

## Georgian House (Torquay) Limited

# Georgian House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 14 and 15 May 2018 and was unannounced. Georgian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Georgian House was previously inspected in August 2017; we found the provider had not taken sufficient action to ensure people received safe and high quality care from well-trained and competent staff. The quality monitoring systems were not effective and had failed to identify and address the concerns we had found. Following that inspection action was taken to support the home to improve by the local authority and any safeguarding concerns were addressed.

Following the inspection in August 2017, Georgian House was placed in 'Special Measures'. Homes that are in Special Measures are kept under review and inspected again within six months. We expect homes to make significant improvements within this timeframe. During this inspection in May 2018, the home demonstrated to us that improvements had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 'Special Measures'.

Georgian House is registered to provide personal care and accommodation for up to 43 people who may have needs associated with their physical and/or mental health. At the time of this inspection, there were 33 people living at the home. Georgian House is also registered to provide personal care to people in their own homes. This was referred to as 'the step-down service' during the inspection. At the time of the inspection, the provider confirmed the 'step down service' was not providing a regulated activity and as such was not included as part of this inspection. This was because we only inspect services where personal care is being provided.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Following the inspection in August 2017, Georgian House appointed a new senior management team and worked with the local authority's Quality Assurance and Improvement Team, (QAIT) to improve the quality of the care and support provided by the home. Although the home had made a number of significant improvements, some improvements were still needed.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). We found the home was not always taking appropriate action to protect some people's rights. For example, where the home held or managed some people's money or tobacco there were no mental capacity assessments to show that people did not have capacity to manage their own finances or cigarettes. There

were no records to show the rationale for these decisions, or whether this was being managed in their best interests.

Where monitoring arrangements had previously failed, we found improvements had been made. These included the auditing of medicines, care plans, risk assessments, people's nutritional and hydration needs, weights, recruitment, inductions, infection control, health and safety as well as all aspects of the maintenance of the building. We found the new management team had a good understanding of how to improve people's lives and they had a clear vision of how to achieve this.

In August 2017, we found some people's care and support plans lacked sufficient detail and did not always give staff the information they needed to meet people's needs in a person-centred way. At this inspection, in May 2018, we found the process of reviewing and updating people's care records was ongoing and needed to be completed. Although we found the standard of record keeping had much improved.

At the previous inspection, we found the systems in place to provide staff with a suitable induction were not effective and did not demonstrate that staff had been provided with the necessary skills to enable them to carry out their duties. At this inspection, we found there was a staff-training programme in place, staff confirmed they received regular training in a variety of topics. We reviewed the individual training records for three staff and identified that one staff member had completed 11 training courses on one day, this included courses entitled person centred care, MCA and DoLS, end of life care and infection control. We have made a recommendation in relation to training.

People, relatives and staff told us the home had improved since the last inspection, which they attributed to the new management team. People living at the home spoke positively about the changes that had taken place. One person said, "It's much better now everybody's happier." A relative said, "I no longer have to worry about my mother's care."

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. People received their medicines when they needed them and in a safe way. People were cared for and supported by staff who knew them well. Staff were kind, caring, treated people with respect and maintained their dignity. The manager and staff understood their roles and responsibilities to keep people safe from harm; protect people from discrimination.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. People's support plans contained detailed information about people's hobbies and interests and staff told us how they supported people to maintain their independence.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider and manager welcomed comments and complaints and we saw where concerns had been received these had been investigated in line with the home's policy and procedures.

The home was clean and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the home was regularly serviced to help ensure it remained safe to use.

People, relatives and staff told us they were encouraged to share their views and spoke positively about the new leadership of the home. The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 home was safe

Risks to people's health, safety and welfare were being managed well.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

There was enough staff on duty to meet people's needs. However, the provider did not have a systematic approach to assessing staffing levels to ensure they could meet the needs of people living at the home.

Staff were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement 

The home was not always effective.

Some people's records did not demonstrate that the principles of the Mental Capacity Act 2005 had been followed in relation to obtaining consent and best interests decisions.

Staff who received regular training and supervision cared for people. We have made a recommendation in relation to training.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

### Is the service caring?

Good 

The home was caring.

People were supported by kind and caring staff.

Staff displayed caring attitudes towards people and spoke about

people with kindness and respect.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with family, friends and people who mattered to them.

### Is the service responsive?

Some aspects of the home were not always responsive.

People were at risk of not having their care needs met in a consistent way that respected their preferences. We have made a recommendation in relation to care planning.

People enjoyed a variety of social activities.

People were encouraged and supported to make complaints where appropriate.

