

Georgian House (Torquay) Limited

Georgian House

Inspection report

Park Hill Road
Torquay
Devon
TQ1 2DZ

Tel: 01803201598

Date of inspection visit:
04 September 2019
09 September 2019

Date of publication:
27 September 2019

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

About the service

Georgian House is a residential care home providing accommodation and personal and nursing care to 43 people in one adapted building. The home can support younger and older adults who living with dementia, mental health needs or a physical disability. At the time of the inspection, 35 people were living at the home. The providers are also registered to provide personal care to people in their own homes. However, this service was not supporting anyone at the time of the inspection.

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

The home was well managed. The provider and management team had continued to invest in and develop the home to ensure people received safe and personalised support. People spoke positively about the registered manager. One person said, "Things changed a lot for the good" and another said, "I know the manager, she has a nice nature and can talk to anybody." Care planning, risk management, protecting people's rights, social engagement and staff training were all areas that had improved since the previous inspection in May 2018.

People told us they liked living at Georgian House and felt safe. Staff were safely recruited and received training in safeguarding adults. They were aware of their responsibilities to protect people. The home used CCTV in the communal areas of the home. This was used to safeguard people from abuse and was reviewed if an altercation between people occurred. A comprehensive training programme ensured staff were provided with the information and guidance they required to support people's physical and mental health needs. In addition, staff were supported to undertake qualifications in health and social care or mental health needs.

Medicines were managed safely, and people were supported by health and social care professionals as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where restrictions had been placed upon people, such as with smoking, or where people weren't able to give consent, capacity assessments had been undertaken and best interest decisions made on people's behalf.

Care plans provided staff with clear guidance to ensure support was person centred which promoted people's well-being and independence. Care plans contained details of people's religious, cultural and other beliefs that were important to them. The home recognised and supported people's and staff's diversity.

People told us they felt they could raise a complaint or say if anything was worrying them. The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to. The management team and provider used complaints as a learning

experience and to change practice.

Effective quality assurance systems were in place. These included audits of care plans, medicine records, staff files and the environment. The home encouraged feedback from people's relatives and staff and used this to review practice and make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published in 31 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 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.

Georgian House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, an assistant inspector and an Expert by Experience visited the home on the first day. An inspector concluded the inspection on the second day. 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

Georgian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with the nominated individual, registered manager, compliance and training manager, deputy manager, both heads of care, the head of support, head of domestic services, five care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at the staff files for those staff most recently recruited. A variety of records relating to the management of the service, including training, health and safety audits, and policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Georgian House. Their comments included, "Oh yes, certainly" and "I feel very safe in here."
- Staff received training in safeguarding adults. The provider had safeguarding policies in place. Staff had access to a folder containing information regarding safeguarding, how to recognise abuse and neglect, and contact numbers for the local safeguarding team.
- Staff were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being. Staff said the management team and provider would take immediate action in response to concerns over people's safety and welfare.
- Where safeguarding concerns had been identified, the home worked closely with other professionals to mitigate risk.
- Some people experienced anxieties which might place themselves or others at risk. Positive behavioural support plans guided staff about how to promote people's well-being and how to respond when people became distressed.
- The home used CCTV in the communal areas of the home. This was used to safeguard people from abuse. If an altercation between people occurred, the registered manager and training manager reviewed recordings to establish how incidents had come about and how well staff had responded.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs, including mobility, skin care, nutrition and hydration, as well as those associated with people's mental health needs, were assessed and managed well.
- Clear management plans guided staff about how to minimise risks. Staff regularly reviewed risks with people to ensure they were supported as safely as possible.
- The management team reviewed all accidents and incidents to identify themes or indications people's health and well-being might be declining. Changes were made to how people were supported to reduce the risk of a reoccurrence.
- Health and safety risk assessments, including fire safety precautions, ensured the environment remained safe. Systems were in place to continuously monitor the home to identify maintenance issues as they arose.

