

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Prince George House is a residential care home providing the regulated activities personal and nursing care and treatment of disease, disorder and injury for up to 80 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 69 people using the service. The service accommodates people in four separate units, each of which has separate facilities.

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

People told us they were happy living at Prince George House. One relative told us, "The home has a friendly and caring feel, everyone from cleaners to senior staff on my [relatives] wing clearly know him well and always acknowledge visitors."

We received very varied feedback regarding staffing levels from residents, relatives and staff. However, the provider had recently introduced flexible working for staff so that there were more staff on duty at busy times.

Staff responded to changes in people's health and well-being and worked with health and social care professionals to benefit those living at the service.

People were protected from abuse because staff understood their safeguarding responsibilities. Care staff were recruited safely. Staff recognised the importance of team work to provide consistent and safe care.

There were systems in place which enabled the registered manager and provider to monitor the quality of care and the safety of the service. Staff had access to protective equipment to protect people from the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 5 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and a report from the ombudsman.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains Good.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Prince George House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Prince George House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prince George House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 July 2022 and ended on 15 July 2022. We visited the service on 5 July 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

On the day of the inspection visit we spoke with six people who used the service, five relatives and one member of staff. Following the visit, we spoke with one member of staff and six relatives on the telephone. We received electronic feedback from 35 members of staff and eight relatives. Feedback was received from care staff, registered nurses and housekeeping staff.

We observed the care and support people received in the communal areas of the service. This helped us understand the experience of people who could not talk with us.

We reviewed various documentation on the day of our inspection visit and the service supplied further documentation electronically following our visit. Documentation reviewed included three care plans, three recruitment records and quality assurance documents.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received very mixed feedback from relatives and staff as to whether they felt there were sufficient staff on duty to keep people safe and meet their needs. A member of staff told us, "This has always been a priority and we now have extra staff in the building in case anyone calls off sick." A relative said, "Staff are lovely and work hard but there is no way enough staff." We were given examples of how relatives believed lack of staff had impacted on their relative's care. One relative told us that they had telephoned the unit mobile phone twice in one evening to speak with staff and their family member but it had not been answered.
- We asked the registered manager about staffing levels. They told us they used an assessment tool to calculate the number of staff to meet people's needs and that staffing levels were varied depending on the number and needs of people living in the service and on occasions they went over the number required by the assessment tool.
- On the day of our inspection visit we did not observe people waiting to receive care or support.
- The service has also introduced more flexible working practices to support recruitment. The registered manager told us this has enabled them to recruit more staff and eliminate the use of agency staff.
- The service carried out robust pre-employment checks. This included Disclosure and Barring Service (DBS) checks and checks on social media. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us that they received their medicines as prescribed. One person said, "I take tablets, they are distributed well." Another person said, "Tablets, they come four times a day, no problem."
- The service used an electronic medicines administration system. Electronic recording meant senior staff could log on to the system and carry out regular audits remotely.
- We observed medicines being administered and how staff used the system.
- The service was piloting a system designed to identify if a person is in pain using facial scanning. Primarily designed for people who were non-verbal and diagnosed with dementia. The registered manager told us that the data was currently limited but the first month had seen a reduction of antipsychotic medicine use by six residents.
- Records did not always contain sufficient information to ensure people received medicines to be applied externally were given correctly. For example, for one person their record did not say how often it should be applied and recording showed it had been administered inconsistently.

Systems and processes to safeguard people from the risk of abuse

- Feedback from people, most relatives and staff was that Prince George was a safe place to live. A relative told us, "Yes very happy that [relative] lives in a very caring home and feel that she is very safe and well looked after." Every member of staff who responded to us confirmed that they believed Prince George was a safe place for people to live.
- There were systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- Records seen during the inspection confirmed that where appropriate allegations of abuse were referred to outside agencies and the service worked with these agencies to investigate any allegations of abuse.

Assessing risk, safety monitoring and management

- Risks were managed safely. People were supported to live their lives according to their wishes and were involved in risk management. For example, one person had a kettle in their room to enable them to make a cup of tea. Risk assessments had been carried out and mitigation put in place to ensure this took place as safely as possible.
- People who were at risk of choking received diets appropriate to their needs. Speech and language therapists (SaLT) advice was clear in people's care plans. Staff were knowledgeable of which people received modified diets and the assessed International Dysphagia Diet Standardisation Initiative (IDDSI).
- People's care records and associated risk assessments were clearly documented. Staff could access the records which considered risks of health conditions as well as providing information on people's needs and preferences.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. A relative told us, "My [relative] moved in during a lockdown period and I was very impressed by the sensible precautions taken and the efficiency of office staff in supporting and communicating with families."
- 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. An ultraviolet machine had been purchased to support staff to carry out effective handwashing.
- We were assured that the provider's infection prevention and control policy was up to date. The service had an Infection Prevention and Control champion.

Visiting in care homes

- Staff worked hard to keep people safe during the pandemic. A relative told us, "We were able to visit and was kept fully up to date re COVID by email and texts. We had phone calls and zoom during COVID when we could not visit."

Learning lessons when things go wrong

- There were systems in place that ensured accidents, incidents or near misses were reviewed by the service management, and remedial action was taken to reduce any identified or emerging risk.
- Where necessary, the service had escalated concerns to professionals, including safeguarding, to help reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to moving into the service to ensure they could be met. A member of staff told us, "Thorough pre-admission assessments are carried out prior to admission in the home to ensure we are able to meet residents' needs and to be well prepared prior to their arrival."
- Care plans contained comprehensive assessments of people's needs which were updated regularly.
- People and their families told us that they were involved in the assessment and review process. They were confident they were listened to. One relative said, "I get a call when [resident] is Resident of the Day and they check with me on her situation and requirements."
- The registered manager was supported by a provider who kept them up to date with changes in legislation and good practice guidance.

