Heritage Care Homes Limited

Georgiana Care Home

Inspection report

10 Compton Avenue
Luton
Bedfordshire
LU4 9AZ
Tel: 01582 573745

Date of inspection visit: 22 December 2014
Date of publication: 23/03/2015

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**

Overall summary

We carried out this inspection on 22 December 2014 and it was unannounced.

The service provides accommodation, care and support for up to 72 older people who may have a range of care needs including living with dementia, chronic conditions and physical disabilities. There were 54 people living at the home at the time of the inspection.

At the last inspection on 6 November 2014, we had told the provider to make improvements to so that people lived in clean premises and they were protected from the risk associated with inadequate infection control measures. They sent us an action plan telling us that they would meet the requirements by December 2014 and we found that all the improvements had been made during this inspection.

The service is required to have a registered manager in post. 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.

Summary of findings

The registered manager was not available at the time of the inspection and the provider's area manager was supporting the deputy manager in the day to day management of the service.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices. People were supported to have sufficient food and drinks in a caring and respectful manner. They were supported to access other health and social care services when required.

There were risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from harm and medicines were managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely and effectively. Staff had appropriate training, supervision and support, and they also understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The changes in the managers had not provided stable leadership. The provider's quality monitoring processes were not always used effectively to drive improvements.

Summary of findings

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 safe.

There were sufficient staff so that people received the support they needed in a timely way.

Care was provided in clean and hygienic premises.

Staff were recruited safely and understood their responsibilities to report concerns in order to keep people safe.

Good

Is the service effective?
The service was effective.

The staff understood their role in relation to the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported by the staff that had been trained to meet their individual needs.

People were supported to have sufficient and nutritious food and drink, and to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

Staff were caring and kind to people they supported.

The staff understood people's individual needs and they respected their choices.

The staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Good

Is the service well-led?
The service was not always well-led.

The changes in the managers had not provided stable leadership.

Quality monitoring audits were not always used effectively to drive improvements.

Requires Improvement

Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service.	

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.

This inspection took place on 22 December 2014 and was unannounced. The inspection was conducted by two inspectors.

Prior to the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also had discussions with commissioners of the service from the local authority.

We spoke with nine people who used the service, three relatives, five care staff, two visiting health professionals, one cleaning staff, one activities coordinator, the deputy manager and the area manager. We also observed how care was being provided in communal areas of the home.

We looked at the care records for five people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service provided.

Good

Is the service safe?

Our findings

When we inspected the home in November 2014, we found that appropriate standards of cleanliness had not been maintained and people were at increased risk of acquiring a healthcare related infection.

During this inspection, we saw that the concerns we had raised had been addressed and the home was clean. The provider had not only cleaned the existing furniture, but they had replaced chairs, tables, flooring and curtains throughout the home. Doors that had been damaged had been repaired, repainted and could be cleaned easily. People and their relatives told us that they were pleased with the changes that had been made to the environment. One person told us, "My room is clean. I'd do it myself, but a lady comes and cleans it. It's alright." One member of staff also told us, "People say it looks brighter." The area manager showed us an action plan for further improvements to the environment which was due to be completed by the end of January 2015.

We spoke with the cleaning supervisor who told us that their team had been increased by one full time post and a part time post had been increased by five hours a week. They explained that the cleaning rota included provision for each room to be deep cleaned on a rotational basis, approximately once a month and mattresses to be cleaned weekly, or more often dependent on need. We looked in every room at the home and saw that, apart from one of the laundry rooms, the home was clean. When we told the cleaning supervisor about the laundry room not being clean, they went to clean it immediately.

People who used the service and the relatives we spoke with told us that they thought that they or their relative was safe at the home. One relative told us that they. "…could not be happier with the safety at the home." We saw that the provider had up to date policies designed to protect people from harm which included safeguarding and whistleblowing. Whistleblowing is when a member of staff reports suspected wrongdoing at work. Staff we spoke with were able to demonstrate a good understanding of the types of issues they may need to report if they were concerned about people's safety. They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us, "If I had an issue I would not hesitate to raise it [with the manager]." Our records showed that the provider had appropriately reported incidents where they suspected that people were at risk to both the local authority safeguarding team and the CQC in accordance with local protocols.

