

Georgians (Boston) Limited(The)
The Georgians (Boston)
Limited - 50 Wide Bargate
Boston

Inspection report

50 Wide Bargate
Boston
Lincolnshire
PE21 6RY

Tel: 01205364111

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27 October 2020
01 December 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Georgians is a residential care home providing nursing and personal care of up to 40 people. There were 29 people using the service at the time of our inspection.

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

The provider had taken action to keep people safe from personal and environmental risks. This included management of the environment during the COVID- 19 pandemic. Medicines were well-managed, and people received their medicines on time and in line with their prescriptions.

There were enough staff to meet people's needs and care was planned to keep people safe and increase their well-being.

The provider had systems in place to monitor the quality of care provided and took action to improve the service when needed. The provider ensured that people and their relatives were involved in the care provided.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 18 December 2018).

Why we inspected

We undertook this focused inspection to follow up on concerns we had received. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service was Good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of two inspectors. One inspector carried out the site visits and the second inspector reviewed evidence and spoke with relatives by telephone.

Service and service type

The Georgians is a care home. People at the home receive accommodation and 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.

There was not currently a registered manager for this service. However, the current manager had completed an application to register with the Care Quality Commission. We will continue to monitor progress with this application. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to gather information from the home before the inspection, so we could minimise our time at the service in line with our policies during the COVID pandemic.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the relatives of six people who used the service about their experience of the care provided. We spoke with 11 members of staff including the providers, manager, clinical lead, a senior care worker, care workers, the activities coordinator, the administrator, laundry assistant and cook.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Following the inspection we continued to review documentation the manager had sent to us and obtain verification of the information in these records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse or harm as the manager had clear processes in place to deal with any safeguarding issues. We saw a recent safeguarding issue had been dealt with effectively by the manager.
- People's relatives told us they felt the staff team worked hard to maintain the safety of people at the service. One relative said, "All things considered with COVID and the homes recent water damage we think things are pretty wonderful. Think the home is safe because the staff work to keep it that way." Another said, "We are assured things are safe through the communications we have had."
- The manager undertook reflective practice with staff following any incidents to ensure learning from events. They used handover, heads of department meetings and regular staff one to one supervision to support staff learning.
- Staff we spoke with told us they had received training on both recognising and acting on any safeguarding issues. They had confidence the management team would act on concerns, and they also knew where they could go for help and advice externally should they need to.

Assessing risk, safety monitoring and management

- The risks to people's safety were regularly assessed and measures were in place to mitigate these risks. A recent water leak affecting a number of areas of the home's environment had been well managed by the management team.
- The different risks, both environmentally and personal risks, to people that had arisen from this event had been effectively managed to ensure people's safety. On the day of our inspection we were aware of work being carried out in one part of the home. However, the area had been safely cordoned off and builders working used a separate entrance and exit to undertake their work so people's day to day activities were not affected.
- People's care records had risk assessments and care plans in place to provide staff with guidance on reducing risks to people's safety whilst supporting their independence. We saw people were provided with mobility aids to allow them to move safely around the service.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider had used a dependency tool to calculate how many staff were needed. However, one member of staff felt the dependency tool was not reflective of people's needs. We discussed this with the manager who told us they reviewed the dependency levels each week, taking into account peoples changing needs or any admissions, and would adjust the staffing levels accordingly.
- The manager had introduced a new shift pattern to support better allocation and organisation of staff. All

the staff we spoke with told us they were happy with the new shift pattern the manager had brought in and felt the changes had been beneficial to both staff and the continuity of care for people.

- The manager had a call bell auditing system in place to monitor how long people were waiting for care to further assure themselves that people received care in a timely way.

Using medicines safely

- People's medicines were managed safely. The clinical lead had worked to review people's medicines and had liaised with people's GP's to ensure people received their prescribed medicines correctly.

- Staff administering medicines had received training to support the safe handling of medicines. The manager had audit systems in place to ensure the ongoing safety of medicines management.

Preventing and controlling infection

- People lived in a clean environment and staff undertook good infection prevention and control (IPC) practices to reduce the risks of infection. Staff had been supported with up to date IPC training.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager, provider and staff team worked with people to ensure their care was centred around their needs and wishes.
- All the relatives we spoke with knew who was managing the service and knew that they could speak with them if they had any concerns. The manager had worked with people, relatives and staff to introduce new ways of working to give people more choice. A new menu had been produced with people's choices of food on the menu. One relative said, "Since [manager] has taken over the team are doing what is needed to fit in with the residents – not what just suits the staff."
- One member of staff told us the manager encouraged people to breakfast together in the dining room and join in the daily activities. They told us the changes to people's daily routines had increased their interest in the different activities and added to the sociability of the day. They felt this had been beneficial to people especially as due to the COVID- 19 pandemic they had less visits from relatives.
- The manager had worked to keep relatives informed of the events at the service. One initiative was to produce a newsletter which was sent out to relatives. Family members we spoke with told us the manager's communication strategy was effective. One relative said, "The key aspect for us is that when I speak with the staff, they show that they know my relative as a person. They know all about the little things."
- Staff told us there had been regular meetings since the new manager had been in post and they had been informed and engaged in the changes in the service. All the staff we spoke with felt the manager had made changes that positively impacted on people's day to day lives.

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

- The manager had been in post since October 2020 and was in the process of registering with the Care Quality Commission, we will continue to monitor their application.
- Since being in post the manager had worked to review the service's quality auditing processes to ensure they were fit for purpose. We saw where they had undertaken audits and identified issues, they had taken action to improve standards of care.
- The provider had taken action to comply with the regulatory requirements. They had ensured that their

rating was displayed in the home and had notified us about events which happened in the home.

- The provider had been open and honest with people and relatives about incidents which happened. They had ensured that relatives were kept up to date with any concerns about people's care needs.

Continuous learning and improving care; Working in partnership with others

- The provider and manager had taken action to continually improve the management of the home and the care provided to people. There had been collaborative working between the provider, manager, fire service and builders following the recent leak. This had ensured the service was safe and building work could continue without impacting negatively on the lives of the people in their care.
- Staff told us the manager worked to improve care. One staff member said, "When I first came here there was the attitude of, 'we have always done it this way,' but that mind set has changed."
- The manager took action to keep up to date with changes in legislation and best practice.
- The manager and senior staff worked collaboratively with health and social care professionals to ensure that people received care which met their needs.