Staffing and recruitment

- Recruitment processes remained safe. Pre-employment checks, including disclosure and barring (police) checks and obtaining references, were carried out prior to the commencement of employment.
- People were involved in the recruitment process and had been asked what questions they would like to ask staff attending interviews and these were then included in job interviews.
- In addition to care staff, the home employed support staff who were responsible for supporting people

with social engagement both in and out of the home.

- People and staff told us there were enough staff to ensure people's needs were met. One person said, "There's plenty of staff", and in relation to answering call bells, people said, "They come reasonably quickly" and "They're very quick." During the inspection, we saw people were attended to in a timely manner and staff were seen to spend time with people.
- The home also employed housekeeping, laundry, catering and administrative staff.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines as prescribed. One person told us, "They bring my tablets and are always on time."
- Where people were managing their own medicines, risk assessments had identified they were safe to do so, and staff kept this under review. One person confirmed this saying, "They supervise me."
- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- The home was very clean, tidy and free from unpleasant odours.
- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- During an outbreak of influenza earlier in the year, the home has sought advice from and worked co-operatively with Public Health England.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the provider and management team responded appropriately and used any incidents as a learning opportunity.
- Feedback from people, relatives, staff and professionals was used to make improvements to the home.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the previous inspection in May 2018 we found people's rights were not always protected and the use of CCTV had not been discussed with people or their consent obtained for its use. At this inspection we found improvements had been made.
- Staff had received training about the MCA and understood how to support people in line with its principles. People's consent to receive care and support was gained by staff with each interaction.
- Where restrictions had been placed upon people, such as with smoking, or where people weren't able to give consent, capacity assessments had been undertaken and best interest decisions made on people's behalf. Records showed relatives, where appropriate, and professionals were involved in the decision-making process. These assessments and decisions had been undertaken with guidance from professional resources to ensure compliance with the MCA.
- Where people's liberty was being restricted to keep them safe, authorisation had been gained. Conditions placed upon these authorisations were clearly identified in people's care plans, and those we reviewed were being met.
- The use of CCTV in the communal areas of the home had been discussed and agreed with people. The registered manager told us its use had been registered with the Information Commissioner's Office.

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

- A full and detailed assessment was completed prior to offering a person a placement. Records showed the home worked with other professionals for a period of several months to assess people's needs. This ensured not only people's needs were well understood, but that the move happened at the right time for the person

and in their best interests.

- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes. Where necessary referrals were made to specialist healthcare professionals for advice and guidance.
- People had been involved in the planning of their care and their wishes were respected.
- Good communication between staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- At the previous inspection in May 2018, we made a recommendation for the provider to review the effectiveness of their training programme. At this inspection, we found the induction and training programme for staff had significantly improved.
- All new staff completed a comprehensive three-month induction programme, which included mandatory training and completing The Care Certificate, (nationally recognised induction training for staff new to care). The induction programme was tailored to the individual staff member and their level of experience. Two newly employed staff told us their induction had been very good and they felt well supported.
- Staff told us they completed "lots of training". Training was provided dependent upon staff's role and included dementia awareness; mental health awareness; conflict management and positive behavioural support; safe physical intervention; falls prevention and communication. Records showed 94% of staff had completed these training programmes. Staff were also supported to complete accredited courses, such as qualifications in either health and social care or mental health.
- A 'theme of the month' programme was used to support the training programme and build knowledge. A presentation of information around the chosen theme was included in staff meetings, and information relating to the theme displayed around the home. Themes had included death and dying, exercise and wellbeing, and dignity.
- Records showed staff received regular supervision. Supervision was delivered in a variety of ways including informal discussions, formal one to one meetings, practical observations and appraisals. Staff told us they valued the support they received.
- The compliance training manager used innovative methods to embed training and involved people living in the home. For example, a quiz for staff and people to take part in which included questions relating to the home and popular culture. This promoted discussion and engagement between staff and people to increase safety, understanding and learning.

