Heritage Care Homes Limited

Georgiana Care Home

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection on 31 March 2016.

The service provides care and support to people with a variety of care needs including those living with dementia, physical disabilities, mental health needs and chronic health conditions. On the day of our inspection, there were 53 people being supported by the service.

There was no registered manager in post. However, a new manager who had started in December 2015 was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had effective systems in place and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines had been managed safely and administered in a timely manner. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The manager and staff understood their roles and responsibilities in ensuring that people consented to their care and that it was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People had nutritious food and they were supported to have enough to eat and drink. They had access to other health and social care services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been recently reviewed and they now contained sufficient information to enable staff to support people well. Staff were responsive to people's changing needs and where required, they sought appropriate support from other health care professionals. A variety of activities had been planned and provided to occupy people within the home, and trips organised to visit places of interest for people who used the service. The provider had a formal process for handling complaints and concerns.

The provider encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service. Changes in managers had meant that quality monitoring processes had not always been used effectively to drive improvements. Any improvements made had not always been sustained and this put people at risk of not receiving good quality care. However, the manager

had worked closely with the local authority to make the necessary improvements to the service, but a longer period of stability was required to ensure that these had been embedded in the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a respectful way that maintained their privacy and dignity. They were also supported to maintain their independence as much as possible.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their representatives so that their care needs were appropriately planned and reviewed.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post and the manager was still new to the service. However, they had worked closely with the local authority to make the required improvements.

The provider's quality monitoring processes had not always been used effectively to drive continuous and sustained improvements.

People and their relatives were enabled to routinely share their experiences of the service, and they said that their suggestions and comments had been acted on.

Georgiana Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 31 March 2016 and it was unannounced. It was carried out by two inspectors and an expert 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.

Before the inspection, we reviewed information we held about the service, including the report of our previous inspection, the reports of the reviews carried out by the local authority and the minutes of the meetings about the service we had attended in the last few months. These had been arranged by the local authority to check how the service was going to make the required improvements identified during their reviews of the service. We also reviewed notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people who used the service, six visiting relatives, six care staff, the manager, the cook, the activities coordinator and two visiting professionals.

We reviewed the care records for 11 people who used the service. We looked at four staff files to review the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was monitored and managed and we observed how care was being provided in communal areas of the home.

Good

Is the service safe?

Our findings

People and their relatives told us that they were safe living at the home. One person said, "I feel very safe." Another person said, "I'm definitely safe here." When asked why they felt that people who used the service were safe, one relative said, "It's just the staff, they are brilliant. I've seen how they support [relative]. I don't go home and worry about [relative]." Another relative said, "I think it's pretty safe here. The security of the building is good too." A third relative said, "It's the way they look after [relative]." People said that they had someone to talk to if they were concerned about anything. One person told us that they would talk to their key worker and a relative said that they would talk to the manager.

The provider had processes in place to safeguard people, including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people had been displayed around the home so that people who used the service, staff and visitors had guidance on what to do if they suspected that a person was at risk of harm. The safeguarding poster contained the contact details of the relevant organisations where concerns could be reported to. Staff said that they had received training in safeguarding people and this had been updated periodically. They showed good understanding of the signs they should look out for that could indicate that people were at risk of harm and were familiar with procedures to report concerns. A member of staff said, "If I noticed anything wrong, I would report it to the manager. If nothing was done, I would go higher until I was satisfied it was dealt with."

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed. The risk assessments in place were detailed and provided clear guidance for staff to manage and minimise the identified risks. For example, there were assessments for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. There was evidence that people had been involved in discussions about risks to their safety. A person who was at risk of falling said, "I'm not allowed to go anywhere without staff." Additionally, we saw that appropriate equipment had been provided where risk assessments identified the need for this, such as walking frames for people at risk of falling and bed rails to prevent people from rolling out of bed. A relative of a person who needed to use a different walking stick following a fall said, "We thought she would be safer with a frame, but they've given her a stick with support at the bottom. They get her walking up and down the corridor and she's fine with that." We noted that in recent months, risk assessments had been reviewed regularly so that staff had up to date information to support people safely.

