Mr & Mrs M Hopley

Georgian House Nursing Home

Inspection report

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Date of inspection visit: 25 November 2014
Date of publication: 22/02/2015

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

Overall summary

The inspection took place on 25 November 2014 and was unannounced. The last inspection of the service was on 4 November 2013. There were no breaches of legal requirements at the last inspection.

Georgian House Nursing Home is a care home providing personal and nursing care to up to 26 older people. Some people had dementia and some were being cared for at the end of their lives. 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.

Some of the things people said about the service were, ''the moment we arrived at Georgian House, we knew we

Summary of findings

had arrived at the right place'', ''(staff have) shown a loving care, concern and passion'', ''you could not improve on this place'' and '' (the staff show) kindness and affection at all times''.

People's human rights were protected. The provider had systems in place to help protect people from harm and to keep them safe. Individual risks had been assessed and their care was planned in a way to minimise the likelihood of harm and to give people freedom and choice.

There were enough staff employed to keep people safe and to meet their needs. The staff felt supported and had the training and information they needed to care for people.

People's medicines were managed safely and appropriately.

People were supported to maintain good health and access healthcare professionals as needed. They were provided with a varied and balanced diet and their nutritional needs were assessed and monitored.

People were asked for their consent to care and treatment. Where people did not have the capacity to consent, the provider had acted in accordance with legislation and guidance. For example, where bedrails were in use, the provider had assessed the risk of these, consulted with the person's representatives and made a decision in their best interests about the use of these.

The staff were kind and caring, they had positive relationships with the people they cared for based on respect.

People received care which was individual and met their assessed needs. They were given opportunities to voice their opinions on the service and to be involved in planning special events, contributing ideas to the menu and commenting on their experiences. The service was well led, with an open and inclusive culture. People living at the home felt included in the quality assurance and monitoring at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe and were confident with the way in which they were supported. The staff had a good understanding of procedures for safeguarding people and what to do if they felt someone was at risk of abuse. They had received training in this area.

The provider had assessed individual risks and risks to the service.

There were enough suitable staff employed to keep people safe and meet their needs.

People received the right medicines to meet their needs in a safe and appropriate way.

Is the service effective?

Good

The service was effective. People were supported by staff who were skilled and appropriately trained to meet their needs.

The provider had asked for the consent of people who lived in the home to their care and treatment. Where people lacked capacity to give consent the provider had acted in accordance with legal requirements to ensure decisions were made in people's best interests.

People were provided with a variety of and nutritionally balanced food and drink.

People were given the support they needed to maintain good health and had access to healthcare services as they required.

Is the service caring?

Good

The service was caring. People felt they were treated with respect and the staff were kind and supportive. We observed this and the staff spoke positively about the people they were caring for.

The staff respected people's privacy and dignity and enabled them to make choices and to maintain independence where possible.

Is the service responsive?

Good

The service was responsive. People received individualised care which met their needs. These needs had been assessed and people were involved in reviewing care plans to make sure they reflected their preferences. People were supported to participate in group and individual activities.

The provider responded to complaints and people living at the home felt able to raise concerns. They and their representatives were asked to complete satisfaction surveys and attend meetings so their views on the service could be listened to.

Is the service well-led?

Good

The service was well led. There was a positive culture which was open and inclusive. The people living at the home and the staff were able to contribute their ideas and they felt listened to and valued.

There were good systems for monitoring the quality of the service and working towards continuous improvement. The manager made sure everyone was involved in monitoring quality and planning for the future.

Georgian House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 November 2014 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we gathered evidence we had about the service, for example notifications of significant events that had taken place since the last inspection. The manager had also completed a provider information return (PIR) which included information on ways the provider felt they were making sure the service was safe, effective, caring, responsive and well led. We contacted healthcare and social care professionals who worked with people living at the home. We received feedback about the service from four healthcare professionals, a GP, a palliative care nurse, a speech and language therapist and a continence nurse.