**Requires Improvement** ●

### Is the service well-led?

The home was well-led.

Improved checks by the provider and a more robust quality monitoring system had increased safety for people.

Action plans identified to address concerns from the last inspection had been effective in making some of the changes needed to meet regulations and improve safety. However, some of these changes were not yet embedded.

The standard of monitoring was much improved and had led to a better overview of where improvement was needed and plans to achieve those improvements were in progress.

There was an open, transparent culture and staff felt supported by the home's new management team.

The home valued and responded to people's feedback and the registered manager was well regarded by people, relatives and healthcare professionals.

The home had notified the CQC of incidents as required by law.

**Requires Improvement** ●

# Georgian House

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 14 and 15 May 2018. The first day was unannounced; this meant the provider did not know we were coming. The inspection team consisted of two adult social care inspectors and an expert-by-experience on the first day and one adult social care inspector 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 home. The expert-by-experience for this inspection had experience in the care and support of people who may have needs associated with their mental health, living with dementia or who may also have complex care needs. They spent time with people and staff to gain their opinions and views of the home.

Prior to the inspection, we reviewed the information we held about the home. This included statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We also reviewed the home's action plan, which was sent to the Commission following the inspection in August 2017. This set out how they would resolve the issues identified at that inspection.

During the inspection, we met with most people and spoke individually with nine people living at the home as well as four relatives, 12 staff members, three senior managers and the nominated individual. We asked the local authority who commission services from the home for their views on the care and support given. We also received feedback from a visiting health care professional and the local authority's Quality Assurance and Improvement Team (QAIT).

To help us assess and understand how people's care needs were being met, we reviewed seven people's care records. We looked at the medication administration records and systems for administering people's

medicines. We also looked at records relating to the management of the home: these included four staff recruitment files, training records, and systems for monitoring the quality of the services provided.

We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.



# Is the service safe?

## Our findings

Georgian House was previously inspected in August 2017; we had rated this key question as 'inadequate'. We found people were not protected from the risk of abuse or avoidable harm. Risks associated with people's complex care needs, the environment and recruitment processes had not been identified. Medicines were not managed safely and care records did not always include sufficient information to demonstrate how risks were being mitigated.

At this inspection, we found significant improvements had been made in the way the home managed people's medicines, and how they were able to demonstrate that risks associated with people's care and/or the environment were being effectively managed. This helped to ensure that all people living at the home received care and support in a safe way.

People told us they were safe and happy living at Georgian House. One person said, "I like living here." Another person said, "I do feel safe I have no complaints." Staff told us they did not have any concerns about people's safety. One staff member said, "It's much safer now, we have done so much." Another said, "It's a safer place to work now, I do not have any concerns." Relatives did not have concerns about their loved one's safety. One relative said, "I can now sleep at night as I know my mum is safe."

People were protected from the risk of abuse and avoidable harm. At the last inspection in August 2017, we found people were not being protected from the risk of abuse. Staff had not recognised incidents that had occurred within the home as abusive or matters they needed to refer to the local authority's safeguarding team. At this inspection, we found people were protected from the risk of abuse. Staff attended safeguarding training and told us what action they would take if they suspected a person was at risk of abuse. They had a good understanding of their role in protecting people from harm. We reviewed the care records for seven people as well as the homes accident and incident file, which had been introduced following the last inspection. We did not identify any incidents that had not been reported to the local authorities safeguarding team in line with the homes safeguarding policy and procedures.

Some people living at the home had behaviours, which challenged them and had the potential to be a risk to others. This had previously led to some altercations within the home. At the August 2017 inspection, we found some risks associated with people's behaviour had not always been identified and care records did not guide staff how they should mitigate these risks. At this inspection, we found where incidents had occurred and risks were known the registered manager had reported the incidents, as required, sought professional advice and introduced measures to increase safety. Care records contained guidance for staff to follow to help reduce known risks and staff we spoke with understood how they were to protect people from harm. For example, records for one person showed staff had identified that knocking on the person's door may lead to an 'outburst of aggression,' which could present risks to themselves and others. Staff were guided to call the person's name and wait for an invitation before entering the person's room. Records for another person showed how increased anxiety, repetitive speech and the volume of their voice at times placed them at an increased risk of harm from others. Staff were provided with information on how best to communicate with this person during these times by using simple language as well as ways in which they

may be able to distract the person, reduce their anxieties, thus reducing the potential risk of harm.

