The George Edward Smart Homes

George Edward Smart Homes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
George Edward Smart Homes is a residential care home providing regulated activity of personal care to up to 60 older people. At the time of our inspection there were 44 people using the service.

People's experience of using this service and what we found
A range of audits and quality checks were completed. However, there was no clear strategy in place at provider level and no operational plan to ensure systems and process remained established to maintain accurate and complete records of people's care.

Risk assessments and associated support plans used by staff as a point of reference were not always up to date or completed which put people at risk of otherwise avoidable harm. There was limited use of systems to take a holistic view of people's needs, to record, manage and report concerns about risks, safety and incidents.

People told us they received their medicines safely. However, medicine audits failed to look holistically at medicines management and administration resulting in areas of incomplete record keeping.

People received support from a range of health professionals when required. However, care plans including risk assessments and support plans were not routinely updated to reflect any required changes for staff to use.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The home was well maintained, clean with access to large outside garden and seating areas. Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including Coronavirus and adhered to government guidance to protect people.

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.

People told us they felt safe and were happy with their care. Enough suitably trained staff were employed who were knowledgeable and skilled. Staff received appropriate training and support to carry out their roles.

The manager was aware of the improvements required. Observations and feedback confirmed the failings we found had a low impact on people at the time of the inspection, but people were at risk if the required

improvements were not quickly implemented.

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 good (published 3 January 2019).

Why we inspected
We received concerns in relation to the management of the home, provider oversight, management of risks and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for George Edward Smart Homes on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to the management of the service and provider oversight (including risk management and governance checks).

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

George Edward Smart Homes

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 Health and Social Care Act 2008.

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

Inspection team
The inspection was carried out by one inspector 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.

Service and service type
George Edward Smart Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. George Edward Smart Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people using the service and 9 relatives. We spoke with 8 staff members including the registered manager, a care manager, 4 care staff, a maintenance person, and a domestic staff. We reviewed 4 care plans and 4 staff files. We reviewed processes to manage and administer people's medicines and looked at records associated with accidents, incidents, risk and quality assurance processes used to check the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to require improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Information about risks and safety was not always comprehensive or up to date. Systems and processes to assess, record and review risks associated with people's care and support were not always completed or reviewed to ensure required actions remained effective. The registered manager told us they were aware records required improvement and discussed ongoing plans to transfer people's records from paper to electronic systems which were hard to use and unreliable. However, there was no management plan to implement these urgent changes within timescales commensurate with the known risks for people.
- There was limited use of systems to record, manage and report concerns about risks, safety, and incidents. For example, a falls register was maintained but resulting information to help reduce similar incidents had not been transferred to care plans to help keep people safe as part of lessons learnt.
- Where people were assessed as able to take their own medicines, and where they were supported by staff, associated risk assessments were not up to date. The level of support required was not clear and therefore people were at risk from not receiving their medicines as prescribed.
- Protocols were not always available to ensure staff safely administered and recorded medicines prescribed to be taken 'as required'. For example, pain relief.
- There was no clear overall control of medicines management with this activity spread across a number of staff at different levels.

Systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Formal checks of the building and equipment safety were completed. A team of staff completed daily maintenance of the environment and extensive outside garden areas.
- Risks relating to fire were well managed. Fire drills and evacuations were completed and recorded to ensure safe evacuation of the premises if required.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received their care and support from regular staff who they knew. A

relative said, "From care staff to cleaners and gardeners, they all know relative by name."
● The provider had contingency plans to ensure there were enough staff available to provide care and support to people without the reliance on agency services.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
There were no visiting restrictions at the time of the inspection. Staff understood the requirement to follow latest guidance.

Systems and processes to safeguard people from the risk of abuse
● People were safe from the risks of abuse. A relative said, "Yes, very safe. Any problems I would speak to the manager."
● Staff understood how to recognise and protect people from the risk of abuse and the requirement to raise their concerns to ensure people remained safe from abuse.
● Processes were in place to ensure information of concern was shared with the local authority safeguarding team following the provider policy.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- People were not assured of receiving safe care. Systems and processes were not established to ensure detailed records of care were available with known risks reviewed to ensure support remained safe and effective. For example, the service was implementing electronic care planning. However, there was no management oversight or plan to ensure the recording of new information and the transfer of written files resulted in up-to-date records for people.
- Quality assurance arrangements were not always applied consistently and were not always effective. For example, checks to ensure people received their medicines safely as prescribed and in line with their preferences had failed to ensure this process was managed following best practice guidance.

A failure to maintain securely an accurate, complete and contemporaneous record in respect of each person was a breach of Regulation 17(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People enjoyed receiving care from staff who understood their needs and had worked with them for long time. Staff were clear on their roles and responsibilities citing an effective management structure, direction, and support.
- Staff knew people they supported well. They understood the importance of supporting people equally in response to any personal preferences.
- People and their relatives were complimentary about management, staff and the service they received. A relative said, "Staff are like family; always greet you with a smile and are most approachable."
- People were encouraged to participate in resident meetings and were routinely asked for their feedback. They told us if they needed to raise any concerns including complaints they would be happy to speak with the manager. One person said, "At the moment I would speak to the manager, but I don't think I've ever needed to make a complaint. We have a Residents' Meeting once a month and raise any complaints then.

We complained about the food and things did change."

● The registered manager discussed how people were supported following policy to raise any complaints and understood the requirement to act under the duty of candour to apologise where mistakes may have been made.

Working in partnership with others

● The service worked in partnership with a range of organisations including the local authority and health professionals for the benefit of people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. Regulation 12(1) Safe care and treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain an accurate, complete, and contemporaneous record in respect of each person Regulation 17(2) (Good Governance)