During the inspection we met and spoke with seventeen of the people who lived at the home. We also spoke with eight staff on duty, including the manager. We observed how people were being cared for in communal areas. We looked at the care records for four people, including their assessments, care plans and risk assessments. We viewed how medicines were managed and the records relating to this. We looked at three staff recruitment files, minutes of staff meetings and other records relating to staff support and training. We viewed records used to monitor the quality of the service, such as health and safety checks, surveys and feedback from family members and the providers own audits of different aspects of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, ''I have my freedom here and do not feel restricted in any way'' and another person told us, ''I am encouraged to tell the staff if I have any concerns about the way I am being treated or cared for''. There were procedures for safeguarding adults. We spoke with the staff and they told us they were aware of these. They were able to describe what they would do if they suspected someone was being abused or was at risk of abuse. There was information about safeguarding adults on display and readily available for staff, for people living at the home and visitors. The staff had received training in safeguarding adults and there was evidence this was also discussed at staff meetings and handovers. Therefore the provider had taken steps to help protect people from avoidable harm and discrimination.

The provider had assessed the risks for each individual and recorded these. One person we spoke with told us the staff had supported them to take risks so they could maintain their freedom. However, they said they had received the support they needed to stay safe, for example their bedroom had been equipped with additional handrails, their mobility aids were regularly checked and serviced and they had access to a call alarm bell to summon staff if needed.

We looked at a sample of risk assessments, these considered people's choices and preferences and plans had been created to minimise the likelihood of harm. Where people had fallen or had an accident, there was a clear record of this and an analysis of how the accident had occurred and what preventative action could be taken in the future. The manager had also analysed all accidents on a regular basis to see if there were specific areas of the home where people fell or particular times of the day. As a result of these individual care plans had been created to make sure people were getting the support they needed when they needed this. Staff were aware when people were at risk and told us how they supported people to keep them safe. We saw them respond when someone requested to leave the home for a walk. The staff made sure the person was appropriately dressed and accompanied them so they felt safe.

The staff took preventative action where risks were identified. For example, one care record showed that a person had become less mobile. The staff had made referrals for the person to be assessed for pressure relieving equipment. They made regular checks to ensure the person was repositioned and the equipment was in working order and they monitored the person's skin to make sure pressure areas did not develop. Therefore the risks to individuals and the service were managed so that people were protected and their freedom was supported and respected.

People told us there was always staff available when they needed them. They told us call bells were answered promptly. One person said, ''the staff are always here to help me, if I call they come straight away and they visit me in my room regularly''. People told us they had the support they needed with personal care, to eat their meals and with moving around the home. They said they felt safe and the staff cared for them in an unhurried and professional way. Throughout our visit we observed the staff attending to people's needs in different areas of the home. The staff rota showed that there were always nursing and care staff on duty. The staff told us there were enough people with different skills working at the home. The care staff told us nurses were available whenever they were needed and supported and advised them on meeting people's healthcare needs.

The manager involved other experienced staff in the selection process for new staff so they could help assess the skills and knowledge of potential staff. Checks on new staff suitability, including references and criminal record checks were carried out before they started work at the home. All successfully recruited staff had attended two formal interviews at the home. We saw evidence of interviews and pre-employment checks for staff working at the service.

People's medicines were managed so they received them safely. People told us they had their medicines on time and when they needed them. They said the staff explained what their medicines were for and they were able to request additional medicines, for example pain killers, if needed. There was an appropriate procedure for the storage, recording and administration of medicines. All staff responsible for administering medicines had been appropriately trained and their competency had been assessed. We saw that medicines were stored securely. We looked at the medicine administration records for four of the people living at the home. These were clear and accurate. We carried out an audit of medicines requiring

Good

Is the service safe?

special storage and a sample of other medicines. These were stored appropriately and records were accurate. The provider carried out regular audits of medicines management and we saw that where problems had been identified these had been rectified immediately. One of the healthcare professionals we spoke with told us they had provided training and assessed the competency of the staff to administer specific invasive medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills to provide good quality care. The people we spoke with told us the staff met their needs. They said they knew how to care for them and they were confident being supported by them. One person told us, ''the staff are a cut above the rest, you could not improve on them''. The staff said they felt well trained and supported; they confirmed they had good information about the service and how to meet people's needs. All new staff shadowed experienced staff and their skills and competency were assessed before they worked unsupervised. We met some staff who had started working at the service in the previous few months. They told us the manager and other staff had been very supportive, offering them advice and information. The manager organised for all staff to undertake a range of training and this was recorded. Some of the staff spoke about the training they had attended. They told us this was useful and relevant. Some training was provided by senior staff at the service who had qualifications to train others. For example, new staff received training in manual handling techniques and their competency was assessed by one of the nurses at the service. We saw records of these assessments.