Other risks were well managed. We looked at the care records for seven people with varying healthcare needs. People's care records contained a number of assessments to identify risks to people's health and safety. These included assessments for risks associated with moving and handling, falls, malnutrition, skin integrity, self-harm, smoking and swimming. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action staff should take in order to minimise these risks. For instance, one person's skin integrity had been assessed as being at increased risk. This person had a specialist pressure relieving mattress in place and staff had been instructed to support them to change position every two hours, which we saw happening. Where people had placed themselves and others at risk with the use of cigarette lighters, the home had purchased a Ciglow (wall mounted flameless electronic cigarette lighter) that people could use to light their cigarettes. This helped to reduce some of the risks associated with smoking.

At the previous inspection in August 2017, we identified that a lack of management oversight had placed people at increased risk of not having sufficient quantities to eat and drink. Staff had not recorded in sufficient detail what people had eaten or had to drink and managers had not been able to assure themselves that people had received nutritional supplements as prescribed. At this inspection, we found the systems in place to monitor what people were eating and drinking had much improved. For example, where people had been identified as being at risk of malnutrition, staff were accurately recording people's food and fluid intake within daily notes and on food and fluid charts. Where people were prescribed nutritional supplements, we saw staff had recorded they had received these. People were regularly weighed and records identified agreed fluid targets that people should be aiming to achieve as well as the action staff should take should they have any concerns about people's nutritional needs. The registered manager explained how they had started to monitor people's weight via a monthly report and told us they had recently purchased a new set of hoist scales, as they were concerned about the accuracy of the chair scales.

People's medicines were managed safely. At the previous inspection, we found people's medicines were not stored safely or always administered as prescribed. The systems in place did not always allow for a full audit trail in relation to prescribed topical applications, such as creams, ointments, and gels. At this inspection, we found the provider had introduced a new system for administering and recording medicine administration. We observed people's medicines being administered. Medicines now came in pre-portioned pods, which helped reduce the risk of the wrong medicine being administered to the wrong person or at the wrong time. Staff explained what they were doing to people, sought each person's consent and made sure people had swallowed tablets and liquids before leaving them. Medication administration records provided a complete audit trail of what medicines had been administered and by whom. Where people were prescribed topical applications, such as creams, ointments and gels. Records showed these had been applied consistently and as prescribed. Staff had received training in the safe administration of medicines and records confirmed this. We checked the quantities of a sample of medicines against the records and found them to be correct.

People were protected by safe recruitment processes. The systems in place to help ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable had improved. We looked at four staff files which showed a full recruitment process had been followed; this included obtaining disclosure and barring service (police) checks. Records showed senior staff were now auditing staff recruitment on a regular basis, recording and following up what they found.

At the previous inspection in August 2017, we recommended the provider use a suitable tool to determine people's level of dependency to help ensure that staffing levels were sufficient to meet people's assessed needs. At this inspection, we found the provider had sourced a dependency tool but this was not being used

to determine current staffing levels. We discussed the reason why this had not been implemented with senior managers. Managers explained that given the improvements the home needed to make they had needed to prioritise. On the morning of the 14 May 2018 there were 33 people living at the home who were supported by eight care staff and six support staff. Care staff were responsible for meeting the day-to-day personal care needs of people. Support staff provided individual one to one support, for example by providing assistance to enable people to attend external appointments or take part in things they enjoyed, as well as providing a range of group activities for people living at the home. At night, three waking night staff supported people. A number of ancillary staff such as maintenance, kitchen, cleaning, accounts, payroll, training and administration supported the senior management team in the day-to-day running of the home. The current levels of staffing were sufficient to meet people's needs.

At the inspection in August 2017, we found people were not protected from the risk of harm as they were living in an environment that may not be safe. We identified a number of concerns in relation to windows not being properly restricted, safety film had not been applied to all glazing, and the casing to an electrical and telephone supply box in a first-floor bathroom was in need of repair. At this inspection, we found the provider had undertaken a significant investment in Georgian House to help ensure the environment was safe for people to live in. This included the replacement of all window restrictors; ensuring all single glazing had in place safety film to protect people from accidental injury if the glass were to be broken; ensuring running repairs to the fabric of the building were being carried out in a timely manner as needed. For instance, we saw the flooring in the main lounge and ground floor stairwell had been replaced, and many of the communal areas had been recently painted.

