

Parkcare Homes (No.2) Limited

# Georgina House

## Inspection report

20 Malzeard Road  
Luton  
Bedfordshire  
LU3 1BD

Tel: 01582456574

Date of inspection visit:  
28 March 2019

Date of publication:  
25 April 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Georgina House is a residential care home that was providing personal care to 4 people at the time of the inspection.

People's experience of using this service: The people who could communicate with us in ways which we could understand spoke positively about the staff who supported them and the new manager. One person said, "It's good I have a key worker, [name of member of staff] has helped me." One person spoke positively about their room. We saw other people engage well with the staff, they looked happy and at ease with the staff around them.

When we inspected the service last time we found many issues which led to multiple breaches of the Health and Social Care Act 2008 and the service was placed in Special Measures. At this inspection we found improvements had been made.

Plans had been made to help staff manage some of the key risks which people faced. People were being supported to access health support or seek professional advice about their needs. Improvements had been made to promote people's safety in the home when they accessed the kitchen. Staff now supported people to have their medicines in a safe way. Improvements had been made in terms of keeping the home clean, but we still found issues relating to infection control risks at the home. The manager did start to act to address these issues.

The provider had now had completed full employment checks to ensure people were safe around new members of staff. The staff we spoke with had a good and complete knowledge about how to protect people from potential abuse. They also knew how to promote people's rights in terms of experiencing discrimination.

Plans were in place to ensure staff had competency checks so the manager could address shortfalls in their knowledge and be assured if staff were competent in their work. We saw that staff knowledge and practice had improved, but this was still a working progress, to ensure all staff were effective in their roles.

Progress had been made to enable people to have choice with their food and drinks and promote healthy options. We saw staff encouraging people to go out for walks and plans had started to be made to support people to eat healthier food.

Staff and the manager were making efforts to help people who could not communicate easily, to have a voice. Referrals to specialist health professionals had been made and care plans were updated so staff knew how to meet people's needs.

Improvements had been made in terms of supporting people to consider goals but further work was needed to fully explore people's interests, ambitions, and improve their environment and experiences.

There was now a management structure in place which had good oversight about the previous issues and what they needed to do to make improvements. There was now a better culture at the home. Further work was needed to make these improvements and show these had been sustained.

The home had not previously been fully developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Further work was needed to fully meet these values.

Rating at last inspection: Inadequate the report was published on 26 September 2018.

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

Follow up: We will inspect the service again to check improvements have been made and in the mean time we will monitor the service.

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

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Georgina 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one Inspector.

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. However, there was now a new manager who had made an application to become the registered manager.

#### Service and service type:

Georgina House is a care home. People in care homes receive accommodation and 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. The service provides accommodation and care to up to 4 people with a range of learning disabilities. At the time of the inspection the service was fully occupied.

#### Notice of inspection:

We did not give notice. The inspection took place on 28 March 2019.

#### What we did:

- Before the inspection we looked at the provider information report (PIR). This is 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 asked the local authorities who have placed people at the service for their views.
- We checked statutory notifications which the provider must send us by law.
- During the inspection we spoke with two people who lived at the home, some people could not communicate with us in ways which we fully understood, but we completed observations throughout our

inspection.

- We also spoke with a person's relative; two members of staff; the manager and the provider's quality lead for the home.
- We looked at three people's care records, two staff recruitment files, and competency records. We also looked at audits and quality assurance reports.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the previous inspection the service was rated as Inadequate in safe. There had been many improvements since the last inspection. But some improvements were still needed.

### Preventing and controlling infection

- We found some infection control issues. A person's bathroom shower cubicle's matt to prevent them from slipping was not clean. A toilet brush container was rusty and sitting in water. The brush head had used tissue and matter on it.
- There were dents in the paint work in one person's en-suite and about the home. There was also some mould on the sides of one person's cubical wall. Another person had mould growing in their shower cubical door.
- There were cobwebs and dirt in the extractor fans in people's bathrooms. These issues could make a person unwell. There should have been a cleaning regime in place to address these issues.
- We also found a used glove wrapped in a paper in the manager's office, which a member of staff had put down while updating a record. The manager asked the member of staff to remove it.
- We spoke with the manager about these issues. We saw them taking some action to later address these issues.
- A person's bathroom floor was very wet and slippery. The management team was aware of this issue but this had not been effectively addressed either by the management team or the staff working that day, to reduce the risk of this person slipping.

### Assessing risk, safety monitoring and management

- People looked at ease with all the staff we saw on shift during our visit. One person said, "I like the staff, they are all nice." A person's relative said, "I have no concerns, [my relative] is happy."
- People now had good risk assessments in place. A person had a detailed plan about what to do to keep them safe if they had an epileptic seizure. We were told that this plan had been shared with this person's GP and a nurse who works for the provider. Although, this had not been documented.
- Included in these risk assessments were guidelines about how to support a person who expressed behaviour which others found challenging.