The provider ensured that the environment where care was provided was safe. The maintenance records showed that repairs were carried out quickly by someone employed by the provider. Fire safety checks had been undertaken regularly, including the testing of the fire equipment. The service kept a record of all incidents and accidents that had occurred at the home and these were analysed so that they could identify ways of reducing the likelihood of them happening again. Additionally, all the equipment used within the home including hoists and slings, was regularly inspected to ensure that it remained safe for use by people.

The provider had safe recruitment procedures in place because thorough pre-employment checks had been

completed for all staff. These included requesting references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. The manager had signed to confirm that they had seen the originals of any photocopied documents they held in staff files. One member of staff said, "They waited for my DBS and references before I could start."

People told us that there was enough staff to support them safely. One person told us that they always received the support they required and never felt that they had to wait because there was not enough staff on duty. A relative who was unsure whether there was enough staff said, "It's hard to say. When you come in, there are different girls here, so I don't know how many staff there are here." Some people and relatives commented on the changes in the staff team. One person said, "They're pretty good, but they keep changing. You get used to one, then you get another one and you've got to get used to them. It's all so complicated for me." A relative said, "We don't always see the same staff, but [relative] has a key worker." We noted that some of the staff had left the service since our last inspection and the provider explained that most had left when the manager changed. However, they showed us evidence that they had recruited more staff and they were putting support measures in place to retain them.

We reviewed the staff rotas and these showed that sufficient numbers of staff were always planned to meet people's needs safely. We also observed that people were always supported promptly when they required it. One member of staff said, "There are always enough staff on duty." They went on to say that they were confident that staff numbers would be increased if more people moved to the home. Another member of staff said, "If someone is off sick, they are either replaced by one of us doing some extra shifts or by the use of agency staff. We try to cover to ensure the staff know the residents, which is best for them." A visiting professional we spoke with said that the service always seemed to have enough staff when they visited. They added, "They always very helpful."

There were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. We observed on two occasions when staff gave people their medicines, and we saw that they waited with people to ensure that they had taken their medicines before signing the medicine administration records (MAR). A current medicines policy was available to all staff responsible for giving people their medicines and we noted that staff had been trained to administer people's medicines safely. MAR we looked at confirmed that medicines had been given to people in line with the GP and pharmacists' instructions. These had been completely correctly, with no unexplained gaps in the records. The back of the MAR were used to record any medicines given on 'as required' (PRN) basis, including an explanation of why it had been necessary to give the person the medicine. A section of people's care plans included a risk assessment in relation to their prescribed medicines, with details of possible side effects that staff needed to observe. We noted that any medicine changes had been made promptly so that people received the treatment they required in a timely manner. For example, if people's medicines had been changed following a visit from their doctor, we saw evidence that the prescription had been faxed to the pharmacist the same day so that there were no unnecessary delays in people starting their treatment.

Good

Is the service effective?

Our findings

People told us that staff supported them well to meet their individual needs. One person said, "It's amazing how they cope with everybody's needs being different." A relative of another person told us that staff were excellent and that they were well trained and skilled. They also said, "They're just so good with [relative]." Another relative said, "On the whole I would say the regular staff are good. It seems to be fine what they do." Staff knew about people they supported and how to provide the care they required. A member of staff said, "I think about my grandparents and if they would like this care. Yes, it is good enough for them."

The provider had a training programme that included an induction for new staff and regular training for all staff in various relevant subjects. Staff said that the training they had received had improved their skills and knowledge so that they supported people appropriately. Most of the staff spoke positively about the electronic learning (e-learning) they could do on their own, but one member of staff said that they preferred face to face learning as it gave them the opportunity to discuss with others what they were being taught. The service had a member of staff who had been trained to provide the practical moving and handling training to the rest of the staff group. We saw that some staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. A member of staff told us, "The training is really good. We used to have a lot of face to face training , but I don't mind that it's now mainly online." Another member of staff said, "When I started working here, I shadowed an experienced member of staff until I felt confident to work on my own."

