

Sovereign (George Potter) Limited

George Potter House

Inspection report

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Ratings

| | |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
| Is the service safe? | Inspected but not rated |

Summary of findings

Overall summary

George Potter House is residential care home providing personal and nursing care. The home accommodates up to 69 people in one building, across two floors, each of which has separate facilities with lift access to the first floor. One of the floors specialises in providing care to people living with dementia. At the time of the inspection, there were 39 people using the service.

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

Some areas of the home were in need of refurbishment. One unit of the building was closed and under refurbishment pending new admissions. However, the unit that was in use needed repairs. There was damp on some of the walls. Patch work had been undertaken and the building seemed to be in constant repair. There were signs of leaks on the roof and stains on several ceilings. We saw a window stained and dirty from bird droppings. The garden was not well maintained and did not look pleasing to the eye. A water fountain was overgrown and covered with a mesh wire. The registered manager told us, and records confirmed the provider was aware of these maintenance issues and had an action plan to resolve them.

After the inspection, the registered manager advised us that there were contractors on site working on the roof. In addition, the maintenance team had started refurbishments that included repainting the walls. The overgrown garden had been cleared.

People told us they felt safe living at the home. Staff understood their responsibilities to protect people from the risk of harm. Staff were aware of the provider's safeguarding procedures and followed these to raise concerns about people's well-being. Risks to people were assessed and managed.

People received care from a sufficient number of staff.

People's needs were assessed and managed. People received support in line with how they wanted their care delivered. Staff understood people's health conditions and knew how to deliver their care.

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 coronavirus and other infection outbreaks effectively.

Rating at last inspection

The service was registered with us on 20 January 2011.

The last rating for the service was good (published on 2 October 2018).

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.

Why we inspected

We undertook this targeted inspection to check on a specific concerns we had about how the provider prevented and controlled infection and managed the risk of falls by people who use the service. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider made improvements prior to our visit to mitigate risks against people having falls. We have found evidence that the provider needs to make improvements to the premises. Please see the safe section of this full report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

George Potter House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector, an inspection manager and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

Notice of inspection

We gave a short period notice of the inspection because of the COVID-19 pandemic to ensure our activity would bring minimal disruption as possible.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including, one nurse, two health care workers and the registered manager.

We reviewed a range of records. This included five people's care records and their risk management plans.

After the inspection

We spoke with 20 relatives of people using the service about their experience of the care provided to their family members at George Potter House. We continued to seek clarification from the provider to validate evidence found. We looked at maintenance reports and plans for refurbishment of the service.

Is the service safe?

Our findings

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

At our last inspection of this service in October 2018 we rated this domain as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The premises looked tired and dull. Relatives told us the premises needed refreshing and the pace of refurbishment was slow and not up to standard.
- Relatives of people who use the service reported the presence of mice and mice droppings at the service and in people's rooms. We asked the registered manager about this and they confirmed they were aware of this issue. The registered manager told us of regular checks of the premises for pests. When the issue was highlighted to them, they contacted the pest control team who is contracted to manage the building. The pest control team who visits the service every six weeks checked the building and did see evidence of mice droppings. There is ongoing monitoring of the situation and management is kept up to date about this. The registered manager felt reassured by the pest control team that the mice issue was very minimal and expected due to the building being surrounded by shops.
- Premises and equipment were checked regularly and maintained and repairs were planned for. The registered manager told us the speed of refurbishment and work on the roof had slowed down due to the rainy season and the effects of COVID-19 pandemic. There was a programme of action to repair the roof leak, the damp on the walls and the stains on the ceiling and was yet to start at the time of our inspection.
- Risks to people were identified and managed. Care plans highlighted risk assessments that included falling, choking whilst eating and drinking, developing pressure sores and behaviours that may challenge other people using the service. Plans were in place on how to support people in a way that minimised the risk of falling. Referrals were made to healthcare professionals and including to the fall's clinic. Medicine reviews were carried as appropriate. Staff told us they ensured the environment was free from clutter to reduce the risk of trips and falls. Staff followed guidance in place to support people in a safe manner in relation to the risks identified such as close monitoring of people who walked with a purpose and ensuring they wore the right footwear

Systems and processes to safeguard people from the risk of abuse

- The majority of the relatives felt people were safe living at the home. Some relatives said, "She is certainly safer and happier there than she was at home" and "She seems to be safe."
- Staff knew how to keep people safe and understood their responsibility to report concerns if they witnessed or had an allegation of abuse. One member of staff told us, "I've had safeguarding training and can recognise signs and symptoms of abuse. I know I need to report to the nurse or manager any concerns I see or hear about."
- Staff knew and had access to the policies and procedures in relation to safeguarding and whistleblowing. The registered manager responded to concerns and raised safeguarding issues to keep people safe. There were ongoing safeguarding issues that were under investigation. Concluded safeguarding investigations

showed the provider took appropriate action and ensured lessons were learnt from incidents.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Staff had attended training in IPC. They told us they followed good hygiene practices such as washing hands frequently, using hand gel and wearing PPE such as gloves, masks and aprons when providing care. This helped minimise the risk of people catching or spreading infection. The registered manager undertook regular checks of the home and had frequent updates with staff to increase compliance in the use of PPE.
- Some relatives were concerned about the level of cleanliness. They commented, "The home is not as smart as it could be, but the standards are generally acceptable" and "The home is not clean and in fact just this morning I saw mouse droppings in her room. She always seems to be clean but the home itself is not." We did not see any mice or mice droppings.
- We saw the home was clean throughout. Cleaning schedules had been increased to ensure that specific areas identified as high risk of transmission of the virus, such as light switches and other touch points, were cleaned several times per day.
- Staff shift times had been staggered to ensure staff could take adequate and appropriate breaks without having to distance from their colleagues. Staff who worked across more than one service at the beginning of the pandemic were required to choose which service they were going to continue working, to reduce the risk of carrying the virus into the home.
- Staff and people who lived at the home participated in a regular testing programme for COVID-19. Staff were also required to undertake a lateral flow test at the beginning of each shift and were not able to work if they returned a positive result. Lateral flow tests for coronavirus return a result in 15 minutes and reduce the risk of a visitor bringing the virus into the home.
- People who use the service who were required to isolate were supported by a consistent staff team. Staff working with people required to isolate also took into account their social needs and need for stimulating activities, and ensured they spent quality one-to-one time with each person. People were supported to see their loved ones by video calls, in a visitor's pod that had been established with a separate entrance so visitors did not have to move through the building. Visitors of people who were receiving end of life care were supported to see their loved ones safely, with a negative lateral flow test required prior to each visit.
- There was enough Personal Protective Equipment (PPE) available at the home and we observed staff using it according to government guidance. There was appropriate and clear signage throughout the home to remind staff and visitors to wear PPE and maintain distance, and to ensure that all staff, visitors and people who use the service were aware of people who were required to isolate. The home was well ventilated when we visited.
- The registered manager told us they received good support from the provider organisation, the local authority and the Clinical Commissioning Group. The registered manager and provider organisation ensured that staff and people who lived at the home were provided with emotional and practical support to assist them through the ramifications of the COVID-19 outbreak. The registered manager had recently updated the home's Infection prevention and control policy, and had an updated action plan and risk assessments relating to COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and managed. Systems were in place to ensure learning occurred when things went wrong. Investigations were carried out and showed action taken to minimise the risk of a reoccurrence. The provider monitored trends and any patterns to enable them to act as needed.