In addition to formal training the staff met regularly as a team and as individuals with the manager. There was a handover of information each day and on the day of the inspection we observed this. The staff shared information about each person and their wellbeing and also discussed relevant guidance or any changes in the service. For example, on the day of our visit, there was a discussion about some new exercise techniques for supporting one individual which had been given by the physiotherapist. The staff told us this kind of discussion was useful and helped ensure a consistent approach to care and treatment.

Some of the staff were undertaking formal qualifications in care and nursing. They told us the provider and manager supported them with this and with keeping up their professional qualifications. One member of staff told us they had attended external training events and shared their learning with the team so everyone could benefit from these.

There was a range of information for staff about their roles, responsibilities and the policies and procedures of the home. The staff told us they had regular meetings with their manager and they took part in annual appraisals of their work, where they could request additional training and support if needed. Therefore people were being cared for staff who were suitably trained and skilled.

Where people were able they had given consent to their care and treatment. People told us the staff asked them for their consent when they were supporting them. They said the staff enabled them to make decisions. We saw the staff offered people choices and gave them opportunities to make decisions about specific care tasks and what they chose to do. People's consent to aspects of their care had been recorded in their care plans, for example for the use of bedrails. Where people were unable to give consent, families and other representatives had been consulted so that decisions could be made to reflect people's known preferences and in their best interests.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. The manager had assessed people's capacity to make specific decisions and had discussed this with the local authority in accordance with the Mental Capacity Act 2005. For example, one person had told the staff that they wanted to go outside of the home at times when it may not have been safe for them to do so. Their capacity to make this decision had been assessed and the provider, person's family and other relevant professionals had met to decide what would be in the person's best interests. Authorisation to restrict this person so they could not leave the home unescorted had been granted. The manager discussed this with us and we saw the staff supporting this person so they could access the community in a safe and supported way. Therefore people's consent to care and treatment was sought in line with legislation and guidance.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They told us they liked the food at the home, it was freshly prepared and they were given a variety. One person said, ''they always give us a choice and the food is really nice''. We observed the staff offering people a choice of what they wanted to eat for their lunch at the point of service. . People were given the option to have cooked meals for lunch and the evening

Good

Is the service effective?

meal. All food was freshly prepared by a chef. People told us snacks and drinks were available at any time of the day and night, and we saw people being offered hot and cold drinks throughout our visit. People's nutritional needs had been assessed and recorded. Where people had a particular dietary need a care plan was in place, for example some people had diets based on cultural or health needs. We saw that people's weight was monitored. The manager audited weight monitoring and there was evidence that action had been taken when people's weight changed significantly. We observed the staff supporting and encouraging people to eat their meals.

People were supported to maintain good health and had access to the healthcare services they needed. People told us they were able to see their doctor and other healthcare professionals whenever they needed. One person told us, ''the doctor visits each week but if I feel unwell the staff call for them to visit more often'', another person said, ''we see the dentist and optician who visit us here and examine us in our rooms''. We saw they had their healthcare needs assessed and individual care plans were in place for different health needs. For example, the service cared for a number of people who were receiving palliative care. Their needs, including pain management, had been recorded and there were clear plans so the staff knew how to support people. All the healthcare professionals we spoke with told us the staff worked closely with them to meet people's needs. One professional said, ''the staff show a good awareness of when it is appropriate to refer someone to our service. They welcome our advice and implement it well, showing a good level of compliance with recommendations''. Another professional told us, ''I have found that the nursing team are quick to recognise when a patient has specialist palliative care needs and refer to our service when appropriate. The team are skilled at recognising significant changes in patients when further input from our team may be required and in that event will quickly contact us by telephone.''