All of the staff we spoke with told us that they were now receiving regular supervision. One member of staff said, "Supervision is a useful time to discuss what training needs I have and how I am getting on. It is also good to get feedback about my work." We noted that team leaders for each area of the home provided supervision for staff they worked closely with. One of the team leaders told us that they had undertaken training in order to provide effective supervisions to staff in their team. Another team leader told us that they provided supervision to 11 members of staff, and that time was allocated for them to do this every two weeks. They also said that if possible, they arranged some supervision meetings during their working shifts so that everyone's supervision was done when it was due. An agency member of staff who regularly worked at home said that their supervision was provided by the manager or a team leader. They added, "I get enough support when I'm working here. I'm up to date with my training and the manager will let me know if I need to do any more. I find supervision positive and beneficial to my development."

There was evidence that some people had consented to their care and support and this was confirmed by some of the people we spoke with. The provider had adhered to the requirements of the Mental Capacity Act 2005 (MCA) because mental capacity assessments had been completed to check if people had capacity to make decisions or consent to their care. For example, we saw that mental capacity assessments were routinely completed to check if people had capacity to consent to being at the home. The manager told us that as required by the local authority that commissioned the service, they were in process of completing mental capacity assessments for everyone in three key areas: accommodation, personal care and financial management. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care necessary to safeguard people, met the legal requirements. We saw that some authorisations had been received. We noted that staff understood these requirements and they took appropriate action to ensure that there was a balance between respecting people's rights and protecting them from harm.

People told us that they enjoyed the food and there was adequate choice. One person said, "I find the food is pretty good." Another person said, "I like the food." A relative of one person told us, "The food is excellent. Mum ate so much yesterday and she really loves the food." Another relative said, "They regularly give her coffee. She's always got juice on her table so that she could drink often." During lunchtime, we observed that people chose to either have their food sitting at the dining tables or they had been provided with a small table by their armchair. People had been offered a choice of what they wanted to eat before it had been prepared and they could change their mind at the time this was being served. The food served to people looked appetising and offered balanced nutrition, with a lot of vegetables. We observed that staff supported people to eat in a respectful and caring manner, apart from one occasion when a member of staff was chatting more with other people than the person they were supporting. We mentioned this to the manager and they said that they will remind staff of the expected behaviours.

We saw that people with specific dietary requirements had also been supported to eat well. We saw that a variety of options were available for people who required soft food, high calorie food and food low in sugar. Staff regularly monitored people's weight to ensure that prompt action was taken if they were observed to be losing weight. Appropriate action had been taken to monitor this closely if people had been assessed as being at risk of not eating enough and Malnutrition Universal Screening Tool (MUST) forms had been completed regularly to assess this risk. We saw that the service worked closely with the 'Food First' dietitians to ensure that people's nutritional needs were being met.

People were supported to access other health and social care services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care they needed to maintain their health and wellbeing. One person said, "They had my doctor come out when I was not well." Another person said that their blood pressure was checked daily and that the doctor came out to see them recently. A relative of one person said that they had been provided with a hospital bed, with a pressure relieving mattress. Another relative said that their relative sees a GP when needed, adding, "They also send him to hospital if they think he needs it." Staff told us that they would not hesitate to contact health professionals for advice and support if they were concerned about a person's health. A health professional told us that they were confident that staff would seek their support and that they always followed any instructions they gave them. They added, "This place has really turned around and I am confident they will do the right thing now."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. They were all positive about the staff and the care they received. One person said, "I think staff are good." Another person said, "Not too bad." They further commented about one particular member of staff by saying, "He's ever so nice." A relative told us, "The staff are so friendly. They care and they're interested in people." Another relative described the staff as, "Very pleasant, very nice and very friendly." Staff showed particular compassion for people living with dementia and we observed that they were patient when they supported people who were not always able to communicate their needs.

We observed positive and respectful interactions between staff and people who used the service. Staff chatted with people freely and respectfully whenever they came into the communal areas. At lunchtime, we observed that a member of staff sat down and talked to a person who had become distressed. They also got the person a drink, gave them a hug and said, "That's lovely." This appeared to comfort the person and they appeared much happier after that. Additionally, we saw that staff spent time talking to people about the things they liked and their past lives. One person said that a member of staff came into their room and had a little chat for about half an hour. Another person told us that a member of staff had brought them a book on a subject they were interested in. A relative said, "They sit and talk about mum's history."