At the inspection in August 2017, we raised a number of concerns in relation to the home's fire safety precautions and requested that a fire officer from Devon and Somerset Fire and Rescue Service visit the home. Following their visit, the fire officer wrote to the provider and the Commission outlining a number of recommendations to ensure the home fully complied with 'The Regulatory Reform (Fire Safety) Order 2005.' We discussed these findings with one of the home's senior managers and asked them what action they had taken to mitigate these risks and ensure people's safety. They confirmed that the home had completed all recommendations made by Devon and Somerset Fire and Rescue Service which included upgrading the home's fire warning systems. Records showed routine checks on fire premises safety were being completed and the provider now had in place a Fire Risk Assessment, which is a legal requirement under The Fire Safety Order. We reviewed the home's updated Fire Risk Assessment that had been completed by an external contractor in September 2017, and found all actions had been completed. We did not identify any additional concerns relating to the environment at this inspection.

Accidents and incidents were recorded and reviewed each month by a senior manager. We had previously identified that people's personal emergency evacuation plans (PEEP) lacked detail and did not give staff clear instruction or guidance about the support people required to evacuate the building in an emergency. At this inspection, we found PEEP's had much improved. In addition, the provider had provided people and staff with individual fire escape route plans, which were located in each person's bedroom.

The home had appointed an infection control lead who was responsible for carrying out regular audits and raising staff awareness. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control. Throughout the inspection, we observed staff following good infection control practices. We witnessed staff washing their hands after attending to people. The home was clean with no unpleasant odours.

## Is the service effective?

### Our findings

At the previous inspection in August 2017, we identified that some people were potentially having their rights unlawfully restricted due to a lack of understanding of the Mental Capacity Act 2005 (MCA). At this inspection, we found improvements. However, some people's ability to make some decisions had not been assessed, or recorded in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with.

Most of the people who lived at Georgian House had needs relating to their mental health, which affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005, (MCA) and found staff were continuing to take insufficient action to protect people's rights.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the inspection in August 2017, we identified that some records relating to the management of people's money and tobacco did not reflect a good understanding of MCA in practice. At this inspection in May 2018, we found that this had not changed. Some people's care records did not always demonstrate their consent and/or views had been sought in relation to decisions being made on their behalf. They did not show that people did not have capacity to make some decisions that were being made on their behalf. This indicated the home was not working in line with the principles of the act. For example, records for one person showed the home was limiting/restricting the amount they could smoke by managing their tobacco. There were no records to show the rationale for this decision, no mental capacity assessment to show the person did not have capacity to manage their own tobacco or why this was being carried out in their best interests. Where the home held or managed people's money, staff told us this was because people did not have the capacity to understand their money and how much they were spending. There were no mental capacity assessments to show that people did not have capacity to manage their own daily finances. There were no records to show the rationale for these decisions, or whether this was being carried out in their best interests.

Where decisions had been made with regard to room sharing arrangements, records did not demonstrate that staff had assessed people's capacity to consent to these arrangements. A recognised best interests process had not been followed and the decisions had not been reviewed when other rooms became available. For example, records for one person showed that they had recently moved rooms. This person had been identified as needing end of life care. There were no records to show staff had considered this factor in the decision-making, no records to show the decision was made in the person's best interests and no review of the decision.

The provider had introduced a new Mental Capacity Assessment Report. These were not decision specific and were generic in nature. For example, records showed one person had been assessed for "managing

their own money and allowing Georgian House to assist them with managing their budget; managing and purchasing items such as tobacco and personal purchases and services such as chiropody and sending invoices to their appointee or representatives." Staff told us this person did not smoke.

The provider had also introduced a new 'personal consent form'. We looked at a number of these documents and found that they were also generic in nature and potentially misleading as all the answers started with 'I understand' or 'I agree'. However, where staff had recorded that people had not given or refused their consent records did not demonstrate what action staff had taken. For example, records for one person indicated that they did not want staff to administer their medication. When we looked at this person's care records we could not find what action staff had taken in response to this.

Failure to gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interests decisions is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the August 2017 inspection, we identified the provider was operating CCTV in the majority of communal areas around the building. We found the use of CCTV had not been discussed with people or their consent obtained for its use. At this inspection, the registered manager and nominated individual confirmed that CCTV had been turned off within the home and was only used externally as an added security measure.

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). At the time of the inspection, 17 applications had been made to the local authority, 13 of which had been approved and four were waiting approval. A system was in place to monitor the status of DoLS applications that were in progress and where appropriate individual care plans referred to the person being subject to a DoLS authorisation.

People told us they had confidence in the staff that supported them. At the inspection in August 2017, we identified the systems in place to ensure staff were provided with the necessary induction and support to meet people's needs had not been effective. At this inspection, we looked at the training, induction and supervision records for four staff and found that improvements had been made. Records showed the provider had introduced an induction for all new staff, which was linked to the Care Certificate. This is an identified set of standards care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. Following the completion of their induction there was a system in place to support staff, which included regular one to one supervision with a named supervisor. All the staff we spoke with told us they felt supported by the home's management team. Comments included "Everyone's really helpful," "You can talk to any of the managers about anything," One staff member said, "[Person's name] is brilliant I know they're not the manager but it doesn't matter they are all here to help."