The manager had developed systems to audit people's healthcare needs, how these were met and when they were supported to see other professionals. The information from healthcare appointments was recorded and incorporated into care plans. Some of the people living at the home were very frail and had complex health needs. We saw evidence that the staff communicated well with the GP. The GP visited the home each week and information exchanged between the care and nursing staff with the doctor was very clear and meant people were given treatment without delay. Therefore people living at the home could feel confident they would be supported to maintain good health, where possible, and to have the support of relevant healthcare professionals when needed.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. They said they had good relationships with the staff. One person said, ‘‘they are ever so lovely’’. Another person told us, ‘‘nothing is too much trouble for them, they always care for you with a smile’’. Some healthcare professionals also praised the staff saying, ‘‘the team at Georgian House offer a high standard of patient care and recognise the need to support families and carers at what can be a very difficult and stressful time’’ and ‘’I have found the staff to be extremely helpful and attentive to the residents . I think that the residents are respected and treated very well.’’

We observed the staff caring for people in a kind and sensitive manner, ensuring their wellbeing and comfort. For example, we witnessed the staff reassuring one person when they became distressed. We also heard the staff reassuring and comforting people when they were supporting them to move in a hoist. People were supported to spend time wherever they chose in the home. This included the staff supporting people to sit with them in the office when they were attending to paperwork. Staff were present in communal areas throughout our visit, checking on people’s wellbeing, talking to them and offering them things to do. There was a calm atmosphere and people were relaxed.

The staff understood the importance of respecting people’s choice, privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people’s needs in a discreet and private way. Where people had expressed a choice for specific gender carers this had been recorded and respected. Therefore people living at the home were cared for by kind and respectful staff, who wanted to foster positive relationships. Their privacy and dignity was respected and they were able to maintain independence where they wished. For example, one person told us they were encouraged to bathe themselves and to make their own drinks and snacks. The manager told us how some family members were involved in caring for people and this was respected and encouraged where people had made a positive choice for this.

People told us they could make choices about their own care and how they spent their time. We spoke to some people who chose to spend their time in their own rooms. They said the staff offered them regular choices and opportunities to join others if they wished. One person said, ‘’they leave me to do my own things in my own time, but if I want to join in with activities there is plenty going on’’. We saw the staff offering people choices and listening to and respecting their responses. For example, where they wanted to go, what they wanted to do and what they wanted to wear.

There was a range of information for people living at the home and their visitors. Information was displayed on notice boards, in a guide in the main reception and through regular meetings for people at the home and their relatives. We saw minutes of these and saw how people had been consulted about changes in the home, menu options and activities. On the day of our visit the staff were discussing arrangements for Christmas. Families and friends had been invited to join their relatives for Christmas lunch and people had been consulted about how they would like to spend the day.

Good

Is the service responsive?

Our findings

People told us they were treated as an individual, able to make decisions about their care and they received care which met their needs. One person said, ‘‘they talk to me about the support I need and this is what I get, they offer me help but when I want to do something myself they respect this.’’ The manager told us they talked to people about their individual needs during assessments before they moved to the home. We saw evidence of this. Assessments of individual needs were very detailed and included clear information about different aspects of people’s health and personal care. We looked at a sample of care plans. These gave clear instructions for staff on how to meet the individual needs of each person. The care plans were regularly reviewed and had been updated when someone’s needs changed.

There were systems in place to audit and check assessments and care plans to make sure these remained up to date and relevant. People’s individual needs were discussed during the staff handover and people received care which was individualised and personal to them. For example on the day of our inspection people were able to have their breakfast up until midmorning and they were able to remain in their night clothes and dressing gowns until they wished to get dressed. Where people required specialist equipment or a specific intervention, this had been recorded.