Accidents and incidents were recorded both in people's care records and in a central record. This enabled the manager to look at incidents over a period of time and identify any trends so that action could be taken to reduce the number and frequency of incidents. No pattern or trend had been identified at the most recent analysis completed in December 2014. The area manager told us that learning from incidents and accidents would be shared with staff at staff meetings and through supervision. We saw evidence of this in the minutes of staff meetings.

We saw that there were personalised assessments for identified risks for each person to address a variety of issues such as pressure area damage, poor nutritional intake, and risks associated with use of equipment. Other assessments included ones to minimise the risk of people falling while walking around the home. These were written in enough detail to protect people from harm whilst promoting their independence. Staff told us that they were made aware of the identified risks for each person and how these should be managed to keep people safe by a variety of methods. These had included looking at people's individual care records and talking about people's experiences, moods and behaviour at shift handovers. This provided staff with up to date information and enabled them to protect people from the risk of harm.

We saw that there were also processes in place to manage risk in relation to the operation of the home. These covered a number of areas, such as fire risk assessment, risks associated with the refurbishment work that was underway and the use of oxygen therapy. There were also emergency plans in place that covered all foreseeable eventualities, such as an interruption to the supply of gas, electricity or water or non-availability of essential staff. We saw that the provider had taken prompt action to manage a lift failure so that people's routines and independence were disrupted as little as possible.

People who used the service and staff told us that there were enough staff to provide the care and support people needed. One member of staff told us, "There are enough staff and the work structure is much better as we stay in the same unit. It gives continuity for us and the people we look after." The area manager told us that the number of staff

Good

Is the service safe?

needed was calculated taking into account the support needs of the people on each unit. This showed that people's needs were considered when staffing levels were decided. They said that the needs of the people had changed in the last 12 months. The staff's shift times had been changed to increase the number of staff available at times of increased activity, such as mealtimes and when people required assistance to get up or to go to bed. The area manager told us that they or the deputy manager were available to cover for unplanned staff shortages and they also used regular agency staff when needed. We looked at the rota for the previous week and noted that there was the appropriate number of staff on duty, as calculated by the provider, to care for the people who lived at the home.

We looked at the recruitment files for four staff, including two staff that had recently started work at the home. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the staff were suitable for the role to which they had been appointed, before they had started work. The checks included reviewing the applicants' employment history and obtaining references from previous employers, and Disclosure and Barring Service (DBS) reports. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Medicines were managed safely in accordance with current guidance. We saw that there were systems in place for ordering, storage and the disposal of medicines that were no longer required, so that people were protected from risks associated with unsafe management of medicines. The medicine administration records (MAR) had been completed appropriately and this showed that people were administered their medicines as prescribed. We reviewed the care records for one person who was being given their medicines disguised in food. We saw that this had been discussed and agreed with the GP that this was in the persons best interest. A care plan was in place and a copy of the provider's policy document relating to giving medication in this way was also available to guide staff. We saw that the staff who administered medicines had been trained to do so. One staff member said, "I do not administer medicines because I have not been trained. Senior staff are trained and they are the ones who give people their medicines. I have seen them do it and I think it is done safely." Some of the people could not tell us how often they took medicines, but the majority said that they did not need to remember this as the staff "always brought their medication to them." We observed medicines being administered and we saw that the staff took great care to ensure that they were not disturbed during this process to prevent any errors.

Good

Is the service effective?

Our findings

People told us that they were happy that staff knew how to support them. One person said. "The staff are good. They do their best." and one relative said, "The staff are very good. They care for my [relative] really well". People also told us that they were asked for their consent before any care or support was provided. We observed that the staff told people what they were going to do and waited for people to agree prior to providing the required support. We saw that some of the people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where appropriate, people's relatives signed the care plans on their behalf.

