

The George Edward Smart Homes

George Edward Smart Homes

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

Rating at last inspection: Requires improvement (Published 4 December 2017).

About the service: George Edward Smart Homes is a care home that can provide personal care for up to 60 people aged 65 and over, some of who may be living with dementia. 50 People lived in the service when we inspected.

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

People's experience of using this service:

People and their relatives described the service as a 'Hotel'. When we asked what this meant people explained that they received support they needed in the way they liked when they asked for it. People said staff knew them very well and could anticipate their needs and that support was delivered in a timely way. People described excellent provision of activities and events that were tailored to their needs. People were supported through technology to maintain relationships and afforded support to develop and build new relationships. People and their relatives described high levels of satisfaction with the service which impacted positively on their overall wellbeing.

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 were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their life, this was carried out with compassion and dignity.

The environment supported people to have time on their own and time with other people if they chose this. The registered manager agreed that more work to help people living with dementia to find their way in the service would be beneficial. Cleanliness and health and safety were well managed.

Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. Staff recruitment was safe. Staff understood how to keep people safe and used information following accidents and incidents to reduce the likelihood of future harm.

The registered manager and management team were well respected. They supported the team to deliver high quality person centred care. Lots of checks were completed to ensure people were safe and that their experience was positive. People, their relatives and staff all felt confident raising concerns and ideas. All feedback was used to continuously improve the service.

How the trustees or provider monitored the service so they provided leadership to the registered manager was being developed. This would ensure appropriate governance was in place.

A full description of our findings can be found in the sections below.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was extremely responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

George Edward Smart Homes

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors carried out this inspection on day one. On subsequent days one inspector visited.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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

Notice of inspection: Day one of the inspection was unannounced. We told the provider we would be visiting on subsequent days.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection: we spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, head of care, team leaders and care workers, cook and two of the trustees. 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and six to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were used during and after the inspection.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

At the last inspection in August 2017 the provider breached a regulation relating to staffing levels at the service. During this inspection we found improvements had been made and the provider was no longer in breach.

Staffing levels

- Staffing levels were appropriate and ensured people received responsive care and support. The management team had devised a tool they could use to understand the number of staff they required to keep people safe based on people's needs. Night time staffing levels had increased to ensure safe evacuation could be carried out in the event of a fire.
- People and their relatives told us they received care in a timely way.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team had started to review how they assessed the risk of people falling and how to implement control measures based on best practice.
- At times staff had been supporting people to stand following a fall using inappropriate methods. Updated care plans were in place on day three of the inspection to clearly show staff which moving and handling technique was appropriate for everyone.
- The management team demonstrated they were learning lessons from accidents and incidents.
- The environment and equipment had been assessed for safety.
- Staff intervened well where people living with dementia experienced distress because they could no longer communicate effectively or had become frustrated. Staff could do this because they knew people's needs and preferences well.

Safeguarding systems and processes, including recruitment

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person said, "I came here because it is safe, clean and smells nice. The staff are nice and care, they take their time with you."
- The provider operated a safe recruitment process. People who used the service had started to become involved in the recruitment of staff. One person told us, "It is good to pick the people who will care for you."

Managing medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines. One person told us, "I do get my medicines on time now, before staff weren't always as prompt as they are now."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The environment was observed to be clean and everyone we spoke with felt the service smelt pleasant.

Is the service effective?

Our findings

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

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

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. A member of staff told us, "I have been here seven weeks and I spent the first three shadowing so I could learn about the routine and role."
- The registered manager had a system to understand which staff needed their training to be refreshed and who required supervision. They were working with supervisors to ensure they improved the frequency staff had supervision.

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

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make changes where needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff had been trained in person centred care. They used their knowledge of people's preferences to ensure they received personal care in their preferred way. But also, to enhance their feelings of wellbeing through social activities and support to maintain relationships and hobbies.
- A person told us, "Staff understand dementia and I click with a few of them to chat to me. They make me feel welcome."

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. One person said, "I wrote a thank you to staff who cook. They could be in charge of fine dining. Fresh soups and using their own vegetables. Very good." Relatives told us they were welcome to visit and eat a meal with their family member.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible eating their meal and drinking.
- New kitchen areas had been developed throughout the service so people and their relatives had free access to drinks.

Supporting people to live healthier lives, access to healthcare services and support, working with other agencies to ensure consistent care for people

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

- People were happy with the support they received with their healthcare. One person told us, "if I want to see the doctor I just go to the office and they ring for me." Another person told us, "I needed the nurse again for my leg, staff rang for me which was a big help."
- The management team had developed a new check to monitor the pain people were experiencing and to ensure medical professionals were involved if their pain had worsened.

