarm button) on the wall, it's an alarm on a long lead. They (carers) come fairly quickly, depends what they're doing, they may be with someone else" and "I've been told not to try to do things myself when I should call for someone. The manager said if I need any help I must call for them, that is what they (carers) are here for; the carers are paid to look after us."

We saw from the staff rota there were four care staff in the morning and three in the afternoon supported by the manager on each shift. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the manager was very supportive.

The registered manager was open and transparent and always available for people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Good

Is the service effective?

Our findings

People's need and choices were assessed prior to people moving in to the service. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service daily to see people with nursing needs. Other healthcare professionals visited to see people living at St Georges when required. We saw people had seen their optician and podiatrist as necessary. People told us, "Carers arrange for a Doctor to visit me whenever I want one" and "The carers call a GP if I want one and he's here to see me after lunch."

People were encouraged to be involved in their own healthcare management. People were supported to be independent in their own medicines administration with staff checking on their competencies regularly.

The use of technology to support the effective delivery of care and support and promote independence was limited. However, St Georges provided call bells for people to ensure they could call for assistance at any time. Pressure mats were available to alert staff when people were moving around if they had been assessed as being at risk of falling but none were in use at the time of this inspection.

The service was well maintained, with a fair standard of décor and carpeting. People's rooms were comfortable and clean. Lounge areas provided space for people to either watch TV or spend quiet time reading. People were provided with the opportunity to lock their rooms if they wished. People told us, "Yes, it's a comfortable little room, I have ornaments and pictures that I brought in with me from my flat" and "I don't have a key to my door, I don't lock it, I trust everyone."

Training records showed staff were provided with appropriate training. Staff had also undertaken a variety of further training related to people's specific care needs such as care of people with dementia, epilepsy and diabetes. People told us they felt staff were appropriately knowledgeable and well trained.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the Care Certificate and had shadowed other workers before they started to work on their own. One relative said "Oh yes, they are very, very good."

Staff received support from the management team in the form of some supervision and annual appraisals.

We noted that supervision of staff was not always being provided in line with the policy held by the service which stated that supervision should be provided monthly for a minimum of half an hour and quarterly for a period of an hour. However, staff told us they felt well supported by the manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. The registered manager was aware that staff supervision had fallen behind and was in the process of addressing this.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

In care files we saw there was specific guidance provided for staff. For example, information about how to communicate with a person who was hard of hearing and how to identify a urine infection. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

We observed the lunch being served. The meal choices were displayed on a white board in the dining area. Tables were laid with tablecloths, fabric napkins, condiments and cutlery. People chatted together during the meal. No-one required assistance with their meals at the time of this inspection. No-one wore clothing protectors over their clothing during the meal. People were supported to eat a healthy and varied diet. Staff monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. People were regularly consulted about what type of food they preferred to ensure food was available to meet peoples' diverse needs. No-one living at the service was having their food and drink intake monitored at the time of this inspection.

People told us, "We have a choice and are asked in the morning what we want and if I don't like anything, they'll always cook something else," "The food is excellent; I've never had a bad meal and am just thankful that someone cooks for me" and "There are at least three choices every day." Relatives told us, "There is no contest! All of the food is very good; (person's name) eats well and has choices and can have a light meal if he likes or a sandwich. There are plenty of fluids and biscuits" and 'Mum does complain that there is not enough portion wise, but Mum can be quite fussy; I've not eaten here myself, so don't really know."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences.

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. The service held an MCA policy and most staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had not needed to apply for anyone to have authorised restricted care plans.

People were asked to consent, where they were able, to having care and to have photographs of them displayed in their records but not to the content of their care plans. Where people were unable to consent

themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The registered manager was in the process of recording which people living at St Georges had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in to the local area as they chose. Some people required support to do this and this was provided by staff.

Good

Is the service caring?

Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. Comments included, "They (carers) fall over backwards for you," "Absolutely fantastic (person's name) is more pampered here that he has ever been'' and "Yes I do (think staff are kind), I couldn't find any fault."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at St Georges. Relatives and healthcare professionals told us staff and management were kind and caring. Comments included, "They are all very respectful here. They (staff) always keep us up to date e.g. how (person's name) is and what her mood is like that day, so that we are aware before we go down to see them" and "Oh yes, definitely very kind."

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However, due to some people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to

have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Relatives told us, "There are no restrictions on visiting, we can visit mornings or evening, no problems" and "They have an open door policy here, no restrictions on visiting times."

Good

Is the service responsive?

Our findings

People and their relatives were very positive about living at St Georges and the staff and management. Comments included, "I have nothing to complain about; they are brilliant and I can't explain how good they are," "Definitely, more than happy; I think I landed on my feet here," and "Oh yes, they do your nails and everything, they make you feel comfortable."