Where people did not have the capacity to consent to their care, we saw that mental capacity assessments had been completed and a decision made to provide care in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA) and the staff we spoke with understood how best interest decisions were made. Some of the people had authorisations in place in accordance with the Deprivation of Liberty Safeguards (DoLS) and the area manager was aware that further referrals might be necessary in the future if other people's needs changed. The staff we spoke with understood their roles and responsibilities in relation to MCA and DoLS and they confirmed that their had been trained.

The provider had an induction programme for all the new staff and one of the newer staff told us about their induction. They said, "I was shown the fire exits and introduced to the people at the home. I also had training on fire awareness, health and safety, safeguarding people, moving and handling, and infection control." We saw that the staff also completed other relevant training including challenging behaviour and dementia care awareness. Some of the senior care staff had also completed training in care planning and diabetes awareness. One member of staff told us that they had informed their supervisor that they would like to complete training in 'end of life care' and they were to attend the next available training on this. They also said, "The training is good here. I have completed National Vocational Qualifications (NVQ) in Level 2 and I will think about whether I want to do the next level."

The staff told us that they had regular support through handovers and staff meetings and had supervision and annual appraisals to assist them to carry out their role effectively. The staff told us that they worked well as a team so that they met people's needs. One staff member said "We have maintained a stable team on this floor and this makes it easier to manage busier times, as we all know what is expected of us." We saw that staff appraisals had not been completed yet for 2014 and the area manager told us that they were in the process of planning these for January 2015. A log of staff supervisions had been kept since September 2014 and it indicated that most staff had a supervision in the three months prior to our inspection.

Although most people told us that they enjoyed the food and there was always something they liked on the menu, other people's comments indicated that the quality of the food was not consistently good or it did not always meet their preferences. For example one person said, "I like plain food, but they tend to add spices to it. You don't ask for something different, I just accept what I am given." However in contrast, we saw people being asked what they wanted to eat for lunch from that day's menu and we were told that people were given alternative food if they did not like what was on the menu. During lunch, we observed that the food people ate appeared well cooked and was presented in an appetising way. People were supported to have sufficient food and fluids, and were regularly offered snacks and hot drinks. Jugs of water and fruit juice were available for people to help themselves if they were able to, and the staff provided the required support to people who were unable to eat their meal without assistance or get their own drinks. Records showed that where people were deemed to be at risk of not eating or drinking enough, the provider monitored how much they ate and drank, and their weight was checked regularly. For example, we saw that there was a risk assessment in place for a person who was identified as being at risk. The staff recorded how much they ate and drank on a daily basis, and checked their weight regularly so that they were satisfied that the person was able to maintain a healthy weight. We saw that where necessary, appropriate referrals had been made to other health professionals including dieticians, so that people received the care necessary for them to maintain good nutritional intake.

People told us that they were supported to access additional health and social care services when required and we noted this in the records we looked at. One person told us' "They get the doctor to see me when I am not well and I appreciate that." We also saw records that indicated

Good

Is the service effective?

that people had access to dentists, chiropodists, opticians and community nurses. For example, we saw that a person whose dentures had been lost, had been referred to a dentist so that a replacement set of dentures could be made so that they could eat a range of foods. We spoke with a visiting health professional who confirmed that the provider worked closely with various health and social care professionals so that people had access to any additional services that they needed. They had no concerns about how people were cared for and they found the provider took prompt action to refer people to other services when required and that their interventions were necessary to maintain people's wellbeing.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us that the staff were caring and kind. One person told us, “The staff are all good. I am happy here.” A relative said, “The staff are lovely and friendly.” The staff were happy with the standard of care they provided to people. One member of staff told us, “We are all caring towards people we support. I have not seen any staff who doesn’t do this with their whole heart.” We observed that the staff were caring towards people who used the service, as well as, the visiting relatives. We noted that they engaged people in conversations every time they walked past them and there was a happy and friendly atmosphere throughout our time at the home. People’s relatives told us that they could visit whenever they wanted and this enabled people to maintain close relationships with their relatives and friends.