Adapting service, design, decoration to meet people's needs

- People were free to access all areas of the service. Including the garden which was secure and had accessible pathways for people to walk on. We saw a group of people who were friends enjoying their daily walk in the gardens, another person told us they monitored their steps each day on their smartphone and used the garden walk to keep fit.
- A new call system was due to be introduced which will improve the amount of technology the service can use to monitor people if they are at risk of falls.
- The service supported people at their initial diagnosis with dementia. Managers understood that the environment was not suitable for people with a more advanced cognitive impairment. People would be supported to move on should they need a more suitable environment to keep them safe. However, they agreed to assess the environment to make alterations where possible to help people find their way more easily.
- People and their relatives enjoyed the environment which had plenty of communal spaces where people could spend their time. Relatives told us, "The environment is fabulous, it feels like a hotel" and "It is a real family environment. Not clinical but comforting and homely. My family member could bring their own furniture which was a great comfort."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Records were not always clear where decisions made had been made in people's best interests or confirmation that relatives had power of attorney in place to legally act on people's behalf. The registered managers agreed to ensure records were available in future.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "I enjoy living here, couldn't be anywhere else where people were kinder." A relative told us, "My sister and I have no concerns and are very happy with the way our family member is cared for. Carers are excellent."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and their staff.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people. One person told us, "I have a key worker and they discuss my care plan with me." A relative said, "I am always involved in care planning and reviews as the primary family member."
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. For one person who was open about their sexuality staff showed respect and were supportive of them. The person told us, "There has never been an issue about my sexuality I am able to be myself. I usually talk about my life and the legacy I will leave my family. I am able to talk like that."
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "This place cannot be bettered, staff knock on my door before entering, they haven't always but I raised it in a residents meeting and since then they do knock."
- People were supported to maintain their independence. For example, people had access to a laundry where they could continue to care for their own clothing.

Is the service responsive?

Our findings

Responsive – this means that services meet people's needs.

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

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person used their smartphone to relay messages to staff on their bedroom door. Messages told staff when the person wanted support or when they would like privacy. People also used technology to keep in touch with relatives via the internet and their smartphones.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to develop new hobbies and maintain existing interests. Staff told us, "We encourage people to be as independent as possible and ensure they have information about bus timetables and taxi details if they go out. Several people have their own mobility scooters and they go into town on them."
- There were lots of spaces to spend time in such as the library which had large print books for people with impaired eyesight. Newspapers were available for people to keep up to date on current affairs. We saw people came to read them or take them to read privately.
- People were engaged in the programme of activities if they chose this and we saw they were keen to know what was happening on each day. One person told us, "The activities have been an absolute godsend to me, there is always something going on." Staff came to remind them a session was starting or to prompt people that they may like to join in. A staff member explained, "Where we identify people are at risk of becoming isolated we spend time with them on a one to one basis and encourage them to join in."
- The service worked with a local nursery school so people could spend time with younger children doing shared activities. We saw people were smiling, chatting and laughing with the children as they played with plasticine together. A relative told us, "Working with the children makes people feel they have a role and they feel valued and it has improved their self-esteem."
- Innovative or different activities were sought to continually motivate people. For example, funds had been raised to buy an adapted bicycle which people could use with staff to cycle around the garden. People were really pleased with this and told us it had been great fun. The activities team had organised a project to help people incubate some chicken eggs and people had really engaged looking after the eggs waiting for the little chicks to hatch. The service had won a local award called 'Muck and Magic' in 2017 for the most productive vegetable patch.
- A relative explained, "The activities team always seem to try with everyone new to make sure they are included. For one person they introduced indoor golf as they knew it was their interest. Activities are

different here we see new things and they are always developing. Families are also really welcome to join in, I do crafts on a Tuesday with people."

- The 'University of the third age' was also welcomed to use the facilities to hold their meetings in the service and this meant people who lived there could join in.
- People's feeling of wellbeing benefited from the staff promoting social events, access to the community, activities based on their preferences. People were alert, independent, in control of their routine and actively engaged in the running of their service because of this.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The service had also received compliments about the work they did. For example, one relative had fed back, 'A big thank you for making our mum's life happy and comfortable.'

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. More work to record such preferences in advance of a person becoming ill was happening.
- Professionals were involved as appropriate to ensure people were comfortable and pain free.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service supported people's relatives and friends as well as staff, before and after a person passed away. A relative whose family member had died recently told us, "They were very lucky to be here, the staff have been fantastic, we had several meetings to discuss how our family member was going on and they kept us up to date all the time. It has been a very positive experience."

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- The service involved people and their relatives in day to day discussions about their care.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff said, "It is like a home, we work with different people who have different personalities, but as soon as we have a problem we know we can go and get it sorted, you feel secure here."
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Without exception people told us they were happy with the service and that they would recommend it to others. One relative said, "Management are so nice. I can pop in, ring up and they call me as well. I am never left unaware of things that have happened. I have picked the room I want if I need to move in. I would quite gladly be cared for here."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the registered manager and their team had worked to continually make improvements where the checks they had carried out showed they could make things better. For example; work to improve falls management and to monitor pain of people using the service.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. The registered manager understood they must hold staff to account for their performance where required.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.
- We met with two trustees during the inspection to discuss how as the provider they could provide better oversight and governance of the service safety and quality. Trustees do regularly visit and support the registered manager and frequent trustee meetings are held. However, they do not record their governance and leadership in a way that demonstrates they are being accountable for the overall compliance of this regulated service. They agreed to adapt their systems to show such leadership and governance.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development. For example, links to the university of the

third age and a local children's nursery school.

- The service had also worked alongside the local hospice team to develop their skills around end of life care for people.