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

- People told us they enjoyed the meals provided. One person said, "The food is alright with enough choice" and another said, "The food is absolutely fabulous with plenty of it and plenty of choices."
- People had access to a residents' kitchen adjacent to the dining room and we saw people using this, with the support of staff if necessary, to make drinks and snacks.
- People's nutritional needs were identified in their care plans. People at risk of not eating and drinking enough to maintain their health, had their intake monitored and weight regularly checked. Specialist advice was sought from GPs and dieticians if necessary.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative meals were available if people changed their minds about what they would like to eat.

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

- People's healthcare needs were being met. People's care plans guided staff about how to support people's long-term health conditions. People told us the home supported them to make GP appointments when needed. One person said, "They get the doctor if I need one."

- Some people's physical health was compromised by their mental health needs and staff kept people's health under close review. Prompt referrals and information sharing with healthcare professionals ensured people received appropriate support.
- Community nurses provided daily support for some people whose care needed to be overseen by a nurse.
- People had opportunities to see dentists, opticians and chiropodists regularly or when needed.

Adapting service, design, decoration to meet people's

- Georgian House is an adapted period property. The home was attractively decorated and furnished. The provider had continued to invest in the property since the previous inspection.
- Electronic locks accessed by key fobs provided security for people's belongings and allowed access to the residents' kitchen only for people who had been assessed as safe to do so without staff support.
- People's rooms were personalised and decorated with personal effects, and were furnished and adapted to meet their individual needs and preferences. Some people's bedrooms had been adapted to have a kitchenette installed to promote their independence.
- The garden was secure and had been attractively landscaped with items of interests placed for people to enjoy such as musical instruments, table tennis and games. For those people who preferred to spend time outside, sheltered areas had been created.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were 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

- People told us they liked living at Georgian House. Their comments included, "I love this place, it's ideal for me"; "The staff are very kind"; "I find the staff compassionate" and "I get looked after very well here."
- Relatives' feedback to the home showed their satisfaction with the care and support provided. One relative said, "When I last visited I was impressed with the patience and care that your staff had towards the residents. The home had a pleasant and good atmosphere" and another said, "I would just like to say how much I appreciate all that you and your team do to help [person's name]. I can honestly say Georgian House is the best home she's lived in."
- People were supported by staff who knew their needs, personalities, likes and dislikes well. Our observations showed staff were kind, caring, friendly and attentive. We observed one member of staff comfort one person who was distressed and anxious. They did so patiently and pleasantly and stayed with the person.
- Staff respected what was important to people and it was clear people were comfortable in the company of staff. One person told us "They do respect us."
- Care plans contained details of people's religious, cultural and other beliefs that were important to them. For example, one person's care plan described them as not choosing to follow a religion, but they were "A keen environmentalist who has a love of green issues, birds and animals." Church representatives visited once a month to offer a service for those who wished to attend.
- The home recognised and supported people's and staff's diversity. For example, the home respected gender diversity and supported people to express their sexuality.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis. This was confirmed by one person who said, "They do review my care plan with me."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. They did so in a way that was sensitive to each person's individual needs and they did all they could to encourage support and involvement.
- Some people were supported by independent mental capacity advocates (IMCAs). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy. One person said, "They always knock the door and ask to come in." People's care plans highlighted the importance of respecting privacy and dignity. For example, some people did not wish staff to enter their room when they were not present.
- People told us they were offered choice in how they received their personal care and how it was provided. Staff told us people decided how they spent their day, when they got up and went to bed, when and what to eat, and whether to join in with the planned social activities.
- Care plans identified people's abilities and guided staff about how to promote people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the previous inspection in May 2018, we found improvements were required to how people were involved in their care planning and to the information available to staff on how to meet people's needs. At this inspection we found improvements had been made.
- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. They described people in a personalised and positive way, focusing on people's strengths rather than the challenges they faced. For example, within a life history care plan a section titled 'What people like and admire about me' described a person's traits that were admired by others.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, for those people resistive to receiving support with personal care or who were at risk of social isolation, care plans guided staff about how to increase people's acceptance of support and encouragement to engage on their terms.
- People's care plans were regularly updated to reflect people's changing needs. The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and care plans described people's abilities and needs.
- The home could provide information in different formats, such as large print, easier to read formats with pictures, or translated into different languages for those people for whom English was not their first language. The registered manager was aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were invited and encouraged to participate in a wide range of leisure and social activities all based around people's interests, preferences and things staff felt people might enjoy or benefit from. Support staff

organised regular group and individual activities. During the inspection we saw people enjoy musical sessions and quizzes.