- Various safety checks were still being completed which related to the safety of the home. This included various fire safety checks. We saw documented that recommendations from a recent fire service inspection had been completed.

Systems and processes to safeguard people from the risk of abuse

- All the staff we spoke with had a good understanding about what potential abuse or harm could look like. They all knew the reporting avenues for any concerns. This included the local authority safeguarding team. Staff told us where the local authority's and the providers whistle blowing numbers were, if they needed to raise any concerns outside of the home.

- All the staff also had a good understanding about what discrimination looked like. Staff told us about what a 'Hate Incident' could look like and how they can report it to the police after they had ensured the person was safe. One member of staff said, "You report it to the police, it's a crime."

Staffing and recruitment

- There were now effective recruitment checks in place for new employees. References were being checked and new staff had full employment histories. Any gaps in employment histories were being checked at interview.

- We could see that there were suitable amounts of staff on shift. We were told by staff that staff numbers were increased if people wanted to attend certain events or if people wanted to stay up late. Staff told us that they rarely worked a day shift following a sleep-in shift.

Using medicines safely

- One person told us, "Staff help me with meds." We completed a check on the medicines. We found all medicines were now being stored safely. We checked some people's medicines and found the remaining medicines tallied with what people's medicine administration records.

Learning lessons when things go wrong

- The manager told us that there had not been any incidents or accidents since we last inspected. We could see improvements had been made following our last inspection which told us that the management team were learning from previous errors.



# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some progress had been made in this area, however this still needed further work in people's rooms and in the communal parts of the home. For example, we were told and saw that a person spent a lot of time in the garden. However, the garden had not been designed to meet this person or other people's needs.
- The manager told us that a quote from a gardener had been sought and a conversation had been had with people about this space, but no actual plans had been made regarding the garden and the decoration of the home despite the fact we had raised these issues when we visited in July 2018.

Staff support: induction, training, skills and experience.

- A member of staff spoke positively and in detail about their induction when they started working at the home. They told us about the training they had received and gave us examples of why they thought it was good. There was a combination of face to face and e-learning training. Staff then received refresher training. We also saw records which showed that staff had started to receive regular supervision.
- The management team had recently started to check staff competency to see if they were effective in their work. This had only just started and not all the staff had received these competency checks. Also, some details were missing to show how the member of staff was competent and how the assessor had reached their judgement. When issues were found there was no plan made to address this. The manager told us how they could improve this system moving forward.
- We asked how the competency of new staff was checked to ensure they could start working independently. We were shown a record which will be used in the future, but we noticed there had been no such checks completed, when the most recent employee had completed their induction.

Supporting people to eat and drink enough to maintain a balanced diet

- There were issues with this area of people's lives when we last inspected. At this inspection we could see that some progress had been made. There was now a picture menu board in place. However, there were no actual menus in place for people or menu plan for the day.
- There was guidance in the kitchen and training had been provided regarding a person's cultural needs. People had been asked about their likes and dislikes with food. There was now a bowl of fruit available in the kitchen and we saw people having snacks.
- Despite this we did note a lack of fresh ingredients in the fridge. The local authority had visited the week

before and observed that a member of staff had not promoted healthy options when they made a meal. They had also burnt it and still served this to people. Some people were not happy about this. We spoke with the manager about this. They told us that staff knowledge and skills in this area was still developing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Significant improvements had been made in this area since the new manager had started at the home. We saw that people had health appointments and check-up reviews. Some outstanding concerns about a person's health and potential behaviour had been followed up since our last inspection and a new appointment had been made to further clarify an issue about their behaviour. Conversations with professionals were clearly documented. We were also told about how the manager 'tracks' people's appointments to ensure they take place.

- During our visit we saw staff taking people for walks. A member of staff was telling another member of staff that they were taking a person out to play football. This member of staff had this football under their arm when they went out with this person. Another member of staff was taking some people out for lunch. We asked if they were taking the mini bus, they said, "No, we will walk it's just up the road, the people here like to walk." We later saw that people went out for another walk.

- We asked the staff on duty about some people's health needs and they told us what they were and what they must do if they present as unwell. One member of staff also knew the signs a person who could not communicate easily showed if feeling ill.

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

- We saw that staff promoted choice and options with people when they were supporting them. We also saw this recorded (in picture form) at recent meetings with people at the home. When the manager assessed people's capacity to make a certain decision, we saw their conclusions and how they went about this was well evidenced. This included work-shops with people who were unable to communicate easily with people.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was now 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. One person had recently had a restriction from the local authority lifted. A member of staff told us what actions they would take if this person chose to leave the home alone and they had concerns about this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence.

- A relative told us, "[Name of relative] is happy, they seem happy to see me and happy to come back here when I take [relative] out, what more can I say."

