Care Quality Commission

Care UK Community Partnerships Ltd

Prince George House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 24 and 29 September 2015 was unannounced.

Prince George House is a new care home which opened in February 2015, the service provided personal and nursing care to up to 80 older people. During our inspection there were 72 people living in the home, some people living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Summary of findings

Staff had received the training they needed to understand how to meet people's needs and were clear about their roles. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People living in the service told us that it was a good place to live, they liked the environment, and they told us the staff were kind and caring. People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. People received care that was planned to keep them healthy and were supported to live in a way they wanted to. If people became unwell they were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's individual needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered interesting activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives were confident that any complaints they made would be addressed by the manager.

The service was well-led and had consistent leadership. The staff told us that the manager was supportive and easy to talk to. People who lived in the service and their relatives told us that the manager was open and approachable. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs. Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them. The service managed and stored medicines properly.	Good
Is the service effective? The service was effective. Staff received the training they required to provide them with the information and skill they needed to carry out their roles and responsibilities. Staff understood how to provide appropriate support to meet people's health, social and nutritional needs. The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.	Good
Is the service caring? The service was caring. Staff treated people well and were kind and caring in the ways that they provided care and support. People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs. People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.	Good
Is the service responsive? The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support. Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them. There were processes in place to deal with any concerns and complaints. The outcome was used to make improvements to the service.	Good

Summary of findings

Is the service well-led?	Good
The service was well led. People and their relatives were consulted on the quality of the service they received. Staff told us the management were supportive and they worked well as a team. There was an open culture. The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.	

Prince George 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 24 and 29 September 2015 and was unannounced and the inspection was carried out by one inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us since they opened in February 2015. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. Some people were unable to speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service, 12 people's relatives, the manager, two senior care staff and nine care staff. We also spoke with the regional director who was at the service during our inspection.

We also looked at seven people's care records and examined information relating to the management of the service such as health and safety records, staff personnel files and training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in Prince George House, many people were not able to talk with us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said, "I visit regularly at random times, morning and evening and can confirm that my [relative] is being very well looked after." Another relative told us, "I know [my relative] is going to be safe and well cared for."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns and were aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

As a newly build service, it had built in safety features, for example there was a monitoring system in place that, when activated, monitored people while they slept and alerted staff if they got out of their bed, meaning that they would be able to go and offer them assistance if they needed it. This would help protect people who were at risk of falling.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire.

We found there were sufficient staff on duty during our inspection to keep people safe and protect them from harm. This was despite one person's visitor telling us that they didn't think that there were enough staff available at certain times, particularly in the morning when they could be, "Rushed off their feet." They said that "Staff are caring and worked very hard, they keep people safe, clean and cared for." But they felt that the home wasn't staffed, "To do the extras." And staff didn't have the time be more involved in activities for people. One relative told us, "There are busy times, but care is very good here. I come here almost every day and staff are there when you need them."

The manager showed us a dependency assessment document used to calculate staffing levels. This calculated the staffing hours needed to meet the specific needs of the people who used the service. They told us that staffing levels were reviewed on a regular basis to ensure there was sufficient staff available to meet people's identified needs. During our inspection we saw that call bells were answered quickly and that there was enough staff available to react to people's needs without them having to wait too long.

The manager told us that they felt the staffing levels were good and if a member of staff was unwell they were replaced with another member of the permanent staff team if possible or agency staff were used. They assured us that they use regular agency staff whenever possible. This meant that people received care and support from staff who knew them well.

Medicines, including controlled drugs, were well managed by the service. People received their prescribed medicine when they needed it. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate

Good

Is the service safe?

training to enable them to administer medicines and their competency was assessed to check they were capable of doing the task safely. There were auditing and management systems in place to pick up and correct the shortfalls identified. Spot checks were carried out by the manager and senior staff to check practice.

Medicine trolleys were stored in a medicine room and were secured with keys kept by the responsible person. The medicine rooms were air conditioned and the temperatures of the room and the refrigerator were recorded each day to ensure the medicines were kept at the right temperature to protect their effectiveness.

Good

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "The nurses are a cut above." Another person said, "They're OK, the girls [staff] are helpful and brighten my day."

There was a good rapport between staff and the people who lived in the home and the atmosphere was calm. On the whole staff communicated with people well, we saw staff sitting next to people to talk with them and give people time to think about their answer.

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities.

During our inspection a care plan training session was seen in progress, this included end of life care and maintaining a safe environment.

Staff undertook competency checks after they had undertaken their training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff trained to meet their care needs.

One person's relative told us, "They [staff] know what my [relative] well, what they need and do lots of little things to make them feel special."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLS referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People were complimentary about the food provided. One person told us, "The food is exceptional; you get a choice and it's consistent every day." Another said, "They feed you well here, there's almost too much food." And, "It's normally cooked well and well presented with a good choice."

We observed positive interaction between staff and the people they supported to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. People were offered a drink of their choice with their meal. When one person asked for a cup of tea and it was fetched for them promptly.

Plate guards and specialist utensils were available for those with who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

All the food used at the home was fresh and sourced locally. Snacks were made available to people at all times during the day, small baskets with biscuits, sweets and fresh fruit were placed in the lounges and toped up during the day. People were encouraged to help themselves to snacks. This helped to ensure that people got the food they needed to stay well.

The home had a café that people had access throughout the day. It was stocked with cakes and snacks and had a drinks machine that easily made a whole range of drinks, such as different style of coffees and hot chocolate. This was a popular area for people to sit with their visitors.