We saw positive interactions between the staff and people they supported, and everyone we spoke with told us that they were treated with respect. One person said, “The staff are really courteous at all times.” and another person said, “They are always respectful.” We noted that while supporting people, the staff gave them the time they required to communicate their wishes. People told us that the staff understood their needs well and provided the support they required. The staff we spoke with were knowledgeable about the people they supported and what was important to them. They also said that they assisted people to make decisions about their care and support and acted on people’s views and choices to ensure that they received the care they wanted. For example, we observed people being asked what they wanted to eat, drink or do to occupy their day.

People told us that the staff supported them in a way that maintained their privacy and protected their dignity. We saw that if people were in their bedrooms, the staff knocked on the door and waited to be invited in before entering the room. The staff were able to demonstrate how they maintained people’s privacy and dignity when providing care to them. A staff member told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed supporting while they were in the communal areas. They were also able to confirm their understanding of how they maintained confidentiality by telling us that they did not discuss people’s care outside of work or with agencies who were not directly involved in the persons care. We also saw that all confidential and personal information was held securely within the home.

People also told us that they were supported to maintain their independence as much as possible and were involved in making decisions about their care and support. For example, one person who appeared uncomfortable while sitting on an armchair, was offered the choice to rest on their bed in the afternoon. Other people told us that they were supported daily to choose the clothes they wanted to wear and how they wanted to spend their time. One person said, “I try to do as much as possible for myself and the staff respect that.”

Good

Is the service responsive?

Our findings

People made positive comments about the care and support they received. They said that the staff responded quickly when they needed assistance and they were supported in the way that they liked. One person said, “I am looked after well.” Another person said, “I don’t always remember the staff’s names, but I am happy with how they all look after me." We noted that the provider responded quickly to people’s changing needs and where necessary, they sought advice from other health and social care professionals. For example, we saw that emergency services had been called when a person became unwell following a fall. They had been taken to hospital where they remained at the time of our inspection. One of the visiting health professionals told us that they were responsible for assessing and treating minor illnesses so that people did not go to the hospital unnecessarily.

We saw that people’s needs had been assessed and appropriate care plans were in place to ensure that people were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. We saw that the majority of the care plans had been recently reviewed and contained enough information to enable the staff to support people well. The manager had introduced a recording system to show what personal care had been provided to people on a daily basis. The staff told us that this enabled them to evidence the support they gave to each person and it was satisfying to see on paper the standards of care they aimed to provide at all times. The staff told us that they enjoyed their work. They said that they worked regularly with an identified group of people to ensure that they provided consistent care. This also enabled them to know those people really well, including understanding their needs, preferences and choices. One staff member said, “The longer you work with people, the more you get to know their likes and dislikes.”

Where possible, people and their relatives had been involved in the planning and regular reviews of their care. The staff told us that where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in the records we looked at. The relatives we spoke with were happy with the level of information they received from the service which kept them informed of any significant events. One relative told us, “The communication is really good and I have been involved in my [relative]’s care reviews.” We saw evidence of regular communication with people’s relatives within the care records.

People were supported to take part in activities within the home. A number of activities had been planned for the Christmas period from the beginning of December 2014. The majority had already taken place when we inspected the service, and people told us that they had really enjoyed these. The home had been decorated in the appropriate theme and some of the people had been involved in making the decorations. One person said, “There is enough to keep me occupied, that’s important.” and another person told us, “I try to take part in whatever is offered. It passes the day and I don’t get bored.” The activities coordinator worked on weekdays only, from Monday to Thursday and they told us that as well as providing group activities, they aimed to spend quality time with each person every week. The provider had also recently recruited additional activities coordinators so that people were also supported to pursue their interests during the weekends. One person told us that they particularly enjoyed the knitting club that took place on the third Saturday of each month. Where possible, people were also supported to pursue their interests and hobbies in the local community, and we saw that some people had been supported on shopping trips to buy Christmas presents for their family members. On the day of our inspection, the activities coordinator accompanied one person on a trip to the local shopping mall.