There was a staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included dementia awareness, first aid, infection control, moving and handling, safeguarding, Mental Capacity (MCA) and health & safety. Other more specialist training included swallowing and dysphagia, challenging behaviour, epilepsy awareness and pressure ulcer prevention. The training manager told us they had recently secured training from the Huntington's Society and they were in the process of identifying a local provider who would be able to deliver specialised courses, for example autism and drug and alcohol awareness.

We reviewed the individual training records for three staff and identified that one staff member had completed 11 training courses on one day, this included courses entitled person centred care, MCA and DoLS, end of life care and infection control. We brought this to the attention of senior managers and asked if this was correct. We were told some of these were smaller courses and achievable as they generally took about 30 minutes.

We recommend the provider undertake a review of the effectiveness of their training programme to ensure it provides staff with the necessary skills to enable them to carry out their duties.

People were supported to maintain good health. People were encouraged and supported to engage with a range of healthcare services. Staff supported people to attend appointments and records showed people had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's support plans identified where they needed specific support to manage long-term health conditions. For example, one person had risks associated with the management of their epilepsy. Their support plan contained guidance and protocols for staff to follow when they experienced a seizure. Staff received training in providing the required emergency medicines and knew when and who to notify if their seizures were prolonged. We spoke with staff about how they would support this person during these times. We found staff had a clear understanding of the condition, and what support the person needed, including emergency protocols. Records showed a consultant from the neurology department at Torbay hospital had recently reviewed the person's care and staff had updated their care plan following the advice they had been given.

Each person's care plan contained a section on health and wellbeing that set out how their health care needs were to be met. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals. For example, records for another person showed how the home was working with IATT (Intensive Assessment Treatment Team) who were providing advice and guidance about physical restraint following some concerns raised by staff about how they provided personal care.

People told us they enjoyed the food provided by the home. Comments included, "The food is very good and there is plenty to drink," "The food is better now and I have a choice to eat in my room if I want." One person said, "I like the new breakfast club as I can just help myself." At the previous inspection in August 2017, we found that people's nutritional needs were not always being met. At this inspection, we found the systems in place to help ensure people were having enough to eat and drink had improved. Records showed people's food and drink preferences as well as any specific dietary needs were recorded in their care plans and were known by staff. For example, one person preferred their meals to be presented in a bowl as they found this easier to eat from than a plate. Where people had been identified as needing their food and fluid intake monitored we found this was taking place and records we saw had been completed without gaps.

We spent time in the dining room observing how people were supported to have their meal. People clearly enjoyed their meals and those who required support to eat were being assisted at a pace that suited them. Staff sat next to people and engaged them in pleasant conversation. People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. We spoke with the chef and kitchen assistant who had a good understanding of people's likes and dislikes. Details of people's food allergies or special dietary requirements were available in the kitchen and regularly reviewed by senior staff to help ensure this information remained up to date. For example, where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals. Food storage areas were clean and there were plentiful supplies of fresh meats, vegetables and fruit, as well as tinned and dried goods. The home had been inspected by the local

authority's Environmental Health Department in September 2016 and had received a five star rating for their food hygiene. This meant they had followed safe food storage and preparation practices.



# Is the service caring?

## Our findings

People who were able and wanted to share their views with us told us they were happy and liked living at Georgian House. One person said, "I like living here, I know it got a bad report a year ago but I've noticed big improvements." Another said, "I am happy, it's my home." At the previous inspection in August 2017, we found staff did not always treat people in a respectful and dignified manner. At this inspection, we found people were treated with kindness, compassion and with respect.

During the inspection, we spent time observing the care provided in the home. We found care and support staff worked well together and supported people in an unrushed, compassionate and caring manner. We saw staff instigated and encouraged conversation and spent time with people in the communal lounge and in their rooms. For example, we saw one person was lying on a bench in the garden enjoying the sunshine. When a support staff member walked passed she asked if the person was wearing sunscreen and sat for a moment with the person and enjoyed a conversation. Later we heard them telling care staff that the person was outside enjoying the sunshine and had reminded them of the need to wear sunscreen.