Whenever possible, people and their relatives had been actively involved in planning their care and making decisions about how they wanted to be supported. People said that their choices had been taken into account when planning their care and had been respected by staff. They felt listened to, their views were acted on and were supported to maintain their independence as much as possible. One relative said that they had taken part in reviews of their relative's care plan and they added, "They probably send me something once a year. I discussed any grey areas with them and signed it." Another relative said, "We said what she likes to do, her interests and what she likes to eat." People's relatives told us that they could visit whenever they wanted. One relative said, "The middle of night if I wanted to."

People told us that staff supported them in a respectful way that maintained their privacy and dignity. One person said that most staff knock on her bedroom door, but a few of them walk straight in. However they also said, "They all shut the door when they take me to the toilet. They pull the curtains before helping me to undress." A relative of another person said, "They always take time with her in the morning." Another relative said, "They remember names straight away." We observed that a member of staff told a person what they were doing before they did up the buttons that had come undone on one's person shirt. Staff respected people's rights by asking for permission to support them to maintain their dignity. For example before cleaning someone's face after they had eaten, a member of staff said, "Can I wipe your face?" Another member of staff who offered to cut someone's food for them said, "Is it alright if I cut it up for you?" Staff understood how to maintain confidentiality by not discussing about people's care outside of work or with agencies that were not directly involved in their care. We also noted that people's care records had been held securely within the offices. When we raised concerns about personal information about people's meal preferences and dietary needs being displayed in the dining areas, the manager took immediate action to remove this and they said that they will place it in a file instead.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a range of information about the service. Care records showed that some people were able to understand this information, but other people's relatives or social workers acted as their advocates to ensure that they received the care they needed. Also if required, people could be supported to contact independent advocacy services so that they had the support they needed.

Good

Is the service responsive?

Our findings

Prior to the inspection, we had received concerning information that people did not always receive care that was responsive to their individual needs. People's care plans were not always up to date to enable staff to provide appropriate care and prompt action had not always been taken to reduce the risk of people's health deteriorating. A review by the local authority in October 2015 had also found these concerns. The local authority put systems in place to provide additional support to the service so that improvements could be made to increase people's experiences of good quality care.

During our inspection, we found the additional support provided by the local authority had been effective in helping the provider to update people's care plans. We found that the care plans contained sufficient information for staff to provide appropriate care that met people's individual needs and expectations. For example, all the care plans we looked at had been updated in January or February 2016. These included information on how people wanted to be supported with their personal care, dietary requirements, mobility, and medicines. We saw that each person had an allocated keyworker who reviewed their care plans regularly or when their needs had changed.

People told us that staff normally responded quickly when they needed support. One person said, "I think they come pretty quick when I use the call bell. Not exceptionally, but I think they're pretty quick." There was evidence that staff responded quickly to people's changing needs. For example on the morning of our inspection, staff had requested for an ambulance when they observed that a person was not well. The person was taken to hospital following an assessment by the paramedics. This ensured that they received the care and treatment they needed in a timely manner. We were initially concerned that an appointment had not been arranged for a person who needed to be admitted to hospital for treatment. Due to their complex needs, the person was unable to tell us if they had made the choice not to have the treatment. However, a discussion with their relative assured us that they had been involved in making a decision to delay the treatment because the person was very unwell at the time. Additionally, the person's relative was very happy with the care provided by the service, but felt that delays by the hospital in providing physiotherapy had resulted in their relative's mobility deteriorating quicker than expected.

We saw evidence that a variety of activities had been planned to support people to socialise, and pursue their hobbies and interests. An activities schedule showed that activities including arts and crafts, armchair exercises, games, gardening, reminiscence and bingo were provided during week days. Trips were also facilitated to places of interest for people who used the service. For example, we saw that a group of people had gone on a day trip to an animal farm on 21 March 2016. We observed that the activities coordinator provided various activities to small groups of people or individuals throughout the day. The music was on in one of the lounges and the activities coordinator was encouraging people to sing along.