People were able to personalise their bedrooms by bringing items that were important to them, including photographs of friends and family members and small pieces of personal furniture when they moved in to the home. These familiar items made the environment feel homely and comfortable for them.

People told us that they would speak to the manager if they had concerns or any cause to complain. We saw that information was available to inform people what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. One relative said, “I would not hesitate to speak with the manager if I had any concerns. I am confident that they would deal with this quickly and appropriately.” A person who used the service said, “I am happy here and I have not had any reason to

Good

Is the service responsive?

complain." We saw that any complaints received by the provider had been recorded, investigated and responded to appropriately. There was also evidence that they monitored the themes of issues arising from these in order to make improvements. One of the issues people most complained about was that small items of clothing went missing when they had been sent to the laundry and we saw that the provider had put systems in place to improve this.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspections, we had found concerns that the provider had not always effectively used their quality monitoring processes to assess, identify and manage risks. Where risks had been identified, the provider had not always taken prompt action to rectify these in order to protect people who used the service and others. For example, the provider had been aware that the home required to be refurbished and most of the furniture replaced, but they had not started this work until we highlighted to them that this did not provide people with a hygienic and pleasant environment to live in. We saw that the required improvements had been made during this inspection.

Although we saw that a number of quality audits were completed regularly by the manager and the area manager, the actions required to make improvements had not always been taken promptly. For example, we saw a 'Manager's Monthly Audit' completed on 24 November 2014 and a related action plan, but there was no evidence to indicate that they had been completed. The information was also incomplete on a medication action plan dated 27 September 2014 and a 'Monthly Home Audit' dated 12 September 2014. We found further work was required to ensure that improvements were made in how the quality monitoring processes were used and that these were fully embedded, understood and implemented by all the staff. This would enable the manager to prevent further occurrences where risks to people were not appropriately identified and managed.

The registered manager was not available during the inspection and they had been absent for some weeks prior to our inspection. The area manager had based themselves at the home to provide support to the deputy manager with the day to day management of the service. Some of the staff and a visiting professional had commented that they had found the changes to the managers very disruptive for people who used the service. One staff member said, "We have had too many changes of managers this year and this does not give us stability." They also said that they appreciated that they have really good senior care staff who had helped to keep the team working well together. Other staff told us that they did not always get the level of leadership and support they expected. However, there were positive comments about the deputy manager as most of the staff we spoke with found them approachable and always available to support them. One staff member said, "[deputy manager] is good with residents and has a good working relationship with the staff. [deputy manager] can only know how well we work because they are on the floor with us."

The provider sent an annual survey to people who used the service and their relatives and we saw the results of the one sent in July 2014. Although we saw that the results had been analysed and some actions taken to address areas that required improvement in relation to the relatives' questionnaire, this had not been done for the ones completed by people who used the service. We also found that action had not been taken to address issues that the 14 staff who returned the questionnaires said that they were not happy about. The area manager told us that they had agreed with the local authority that all outstanding information would be analysed and action plans in place by 31 January 2015.

However, we saw that regular staff meetings were held for the staff to discuss issues relevant to their roles. For example, there were meetings for managers of all of the provider's local homes, for senior care staff, for all care staff, for staff working on each of the units within the home, for kitchen staff, and for domestic staff. The staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely.

The provider also encouraged people and their relatives to make suggestions and provide feedback about the service they received during regular meetings. We saw that 'Relatives Meetings' were planned regularly, but they were not always well attended. Only one relative had attended the meeting on 17 December 2014. The discussions at the meeting had included the actions taken to improve the service following our previous inspection, complaints or concerns, management of the laundry and an update to the telephone system as calls did not transfer to the first floor of the home very well. The area manager showed us information on how they planned to respond to the issues raised by the relative so that they and others would be happy about the service provided . These meetings, as well as the 'Residents Meetings' were held monthly, but the area manager told us that they would reconsider their frequency as there had not always been well attended.