A visiting healthcare professional told us they had no concerns about the care and support provided at St Georges. They told us staff were kind and provided good care. Guidance and advice was always followed and staff called for advice appropriately and in a timely manner.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

The care plans were regularly reviewed. Many people living at the service had capacity to understand about their care plans. However, there was no evidence of people having been involved in their own care plan reviews and had not signed them to indicate they were in agreement with the content. None of the people we spoke with were aware of their own care plan or what it was. One relative told us, "Yes we have a copy of the care plan and have regular reviews with new updates; I'm happy with it; they keep us informed."

We recommend the service involve people in their own care plan reviews and seek their agreement to the content of the plan.

Staff completed records to evidence the care and support provided and this information enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met although this detail was not always recorded in the care plans. Staff used a diary to pass information to each shift regarding people who needed to see a GP or have an appointment made for them. Records were kept of external healthcare professionals visits.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, the one mattress which was in use at the time of this inspection, was set incorrectly for the person using it. The registered manager confirmed there was no regular check of these devices but that this would be put in place. We judged this had not had any impact on the person's well being at the time of this inspection as they did not spend all of their time in bed. No-one needed to be re-positioned in their bed and no-one was being cared for in bed at the time of this inspection.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change, this was built into the staff rota to ensure there was sufficient time to exchange any information. There was good communication between the staff and the registered manager who held the handover meeting and was always available to support staff. This helped ensure there was a consistent approach between different staff when meeting people's needs.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One person told us, "I have two friends that visit each week. When we have visitors we see them in the quiet lounge or I could see them in my room if I wanted."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. The registered manager told us there had not been any formal complaints made.

People had access to a range of activities within the service. St Georges did not have a designated activities coordinator. However, staff working at the service provided bingo once a week and external entertainers visited the service twice a week. In addition, staff took residents on trips out in the local area. People told us that they enjoyed the trips along the coast and countryside. The registered manager showed us records detailing the external entertainments that visited the service. There had been visiting animals, musicians and singers.

People told us, "We have bingo on Wednesdays at 1.30pm, the lady in the kitchen becomes the bingo operator, and I enjoy that. Occasionally, we have trips out, but I don't know when the next one is; we've had countryside and coast trips," "I don't like the Bingo, but I join in; I win three or four times. I've been on trips out and to see the bluebells and across the bay" and "There are loads of activities, there was a nice trip out to see the daff's in the woods, the countryside, coastal trips and there are always things happening with regular entertainers; dancing if you want to." One person told us they had not been out of their room very much. They told us. "I'm very shy, always have been." It was not clear from the records if this person had any one to one activities provided for them in their room.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. Other people had limited communication skills and there was guidance for staff on how to support people. For example, one person was hard of hearing. There was information for staff about how they should communicate with the person. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested

from people each day. Staff were seen sitting with people going through the menu to help people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. Where possible the service had consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The service is required to have 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. The service had a registered manager in post.

Relatives and staff told us the registered manager was approachable and friendly. Comments included, "I pop my head around the door and say good morning; she's very nice and reasonable," "The Manager; she looks after all of my affairs with my Nephew" and "Yes, I know her by sight, she's always around the home. They order my papers and I 'pay up' at the office. I have a good relationship with them; they're all very nice and helpful."

The registered manager spent much of their time working within the service, alongside the care staff, so was aware of day to day issues. The registered manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. This meant that they did not always have sufficient time to complete all of the managerial tasks required, such as robust audits and supervision of staff. An external agency was supporting the service with their systems and processes to enable them to complete these tasks and further improve the service.

Staff met daily with the registered manager, mostly informally, to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a well-defined management structure. The registered manager was supported by the provider, an administrator and experienced senior care staff.

There were systems in place to support staff although these were not always formally recorded. Staff meetings took place. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

People and their relatives had been given a survey in 2017 to ask for their views on the service provided at St Georges. Responses were positive. People responded by saying they felt the service was 'extremely welcoming', with 'extremely helpful staff', 'wonderful meals' and that staff were 'professional and showed a sense of humour.' The survey for 2018 was due to got out to people and families in the next few months. The

service did not hold residents or families meetings but the registered manager and staff spoke with people every day, and regularly with families to ensure they were happy with the service provided. Meal choices had recently been reviewed following comments from people. This meant the service was constantly striving to improve people's experience of living at St Georges. Relative told us, they would be happy to recommend the home to others saying, "I would yes, anytime to anybody" and "Definitely I would, yes." Others commented, "I already have my name down" and "I look after an elderly lady near me and the paramedics who were called to her once said that St. Georges is one of the best ones."

Staff felt valued and enjoyed their work. Staff told us they were happy working at the service and that it was a relaxed friendly place.

The maintenance and auditing of the premises was managed by the provider and external professionals. Equipment such as moving and handling aids and stair lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

St Georges had an open and transparent culture. Lessons were learned by events, any comments received both positive and negative were seen as an opportunity to constantly improve the service it provided. Some issues identified at this inspection had been addressed by the end of the visit and others were planned to be addressed in the near future. For example, the sealed cartridge soap dispensers were ordered immediately.