The activity coordinator kept a record of the activities provided and they explained how they spent time with people who were mainly cared for in bed to provide one to one support. One relative said their relative always enjoyed being involved in quizzes. They added, "They involve [relative] in everything." A relative of a person who had restricted vision said that they did not join in with many activities, but they enjoyed the

'sing-song'. We overheard a member of staff telling a person that they were going to have a tea party the following day to welcome spring. The person said that they were looking forward to this. We noted that the information about the tea party had been displayed around the home and a summer garden party was also planned in August 2016. The manager told us that they were promoting a culture where it was everyone's role to ensure that people were appropriately occupied during the day and supported to pursue their hobbies and interests, not just what activities coordinators did. They had displayed a leaflet explaining why activities were important for people's wellbeing.

The provider had a complaints policy and a system to manage complaints. The 'Complaints, comments and compliments' procedure was displayed on a notice board near the entrance to the home. People and relatives we spoke with told us that they were aware of it and knew who to speak to about any concerns. One person said, "I've got nothing to complain about." A person's relative who had previously complained about their relative's dentures being lost said that they were pleased that the manager had arranged for them to be replaced. Another relative said, "We would generally go and see someone if we were unhappy about anything." We checked the complaints records and noted that there had been no complaints recorded since the manager worked at the service. However, they spoke positively about how they would use this information to learn from so that they could provide a service that met people's expectations. We saw that appropriate actions had been taken to investigate and resolve previous complaints raised by people and their relatives.

Requires Improvement

Is the service well-led?

Our findings

During our inspection in December 2014, we were concerned that the changes in managers had an adverse effect on the quality of the care provided. The service had further changes of managers in 2015 which affected the quality of staff support and subsequently, their effectiveness in providing good quality care. There was no registered manager in post at the time of this inspection. A new manager had been in post since December 2015 and they had started the process to register with the Care Quality Commission (CQC). The provider had employed a deputy manager in February 2016 to support the manager to make the required improvements to the service. Additionally, each area of the home had a team leader who provided day to day leadership and support to the staff, and coordinated how people's care would be provided. People and their relatives knew who the manager was and they were complimentary about how supportive she was. One person told us, "She's a new one." One relative said, "[Manager] is lovely. All the staff are lovely and even mum says that." Another relative said, "If she sees us, she'll say hello."

Prior to this inspection, the local authority had worked closely with the provider and supported them to ensure that high standards of care were always maintained. Although the provider had quality monitoring processes in place to assess the quality of the service provided, these had not always been used effectively to drive and sustain improvements. For example, they had been concerns that people's care records were not always completed fully and care plans were not always up to date. The health and safety of the environment had not always been maintained, including that the clinical waste bins had not been secured in October 2015, despite the previous manager telling us that this work had been completed in August 2015. Although we found that a lot of improvements had been made during this inspection, we judged that a longer period was required to be confident that the service could sustain this.

We saw that daily care records were detailed and staff told us that they completed these as soon as possible after providing care, so that they were able to accurately evidence what support had been provided to each person. However, we saw examples of where more information in people's records could be beneficial. For example, a person living with diabetes had information in their care plan for staff to check their blood sugar levels if they felt the person was unwell. However, this did not tell staff the range in which the blood sugar levels would be of concern. We discussed this with the manager and they agreed that this information was essential and that it would be added to the care plan as soon as possible.

Staff told us that they were supported well by the new manager and that she promoted a caring culture within the home. They also said that she had started to put systems in place to raise the standards of care and support for the staff. A member of staff said, "The new manager is organising the service really well. Whatever we need, we tell her. So far, I haven't been worried about anything. Welcome to Georgiana!" Another member of staff said, "The support from the manager has been really good so far." Regular staff meetings had been held for them to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information so that they provided appropriate care to people who used the service. Everyone said the handover meetings provided them with up to date information about changes to people's care or wellbeing to enable them to support them well. A communication book was being used regularly to relay important information about people's care and we saw some staff checking this during the

course of the inspection.

People said that they were able to give feedback about the quality of the service at any time by speaking with the manager. Following feedback from relatives who completed a survey in 2015, there were now monthly 'residents and relatives' meetings planned and we saw that dates up to July 2016 were displayed around the home. Some people told us that they chose to attend these and they felt that their suggestions were mainly acted on. Some also completed the annual surveys and could identify some improvements that had been made in response to their comments. For example, one person said that the provision of activities had improved now that they did not have to share the activities coordinator with the other care homes run by the provider.