

Sovereign (George Potter) Limited

# George Potter House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

George Potter House is a care home that provides nursing and personal care to up to 69 older people. At the time of our inspection there were 49 people using the service including those living with dementia. The care home accommodates people in one adapted building.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

The home was not always well-led. Audits were thorough and records kept up to date with the exception of the medicines administration records (MAR) on the ground floor which contained some gaps without explanation. This was acknowledged by the management team and immediately investigated. The home's management and leadership was transparent with an open, honest and positive culture. The provider had a vision and values that were clearly set out, understood by staff and which they followed. A good service was maintained, regularly reviewed and areas of responsibility and accountability identified. Where possible community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was reasonably well managed and met people's needs in a professional, open and friendly way.

People and their relatives told us that the George Potter House was a safe place to live and staff said it was a safe place for them to work. Risks to people were regularly assessed and reviewed. This meant people were able to take acceptable risks, live safely and enjoy their lives. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were sufficient, appropriately recruited staff to meet people's needs. People said they received their medicines at the correct time. The medicines were administered by trained staff. The home used Personal Protection Equipment (PPE), as required effectively and safely and the infection prevention and control policy were up to date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 3 October 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Recommendations

We have made a recommendation regarding the recording of medicines administered.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well-Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for George Potter House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# George Potter House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This 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. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Inspection activity started on 7 May and ended on 30 May 2023. The inspection visit took place on 10 May 2023 and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, and regional manager. We spoke with 12 people using the service, 9 relatives, 10 staff and 3 health care professionals to get their experience and views about the care provided. We reviewed a range of records. They included 5 people's care plans and risk records and 6 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures. We observed activities and lunch.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us they thought George Potter House was a safe place to live. Staff treated them well, with respect, and were kind, and caring. This was reflected in our observations of people's body language, particularly towards staff which was relaxed and positive indicating that they felt safe. A person said, "I do feel as safe as I can be here, that's for sure." A relative added, "The staff do an excellent job looking after my [family member] and keeping them safe."
- Staff had training to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. The provider had a safeguarding policy and procedure that staff had access to. A member of staff told us, "I've recently refreshed my safeguarding training and know I need to tell the managers straight away if I ever thought anyone was being abused at the home. I know I could also ring the CQC."
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed, their safety monitored and kept safe by staff who were trained in safeguarding.
- People were enabled to take acceptable risks and enjoy their lives safely. This was because staff were familiar with and followed people's risk assessments that included all aspects of their health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- People's care plans were up to date and also contained their risk assessments and management plans to help keep people safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The staff team was well-established, familiar with people's routines, preferences, and demonstrated a good understanding of identified risks to people and the actions required to prevent or safely manage those risks. They were also aware of what action was needed to appropriately support people who were distressed. For example, we observed 2 instances during lunch of staff using appropriate de-escalation techniques to calmly support people who had become distressed.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained. Fire resistant doors, tested closed automatically into their frames when released, radiators were safely covered and window openings were appropriately restricted to protect people from avoidable harm.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

#### Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
- Most people using the service told us there were enough staff on duty to meet their support needs, although we received mixed comments. A person told us, "Sometimes you have to wait a long time for staff to answer the call bell when you press it." Another person said, "The staff are all right. There's normally lot's about who do come when you ask them to." A staff member said, "We have plenty of staff working here all the time." Another staff member told us, "Sometimes we don't have enough staff, especially when the managers take a carer from the dementia floor to work on the ground floor nursing unit when they're short staffed there." A relative said, "Staffing is an issue here which needs improving, especially at the weekends when they always seem to have less staff on duty." Another relative told us, "There is normally plenty of staff about whenever I visit my [family member], which is pretty regularly." During our visit, staffing levels matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

#### Using medicines safely

- People did not always have medicines administered to them recorded safely.
- Not all medicines administration records (MAR) sheets were fully completed on the ground floor. However, people on the ground floor told us they received their medicines on time. A person said, "I do get my medicines from staff on time...Without fail."
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons, if appropriate. A staff member said, "We have more than enough PPE."