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. People responded well to staff and we observed a lot of smiles, laughter, and affection between staff and the people they supported. Staff knew how each person, liked to be addressed, and consistently used people's preferred names when speaking with them. Throughout the inspection, we saw staff had the time to sit with people and showed a genuine interest in their lives. On the second day of the inspection, we saw everybody enjoyed a barbeque in the newly refurbished gardens. People and staff played music, sang songs and enjoyed each other's company. Staff told us they enjoyed working at the home and were passionate about caring for people. One staff member said, "I love my job and I love it here. I'd be happy for my Nan to live here." Another said, "It's really improved over the last few months, the registered manager is always approachable, easy to talk to and so knowledgeable."

When we spoke with staff individually they spoke positively about the people they cared for. Staff described how they supported people to be as independent as possible. Care records included information about what people could do for themselves such as washing or dressing and guided staff on ways to help promote people's independence. The registered manager and staff were knowledgeable about the people they cared for. They knew their likes, dislikes, support needs and things that were important to them.

People's right to privacy and dignity was respected and promoted. All personal care was undertaken in private and we saw people were supported discreetly throughout the day. One staff member described how they preserved people's privacy and dignity. For example, making sure curtains and doors were closed whilst supporting a person with their personal care. Staff spoke about and with people in a compassionate and respectful manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

People told us staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People had unrestricted access to their bedrooms and were able



to spend time alone if they chose to. People's bedrooms were personalised, decorated to their taste and furnished with things that were meaningful to them. Relatives we spoke with told us they were free to visit at any time and always made to feel welcome.

## Is the service responsive?

### Our findings

At the previous inspection in August 2017, we identified that people's care was not always person centred, had not always met their assessed needs, or did not reflect their personal preferences. At this inspection, we found improvements had been made. Further improvements were still required to how people were involved in their care planning and to information available to staff on how to meet people's needs.

Following the inspection in August 2017, the local authority had placed a restriction on the home, which meant they were not able to admit people to the home. Although this had been lifted in April 2018, at the time of this inspection the home had not accepted any new people. We reviewed the home's revised admission procedures. This stated each person referred would have a comprehensive assessment of their needs carried out by the registered manager. This information would then be reviewed to help ensure that Georgian House was able to meet the needs of the individual before a decision was made to admit the person into the home. Information from the initial assessment would then be used to form the basis of a care and support plan. The registered and deputy manager would then review all information within 14 days of admission.

People's care plans were maintained on a computerised system. Each staff member had access to a fixed terminal from which any information they needed about each person living at the home was readily available. Senior staff were also able to monitor and access this system remotely. Alongside these electronic records, there were paper copies, which contained food and fluid charts, body maps and topical medicine administration records. Each section of the care plan covered a different area of the person's care needs, for example, personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Important information, such as allergies and health conditions was easily available for staff at the front of the care plan.

We looked at the care and support records for seven people with a variety of health care needs and found some people's care and support plans had been updated following the inspection in August 2017. This was an ongoing process. Some care plans we saw contained information about what the person could continue to do for themselves and how they liked to be supported. For example, one person's mobility care plan described how the person needed to be assisted to reposition due to immobility. This included a good level of detail which was needed for this person.

Where people had been identified as needing support to manage long-term health conditions, for instance diabetes, we saw the manager had sought specialist advice. Information was provided for staff on how to recognise signs and symptoms that would indicate the person was becoming unwell and what action staff should take. Where people had specific needs relating to living with dementia, the home had sought guidance from the 'older person's mental health team' and provided guidance for staff to follow to support this person's well-being and minimise the impact this might have.

Some care plans continued to lack detail, this meant people were at risk of not receiving care in a consistent way which met their wishes, as staff did not always have the information they needed to support the person.

in the way they wanted. For example, one person's care plan stated the person required 'support and encouragement with personal care and self-hygiene' but did not provide staff with guidance of how to provide the support or what they could do for themselves.

The manager and staff told us how people were supported at the end of their life to have a comfortable, dignified and pain-free death. We reviewed people's care records relating to their end of life care wishes and preferences. Where people had chosen to have this conversation, their end of life wishes had been recorded. However, we found where people were sharing rooms, records did not contain any information to show or demonstrate how the person's dignity and privacy would be maintained during this phase of their life or what impact this might have on their relatives or the person they were sharing with. We discussed what we found with the registered manager who acknowledged that there was still some work to be done and assured us that all arrangements would be reviewed.

We asked staff to tell us about how they supported people. They described people's care needs well. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. For example, one person living at the home had some specific needs relating to their faith. Staff we spoke with could tell us what these needs were, why they were important and how they supported this person on a daily basis to maintain their identity and religious beliefs.