Staff support: induction, training, skills and experience

- People told us that staff had the training and skills to meet their needs. One person said, "Staff are very friendly, well trained."
- Staff undertook a comprehensive induction process. The provider had a process called 'Enboarder' which supported staff to become part of the team.
- We received positive feedback from staff about the support they received. A carer said, "Yes I have been trained and the training is always ongoing, the support from the manager and the whole management team is second to none."
- Some people took part in the recruitment process. One person wearing a resident ambassador badge said, "When required they ask me to sit in on interviews, but it is just a badge at the moment due to COVID."

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were positive about the food. A relative told us, "There are always meals, snacks and drinks available. They provide a hydration trolley with drinks and icy lollies in the summer. Tea coffee and cake/biscuits morning and afternoon. The people who stay up late in the evenings are also given food in the 'Twilight Club' as they call it. Fish and Chips has been enjoyed."
- We observed the lunchtime meal and saw the dining room was laid out with napkins and drinks. Meals were plated up attractively by staff and people were offered choice. Where people required staff help or specialist equipment this was provided.
- People's weight was regularly monitored. Where appropriate referrals to specialist, such as dietician or speech and language therapists, were made.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We received positive feedback from health care professionals and commissioners regarding their involvement with the service. This included, "The home was 100% cooperative and helpful with the enquiries outlined."
- The service had champions to support staff and improve people's care. This included champions for moving and handling, infection control and dementia. The dementia champion had recently introduced a Twilight Club to support people living with dementia in the late afternoon / evening.
- Peoples care plans contained information regarding dental, optician and chiropodist appointments and how the staff supported people to meet their needs.
- Relatives told us that healthcare support was arranged as necessary and they were informed of the information appropriately.

Adapting service, design, decoration to meet people's needs

- The service was housed in a purpose-built building. The communal areas had been decorated with people's involvement reflecting the history of the area.
- People were encouraged to decorate their room to their taste. One person said, "This is my bed, they allowed me to bring it, it is higher, and it has got lights on it."
- There was easy access to outside space and quiet areas within the home where people could be alone if they wished or entertain visitors.
- Wi-fi was available throughout the service. The registered manager told us that people used this to keep in touch with relatives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- People told us their consent was sought before care or support was delivered. One person said, "Choice is basically my choice, they don't say you cannot do that."
- We observed staff offering people choice as to how they wanted their care and support delivered.
- Staff completed regular training about mental capacity and consent and understood the procedures required by the MCA.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- Conversations with the registered manager, feedback from staff, relatives and people showed Prince George House was a welcoming and homely environment. A relative told us, "I was very impressed on the afternoon I took [relative] along to find her room and she was met with a lovely welcome by several members of the care team. She really seemed to be at home straight away."
- People and staff were mostly positive about the registered manager. A relative said, "They seem very caring and motivated and have a Carer of the Month award." One member of staff described the Registered Manager as 'inspirational'. However, one relative commented, "I see [registered manager] regularly in the home although I do have concerns currently as she is helping out another home and not always at Prince George House which raises bandwidth issues for me."
- The service had a positive and open culture. We were given an example of how a person had not been happy with the care they had received and had spoken with a senior member of staff. The person went on to say that subsequently, "The young girl knocked on the door and said it had been explained to her that some people like to do things for themselves and apologised." The concern had been addressed with the member of staff in an open and honest way so much so that she felt motivated to apologise to the person.

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 provider understood their responsibilities of duty of candour and were open and honest with people when things went wrong.
- People and their relatives were told if things went wrong with their care and support and provided. A relative told us, "My [relative] has fallen a few times and yes I am phoned immediately, and the issues are managed."

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

- We saw from documents the service provided us with that concerns around staffing levels was highlighted in the relatives' survey for March/April 2021. We are concerned that a substantial minority of both staff and relatives still raised this as an issue with us during this inspection.
- The registered manager told us that the service very rarely went below assessed staffing levels and did not use agency staff. However, we were given examples from relatives of incidents which they perceived were due to lack of staff.

- A new flexible working procedure has recently been introduced to ensure there are sufficient staff on duty at busy times. However, the service needs to ensure that the assessed staffing level is sufficient to maintain a good quality service.
- Audits were thorough, carried out by the provider, registered manager and staff, and regularly reviewed and kept up to date. Regular visual quality checks were by carried out by the registered manager, deputy and staff and by representatives of the provider. This meant the service people received was focussed on them and efficient.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held regular residents and relative meetings to keep people informed of developments and changes to the service. During COVID restrictions these were carried out on-line to ensure people continued to be involved. The registered manager had acted on feedback regarding communication with relatives, for example, sending a monthly newsletter.
- There were regular staff meetings across all areas of the service. Minutes from these demonstrated that a broad range of subjects had been covered. However, the minutes did not demonstrate staff input or responses to queries or feedback of actions from previous meetings.
- The provider sent out regular surveys to people, relatives and staff.

Continuous learning and improving care

- The service had a comprehensive auditing system which was used to identify positive practice as well as areas for improvement. Following a decision by the ombudsman the service had strengthened its auditing procedures. The Local Government and Social Care Ombudsman (LGSCO) looks at complaints about councils and some other authorities and organisations, including education admissions appeal panels and adult social care providers (such as care homes and home care providers).
- Staff commented positively on the teamwork of the staff group and how they were encouraged to complete training and learn new skills.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes.
- The service electronic care planning system and medicines administration system were used effectively to monitor and improve care.

Working in partnership with others

- Feedback received and records viewed demonstrated that the service worked effectively with agencies such as the local authority and safeguarding.
- The service had good links with the local community. We were given an example of how they had worked with a local youth group during COVID.