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- People told us, and we saw that the care home, looked and smelt hygienically clean. A person said, "Yes, it's always very clean and tidy here." A relative added, "It's usually spotless at the home. The housekeepers do an excellent job keeping the place clean."

#### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- The home had regularly reviewed accident and incident records which reduced the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were prepared to use and confident in.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Regularly reviewed audits took place by the registered manager, staff and provider and were updated. However the medicines administration records for the ground floor, were not all fully completed and up to date. This had not been picked up by the nurse's weekly checks. The monthly audit had not yet taken place and previous audits had picked up discrepancies.

There was a [regional director] planned improvement and development document that identified an ongoing need to improve clinical governance structures, including audits.

- The medicines records were fully completed on the top floor. People on the ground floor told us they always received their medicine on time. The ground floor unit was primarily used by people with nursing needs and the top floor by people living with dementia. Based on the impact on people we don't believe there was a breach of regulation.

We recommend the provider refresh the MAR sheet recording training for staff with the responsibility for completing them.

- The quality audits carried out by the registered manager and staff included care plans, pressure sores, incidents and accidents, and health and safety.
- The registered manager and staff understood their roles, the quality assurance systems and there were clear lines of communication.
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys, and catering and environment reviews. Staff understood that they had specific areas of responsibility such as record keeping and medicines management and with the exception of medicines administered recording, were carried out efficiently.
- Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home's culture was person-centred, open, inclusive, and empowering.

- People said the home was generally well-led and this was reflected in people's positive, relaxed body language towards the registered manager and staff indicating the service was provided in a way that met their needs.
- We saw several instances of staff sitting next to people they were assisting to eat and/or drink. This enabled staff to make good eye contact with the person they were supporting and to engage people in some meaningful conversations about what they were doing and the meal they were assisting them to eat.
- People living and working at the home all spoke positively about how the service was managed. A person told us, "The managers are very nice and the staff are caring." A relative said, "The managers and staff are approachable, and do listen."
- Relatives said the registered manager was nice and the home well organised and run. Staff worked hard to meet people's needs and make their lives enjoyable. A person told us, "The staff are so nice. They treat us well," while another added, "The staff are excellent. Great work ethic and attitude."
- The services the home provided were explained so that people and their relatives understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also described the organisation's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open, and honest with people and understood their duty of candour responsibilities.
- When the MAR sheet shortfalls were highlighted, they were acknowledged and immediately investigated by the registered manager, regional director and changes made in checking frequency.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.
- Staff demonstrated good person-centred awareness of people's care needs and interacted with them both in a respectful and considerate way.

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

- People, their relatives, and staff were engaged by the provider, listened to and their wishes acted upon. They told us they had the opportunity to voice their views about the service. A person told us, "I am treated as a person and listened to." A relative told us, "I was concerned that my [family member] was at risk of choking when she ate or drank in bed, so I raised this with the managers and staff and they took my concerns seriously and took prompt action to make sure this would not happen." Staff told us they received all the support they needed from the services management and their fellow co-workers. A member of staff told us, "I do feel very supported by all the managers and staff who work here. It's a lovely place to work."
- The registered manager, management team and staff checked during our visit that people were happy and getting the care and support they needed, in a friendly family environment.
- Staff received annual reviews, 3 monthly supervision and monthly staff meetings took place so that they could have their say and contribute to improvements.
- The home provided people with access to advocacy services and advice, if required.
- Relatives said they made regular visits and had frequent contact with the home. There were also group meetings for people and their relatives. Relatives said that they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave.
- The provider sent out surveys to people, their relatives and staff and suggestions made were acted upon.

There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

#### Continuous learning and improving care

- The service improved care through continuous learning.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during regular individual and group supervision and team meetings with their line managers. This ensured staff had ongoing opportunities to reflect on their working practices and professional development.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

#### Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as tissue viability nurses, dietitians, and the local authority Behaviour and Communication Support Service (BACSS). This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Healthcare professionals thought the home was reasonably well managed and lines of communication had improved.