The registered manager was aware of the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all homes from 1 November 2017. People's communication needs were clearly recorded as part of the home's assessment and care planning process. This information was then used to develop communication plans, which indicated people's strengths, as well as areas where they needed support. For example, one person's communication plan described how they used speech, body language and facial expressions to communicate their needs. Staff were guided to support this person's verbal communication with objects of reference. Staff demonstrated a very good understanding of what the person was saying to them and described to us how they used objects to reinforce what they were saying, such as by showing the person their coat if they were planning to go out."

Staff told us that people were encouraged, supported and had contributed to the development of their care and support plans and were aware of their content. However, records we saw did not reflect people's involvement. We discussed what we found with a senior manager who told us they recognised that a formal process was unlikely to inspire people. They were currently looking for innovative ways to inspire and show people's involvement.

At the previous inspection August 2017, we found people's daily care notes were task orientated, focussed on people's personal care needs or what they had eaten and lacked evidence of meaningful engagement. At this inspection we saw staff were now recording in a person-centred way and described how people were during the day. For example, one member of staff had written "I asked [person's name] if he wanted to go to the zoo. [Person's name] eyes opened wide and he was happy and he replied 'yes'. [person's name] was very excited which could be seen from his smile and by asking me to hurry up and go to the zoo."

People living at Georgian House were supported to follow their interests and take part in a range of social and leisure activities if they wished to do so. People's individual support plans included information about their known interests and staff supported people on a daily basis to take part in things they liked to do.

People enjoyed spending time with each other, knitting, listening to music and doing craftwork. Activities were designed to encourage social interaction, provide mental stimulation and promote people's physical and spiritual well-being. The home produced a weekly activities programme, which was displayed within the home and informed people about upcoming events. We met with the head of the support team who was keen to show us pictures of what people had been up to over the last few months. For example, making pizza, Karaoke, going to the theatre, open mic nights as well as trips to the sea front. Staff told us people who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated.

The support team also provided one to one support for people who received additional funding. This was to support their participation in social activities for example, supporting people to go swimming, play games or sports, attend college, local church groups, music session, or visit local places of interest such as Paignton Zoo. At the previous inspection, we found the provider did not have a suitable system in place to demonstrate that people were receiving any additional hours, as these were not formally recorded. At this inspection, we saw as of April 2018, people's one to one hours were now being recorded and reviewed.

The provider had recently introduced "The Georgian House newsletter". This contained information about staff such as their achievements, as well as pictures about events that had taken place and events that were coming up. For example, trips to the Princess Theatre to see an Adel tribute act and Guitar hero, along with pictures from the recent dignity action day in which people and staff dressed up and recorded what dignity meant to them on the home's dignity tree. We saw the latest edition of the newsletter had been co-edited by one of the people living at the home.

People were now being empowered to have a voice in how the home was run. We saw regular residents' meetings with the home's management team were now taking place. We reviewed the minutes from the last meeting, which was held in February 2018. These showed people were able to share their views on a number of topics. These included the new shelter, which had been built in the garden, staff uniforms, activities as well as the home's plan to introduce a breakfast bar (self-service) which supported people's independence by enabling them to make themselves breakfast and drinks without having to wait or ask for staff assistance.

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. One person said they would speak to the registered manager if they were unhappy and another said, "I would speak to the compliance manager." The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated, and responded to. None of the people or relatives we spoke with had needed to make a complaint, but felt confident the manager would take action to address any concerns they might have. We looked at the home's complaints file and saw two complaints had been received from people living at the home since their last inspection; both of these had been investigated in line with the home's policy and procedures. We also saw the home had received a complaint from a relative, which they were in the process of investigating.

## Is the service well-led?

### Our findings

At the inspection in August 2017, we rated this key question as 'inadequate'. We found there was insufficient management oversight to ensure people received the care and support they needed, in a respectful and dignified way that promoted their wellbeing and protected them from harm. The provider's systems to monitor and improve the quality of care had failed to identify and address the concerns we found during that inspection. The home was rated 'Inadequate' overall and was placed in 'special measures'.

At this inspection, we found the home had made a number of significant improvements. Some of those needed time to fully embed and show sustained improvement, and some improvements were still required.

Georgian House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Since August 2017, Georgian House has recruited and appointed a new senior management team and worked with the local authority's Quality Assurance and Improvement Team (QAIT) to improve the quality of the care and support provided by the home. At this inspection we saw all aspects of the home were under review and there was a fast pace of change.

At the previous inspection in August 2017, we identified that some people were potentially having their rights unlawfully restricted due to a lack of understanding of the Mental Capacity Act 2005 (MCA). At this inspection, we found the home had introduced a new assessment and consent process. This had not been effective in fully protecting people's rights, as some people's ability to make some decisions were still not being appropriately assessed, or recorded in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with.