Good

Is the service effective?

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals.

Good

Is the service caring?

Our findings

People felt that staff were kind, caring, compassionate and treated them with respect. One person said, "I've been in several homes and I like it here, the staff all seem to get on with everyone."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "My [relative] has been here since it opened, [my relative] is very happy with the home, they have put on weight and is very well looked after."

Another relative said, "My [relative] is doing brilliant since coming here. They have put on weight and is cleaner because they are washed or showered every day and their clothes are coordinated. The girls [staff] interact with my [relative] and they have come on in leaps and bounds."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snakes if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with people.

For example, we saw a staff member talk to a person who was sitting alone and not interacting with others. The staff member was skilled at communicating with them and was able to chat about the person's family with them. Before the staff left the person they were laughing at a joke they shared. We saw that staff had built up a good relationship with the people they were supporting and there was a light hearted atmosphere.

One person told us, "Staff are friendly and I can't fault the care they give me." A relative told us, "I can't believe that I was worried when my [relative] moved here. Staff are kind to them and very generous with their time." Other relatives told us that they were always made welcome. The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care. One relative said, "I always know what's happening, they keep me informed."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. One person said, "Staff are lovely, they always knock on the door before entering and are very polite."

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "I wasn't sure about my [relative] going into a home at all at first. But at least my [relative] is comfortable now, the staff have been very good."

Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supported and encouraged to keep their independence in areas that they were able to, as in choosing their own clothes and maintaining personal care when they could.

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and were reviewed and updated monthly.

One person said, "Anything I ask for basically I get." Another said, "You can always find someone if you need them." A relative said that, "No problem in talking with [the manager], she always has a bit of time for you and gets things done."

Prince George House has become a Beacon House within the Care UK organisation, meaning that they offer a specialist dementia service to people. Staff receive in depth dementia training and

The organisations dementia team visit the service to monitor the quality of the service offered to people who were living with dementia and offer advice and support to the staff team. The manager had a specialist background in supporting people with dementia. This meant the service could be responsive to the needs of people living with dementia.

Staff received a handover at the beginning of each shift so they are aware of what was planned for the shift and if anyone needs extras support or help. Every morning the manager, the senior carer/nurse from each suite, and all heads of departments, including maintenance, housekeeping and catering attended daily meetings held at 11am. These meetings were called 11/11 meetings and were designed for the registered manager to check that records were up to date, expected work was completed and to receive feedback from all departments. The priority of the meeting was for the registered manager to be kept up to date about the people living in the home and issues that might affect them.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Entertainers went to the service regularly. People told us how much they had enjoyed it when the entertainers came.

The service had a Life styles Coordinator and there was a weekly plan of activities for the upcoming month, including a day trip. Each person who lived in the service had been assessed for their individual likes and dislikes around activities. This information was used when planning activities to ensure that they suited people's individual preferences. On the day of our inspection a Macmillan coffee morning was being held in the café area, which included people, relatives and staff all interacting and enjoying themselves. We saw that the café was a very popular place for people to congregate talking to others, their visitors or just watching the world go by.

Staff felt that there was a good range and amount of activities people had been offered and said they liked to spend time with people. During our inspection we observed people being engaged with board games, foot spas, manicures, listening to music and reading magazines.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. Records showed that complaints had been dealt with in line with the provider's policy.

Good

Is the service responsive?

People told us that if they had a problem they would speak with the staff or the manager. A relative told us, “I have needed to make a complaint, but I just told them [staff] the manager looked into it and things were put right.” Another relative said, “I have no complaints. If I am concerned about anything I would go to one of the managers or my [relative’s] keyworker.”

Good

Is the service well-led?

Our findings

The service was well led. The registered manager was knowledgeable about the people in the home and they visited each suite each day and spoke to as many people as they could, and monitored staff and the delivery of care closely. While walking around with the manager, they appeared to know people and were friendly and engaging.

The manager had been awarded the organisation's outstanding leadership award, the citation read. 'As the manager of the new Price George House [the manager] had a clear vision from day one…. and her commitment, encouragement and enthusiasm got all colleagues on board.'

The manager was accessible and visible to people. People told us that the registered manager was friendly and stopped to say hello when they passed by. One person said, "They [the manager] comes by every day, we have a chat."

Relatives told us that the registered manager was approachable and made themselves available if they wanted to speak to them. They also told us that there were 'resident and relative' meetings were they could have their say about the running of the service. Another relative said that "[the manager] is excellent; she has her finger on everything."

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the registered manager.

A senior staff member said, "I definitely get the support I need, if I don't know I'll ask any of the management team and I'll always get an answer." The service was run and managed in an inclusive way.

People were asked their views about the way the home was run and were given the opportunity to attend meetings and give their comments about the running of the home. Post cards were left in communal areas of the service for people and visitors to complete to give their opinion of the service and send directly to the organisation's head office. A comment book was left in the lobby of the home for people to made use of, the manager told us that it is checked every day and that they would respond to any concerns that were raised in it. One relative told us, "We come to the monthly meetings, it's a good opportunity to ask questions and raise any issues, the minutes are usually sent to us too."

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The registered manager was supported by the regional director and the organisation carried out an existence programme of quality assurance audits. The regional director arrived at the service when we arrived to start our inspection and stayed throughout to answer any questions we had about the organisational running of the service and to support the manager. Records showed that the regional director visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly. They also ensured that any necessary action was taken on their next visit.