- The home had leased a beach hut which people enjoyed through the summer.
- Some people were provided with one-to-one staff support to enable them to participate in activities meaningful to them, such as visits to local places of interest.
- People told us their friends and relatives were invited to visit at any time and were always made welcome.

Improving care quality in response to complaints or concerns

- People told us they felt they could raise complaint or say if anything was worrying them. One person said, "If I had a complaint and anything was wrong I would talk to the manager" and another said, "The manager sorts things out."
- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to. The registered manager and provider used complaints as a learning experience and to change practice.
- Recent written feedback to the home from a relative described how well the home had resolved their complaint. They said, "Staff have made such an effort in the last year after some concerns we had that have now been fully resolved. We have seen many improvements over the last year. The staff care for her very well, they help her to keep her dignity."

End of life care and support

- No one was receiving end of life care at the time of the inspection. Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous inspection in May 2018, we found significant improvements had been made since the inspection in August 2017. However, these changes needed time to establish. At this inspection we found improvements had continued and the management team demonstrated a strong commitment to providing robust management processes.
- People spoke positively about the registered manager and how the home was managed. One person said, "Things changed a lot for the good" and another said, "I know the manager, she has a nice nature and can talk to anybody."
- There was a clear management and staffing structure. The registered manager was supported by a compliance and training manager, a deputy manager, two 'head of care' staff and a 'head of support' staff, along with managers to oversee housekeeping, maintenance and health and safety. All staff were aware of their roles and responsibilities.
- Feedback received by the home from a relative described the improvements made to the running of the home: "I am impressed by the hard work and effort that has been put into changing Georgian House into a well-run care home. The leadership have made a massive improvement and the staff are hardworking, caring and efficient everybody clearly has the best interests of the residents at heart."
- The provider's nominated individual visited the home regularly and met with the management team every week to discuss events in the home and share information. We were invited to join this meeting on the second day of the inspection. The management team discussed people's well-being and passed on important information. Decisions were made about contact with professionals, as well as issues related to the running of the home.
- Effective quality assurance systems were in place. These included audits of care plans, medicine records, staff files and the environment. Information gathered through the audit process was included in the home's service improvement plan. This was reviewed at team meetings and by management team to monitor outstanding actions and make improvements.

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

- The management team and staff were committed to providing high-quality care for people in an environment where they could feel at home.
- The home had clear documented aims, placing people at the centre of their service. For example, "To deliver a service of the highest quality that will improve and sustain the service users' overall quality of life"

and "To ensure the service is developed flexibly, attentively and in a non-discriminatory fashion while respecting each client's right to independence, privacy, dignity, fulfilment and the right to make informed choices and risks." Our discussions with people and staff, and from the feedback the home had received, showed staff adhered to these aims in their day to day support of people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The quality assurance system included gathering regular feedback from people, families and professionals. Written and pictorial questionnaires were used to ask people how they felt about the care and support they received. Staff, resident and relative meetings provided opportunities to provide feedback and share information.
- The home had established strong relationships with other healthcare professionals in their support of people.
- The management team attended local managers' forum and worked with others to improve their service. For example, they recently spent time in a local residential care home to see how they had implemented an electronic medication system and to see how they could learn from them.
- Staff told us the home had "never been so good". They praised the registered manager, the compliance and training manager, and the investment made by the providers. Staff said they felt supported and listened to. A scheme called 'say something nice' had been introduced to boost staff morale. Staff were encouraged to write a note saying something nice about a colleague. These were documented within the quality assurance programme and shared during staff meetings.
- Employee of the month schemes were in place to recognise staff's good practice and commitment to people and their colleagues.

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

- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.