In August 2017, we found some people's care and support plans lacked sufficient detail and did not always give staff the information they needed to meet people's needs in a person-centred way. At this inspection, we found the process of reviewing and updating people's care records was ongoing and in the process of being completed. Although we found the standard of record keeping had much improved, there was still work to do on supporting people to take an active role in developing the care and support provided to them.

At the previous inspection, we found the systems in place to provide staff with a suitable induction had not been effective and did not demonstrate that staff had been provided with the necessary skills to enable them to carry out their duties. At this inspection, we found although staff had been provided with training, it was unclear how effective this training had been as one member of staff had completed 11 courses in one day. We have recommended that the provider undertake a thorough review of the effectiveness of staff training.

People, relatives and staff told us the home had improved since the last inspection, which they attributed to

the new management team. People living at the home spoke positively about the changes that had taken place. One person said of the compliance manager and registered manager, "They are both open, honest and I trust them, they have made a noticeable difference." One member of staff said, "We didn't realise how much we weren't doing, it's much better now and [registered managers name] is so knowledgeable."

Where monitoring arrangements had previously failed, we found improvements had been made. These included the auditing of medicines, care plans, risk assessments, people's nutritional and hydration needs, weights, training, recruitment, inductions, infection control, health and safety as well as all aspects of the maintenance of the building. We found the new management team had a good understanding of how to improve people's lives and they had a clear vision of how to achieve this. Senior managers had produced a service development plan, which we saw was regularly updated and reviewed by the nominated individual. The plan included all the findings from the previous inspection as well as the whole service safeguarding review. We saw that most of the areas where action had needed to be taken had been completed within the designated timescale. Where actions remained outstanding, the service development plan clearly indicated who was responsible for their completion and within what timeframe.

Staff were positive about the support they received and told us they felt valued. One member of staff told us the registered manager was "very supportive." There were regular staff meetings at all levels. Records from these clearly described how the standard of staff performance was monitored; staff were kept informed of what was happening and what was expected of them. For example, identifying gaps in recording and how the staff were to make improvements. The senior management team's ethos was to empower staff, reward them for their achievements and provide robust support and challenge at all times. The provider had recently introduced an 'employee of the month' award. Good staff performance was now being formally recognised through a reward and recognition scheme. For example, each month people, relatives and staff were encouraged to nominate an employee and leader of the month to recognise staff's commitment and contribution to providing high standards of care and support or by going the extra mile to improve the quality of someone's life.

Staff were clear about what was expected of them, their roles and responsibilities. The provider was committed to supporting and developing the staff team and staff achievements were celebrated. The compliance manager told us they had identified and planned to continue to build the capabilities of key staff members as champions in specific areas of importance. For example, infection control, medicines, MCA and safeguarding adults. We saw other staff had taken on the role of raising awareness and championing CQC's five key questions (safe, effective, caring, responsive and well led). Although at an early stage of development, senior managers told us how staff had been or were going to be booked on specific courses and these staff would take the lead and continue to raise standards and embed what they had learnt into daily practice through staff meetings, mentoring and role modelling.

A member of the management team told us how they valued and recognised people's feedback. People, relatives, visitors and healthcare professionals were encouraged to complete feedback forms in which they were asked to rate various aspects of the home or fill in comment cards entitled 'say something nice.' We reviewed a sample of these forms and found most people had rated the home as excellent or good. One person said, "Staff are always helpful and friendly and my dad always seems happy with the staff and his care," Another had commented, "amazing job done by all cleaners."

Resident meetings supported and encouraged people to share their views. We saw the management team were using these meetings to involve people in the running of the home. For example, the nominated individual had used one of these meeting to discuss and develop plans for the regeneration of the gardens. Records showed people's opinions and views had been sought in terms of colour schemes layout and

equipment that was to be purchased. People were excited about the gardens and told us how they had been involved in its development. One person said, "They talked to us about what they planned to do and asked how we felt about it." Another said, "It's much nicer out there now and they have put lots of artwork up around the house and made lots of improvements."

We met with members of the senior management team and the nominated individual following the inspection and discussed what we had found. They were pleased with the improvements and assured us of their commitment to develop Georgian House in a way which reflected the diverse needs and wishes of everyone living at the home.

The registered manager kept their knowledge of care management and legislation up to date by attending training courses and attending monthly care home forums. The registered manager had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not ensuring that staff gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interest decisions.</p> <p>Regulation 11 (1)</p>