- At the last inspection we found that staff were not always kind and respectful to people. At this inspection staff consistently treated people with respect. Staff spoke with people as equals and as adults in a friendly way. We saw one member of staff checking with a member of staff about the plans for that day in terms of people going out. A person came up to them and indicated they wanted their attention. This member of staff stopped and spoke with the person, gently putting their hand on their shoulder.

- Staff knocked on people's doors and waited to enter. We saw staff chatting and engaging with people in conversations. Staff spoke in gentle tones. A member of staff asked one person in a discreet way, on more than one occasion if they wanted to use the bathroom. When a person touched a member of staff in a way they were not comfortable with, they spoke with the person about this.

- Despite this we did hear staff referring to people as he and staff were at times having conversations about people in front of them without involving them. We also saw that in one person's bedroom a member of staff had left packaging to a person's incontinence pad, on their chest of drawers. We spoke with the manager about this who told us that they were still promoting and upskilling the staff in this area. We concluded that this had not had a negative impact on people, and we also saw a lot of positive practice in this area.

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

- We saw picture records of people being involved in the planning of elements of their care and being given options.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People did have plans and assessments which reflected their needs. These assessments were written in a way which enabled staff to start to get to know the people they were supporting.

- We noted that information was clearly explained in terms of how some people can behave and what certain actions meant. For those who were not able to express their feelings or views in ways others can easily understand, there was information to guide staff about how individuals could be expressing pain or if they were upset. There was further information for staff about what to do in these situations.

- Further support had been sought to ensure the service was supporting people as much as possible with their communication needs. We also saw staff communicating with people in sign language at times during our inspection.

- People's assessments did reference people's interests but these were limited at times. One person liked music and films but it did not explain what types of music or films they liked. People had a weekly plan which stated the activities, events, and actions they wanted to complete. However, these were the same each week and often were domestic in nature.

- There was little or no deviation to this to include other options which explored their interests or introduced people to new experiences. We saw a member of staff completing some of these weekly plans, but they did not do so in consultation with the individuals.

- Goals were being identified with people and they were having regular meetings with staff. However, these goals were not being reviewed to see if progress has been made in terms of achieving them. Or if they had been achieved and what this meant.

- Some goals and ambitions were being discussed with people but no real plans were being made to try and achieve these. We spoke with the registered manager and provider's quality lead who visited the home during our inspection. They told us about how the review form was changing to incorporate a prompt for staff to consider this.

- We concluded that improvements had been made in this area of people's lives. However, further work was needed to give us confidence that the management team and staff will always promote people's experiences, interests, and goals. To help create results for people and positive outcomes.

Improving care quality in response to complaints or concerns.

- No complaints had been raised. We could see people were having meetings with staff to consider people's views.

End of life care and support.

- We saw that the service had made good progress of considering people's needs at this part of their life.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- When we inspected in July 2018 we had concerns from what we had observed about staff culture at the home. There was a lack of good daily leadership at the home. When we inspected this time, we could see that the provider had taken action about our concerns. There was now a management structure in place. Staff spoke about how they found this positive and how it supported them in their work.
- We found there was now a positive culture at the home. Every member of staff treated people with kindness. Staff worked well together. We saw some positive examples of staff treating people with respect and dignity, but we also saw some slight short falls in this area. Despite this the manager was aware of this and acknowledged there was some work still to do in this area.
- Work had been started to address the issues we found at the last inspection. There was now a clear understanding of ensuring people had effective care plans which guided staff about the care they needed to keep people safe. Timely actions were being taken when people were not well or may benefit from additional professional input. Staff were receiving regular supervisions and their knowledge had improved in key areas.
- Some of the issues we had identified were still a working progress. Such as, having full assurances that all staff were competent in their work. Exploring people's interests and supporting them to fulfil these and their potential. Improving the quality of life of people at the home with their daily experiences of the environment. Enabling people to always have choice and involvement with their meals and to live healthy lives.
- We spent time talking with the provider's quality lead. Previously the provider audits had not been effective at identifying shortfalls in the care provided. We could see that better systems were being introduced to try and improve the quality of the care provided. However, these systems were either new or they had not been fully implemented at present.

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

- We found that the service had started to involve people and the staff with the development of the service, but more work was required in this area. The staff we spoke with and the manager had a clear view of how to promote people's rights. Further checks from the manager and the provider was needed to ensure all staff

shared this and put this into practice.

Continuous learning and improving care.

- There had not been a culture of this when we last inspected the home. Improvements had been recently made but further work was needed to see if there was a culture of continuous learning and a wiliness to consider improvements.

Working in partnership with others.

- We saw professionals input had been requested to promote people's well-being. There was no work being carried out to involve other organisations into the service to see if further work could be completed to improve people's lives at the home.