There was a programme of organised activities which people were able to contribute their ideas to. One person told us, ‘‘there are plenty of things going on and the staff always ask me if I want to join in’’. Activities included entertainers from outside of the home visiting, communal worship and craft activities. Local schools and volunteers visited to offer additional activity support and there were organised trips to the community, including a trip to see Christmas lights. On the day of our inspection, a musician visited and sang songs with a group of people.

People’s personal care needs were met. They were offered baths and showers whenever they wanted. People appeared well cared for, were wearing clean and ironed clothes and were appropriately dressed for comfort and the time of year. When one person needed to change their clothes, the staff offered them support discreetly and as soon as they needed. Therefore people received personal care which was responsive to their needs.

There was a complaints procedure. People we spoke with told us they knew how to make a complaint and felt they would be listened to if they had any concerns. Complaints and the action taken to investigate these had been recorded. The manager audited all concerns and complaints and looked at ways in which improvements to the service could be made. There was evidence of learning from complaints and concerns, for example through discussions at team meetings and changes in procedures. The provider asked people living at the home and their relatives to complete annual satisfaction surveys. The manager analysed the response to these and used the information to help with developing a business plan. Comments and compliments were displayed in communal areas, shared with staff and used to make sure things that had worked well continued. Therefore the service routinely listened to and learnt from people’s experiences.

Good

Is the service well-led?

Our findings

People living at the home told us they felt the service was well managed. They spoke highly of the manager and said that she listened to and valued their comments. They told us the staff encouraged people to speak out if they were unhappy with something. We observed the staff listening to individual people and responding to their concerns or worries, recognising that what people had to say was important. The staff confirmed they were encouraged to feel this way about their work. One member of staff said, ''the residents of Georgian House are why we are all here, we care for them like our family and this feels like a big family home'' and another staff member told us, ''we know what makes them smile and that is our job to make sure they are smiling."

One healthcare professional told us, ''the home appears to run efficiently '' and another one said, ''I think the service is very well led''. All of the staff spoke positively about the manager. They said they were confident the service was well managed. They told us the manager was open, approachable and inclusive. Some of the things they said were, ''I feel able to tell the manager my ideas and everyone listens'', ''the residents and the families are happy here'' and ''I have a great time at work – everyone is so supportive".

The manager had created a system of audits and checks on every aspect of the service. For example, regular checks on infection control, fire safety, audits of accidents and checks on record keeping. These ensured people's different needs were being met and the service was being run in their best interests. The manager had developed systems to support the staff to understand how to audit the service and where to find any information they needed about the home. This included plans to tell the staff how to respond to a range of different emergencies.

The service had strong links with the local community. The manager told us local places of worships, schools and volunteers visited the home. The healthcare professionals we spoke with told us they worked closely with the service and staff were open and transparent.

The manager worked alongside the staff each day. During our visit we saw her supporting people who lived at the home and staff. She was available for people to talk with throughout the day. The staff told us this was always the case. They said she led by example and they thought she was a good leader. One member of staff said, ''she is a very good manager'' and another member of staff told us, ''the manager is brilliant''. The manager has notified the Care Quality Commission (CQC) of significant events at the home, in line with the requirements of registration. She completed the provider information request (PIR) document which told CQC about how she felt the service was meeting the needs of people who lived at the home. The manager told us the provider was supportive and worked with her to promote good quality care. Therefore the service was well managed and led.

The service delivered high quality care. There were thorough systems to monitor the quality of the service, including regular checks on health and safety, people's wellbeing and other aspects of the home. The staff were aware of these systems and were involved in quality monitoring. Different tasks had been delegated to staff to make sure they all understood the importance of quality monitoring. The manager had developed a business plan with actions where areas that needed improvement had been identified by her, the provider, people living at the home or staff. She regularly monitored this plan and made sure achievements were noted. Changes were made to the business plan to reflect new ideas from meetings or from complaints. Records were organised and up to date. Information was easily accessible and the staff knew where to find this. One member of staff told us, ''the service is very organised, we have lots of audits but they are simple to follow and we know what to do, we have the support and training to do this''. Therefore the provider had made arrangements to deliver a high quality service, measure this against the expectations and wishes of people living at the home and stakeholders and to work towards continuous improvements.