

Sovereign (George Potter) Limited

George Potter House

Inspection report

130 Battersea High Street
Battersea, Wandsworth
London
SW11 3JR

Tel: 02072233224
Website: www.georgepottercare.org

Date of inspection visit:
13 December 2016

Date of publication:
23 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of this service on 10 May 2016. Breaches of legal requirements were found regarding the assessment and management of risks, cleanliness of premises, person-centred care, dignity and respect, complaints and good governance. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this focused inspection on 13 December 2016 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for George Potter House on our website at www.cqc.org.uk.

The service had a new manager who had applied to become the registered manager. 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.

At our previous inspection we found that building was unclean. We found that the provider had taken steps to improve the environment, including implementing a cleaning schedule and replacing old carpets and furniture. The environment was substantially improved since our last visit. We found that there were not suitable checks in place to address some safety hazards within the building.

At our previous inspection we found that risks to people around pressure care were not always suitably addressed and that care plans were not person-centred. In some cases plans were not in place for when people were dying. At this inspection we found that suitable measures were in place to address the risks of pressure sores and that care plans recorded people's needs, life stories and wishes for the end of their lives were on people's care plans.

At our last inspection we found that people were not always treated with dignity and respect and that there were not suitable activities in place for people. At this inspection we saw that people's dignity was protected by staff and promoted by managers and we observed kind and friendly interactions with staff. Activities programmes had improved, but information about activities was not always accurate and some people were not always included in activities.

At our last inspection we found that complaints were not addressed by managers and that managers were not carrying out the right checks to ensure that staff received training and supervision. At this inspection we found that complaints were recorded and that these were appropriately investigated by managers and action taken in response. People told us that they could speak to the manager if they had a complaint or a concern, and they were approachable and helpful. Managers now had systems in place for monitoring staff training and checking the quality of the care people received. Staff received supervision which was used to

improve standards of care.

Managers had a detailed plan in place for delivering improvements to the service, which was monitored and reviewed regularly. This had brought about significant improvements in the care that people received.

We have made two recommendations about how the service carries out checks of the safety of the building and how people are included in activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

The provider had measures in place to assess and manage the risk from pressure sores.

There had been considerable improvements in the building which was cleaner and more hygienic. We observed some safety issues in the building which had not been detected by audits.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Is the service caring?

We found that action had been taken to improve how caring the service was

.

We saw that the provider had taken steps to improve the way staff treated people with respect and dignity, and observed kind and respectful interaction with staff.

There was now an activities programme in place, however there were no measures in place to ensure that everyone who used the service had the opportunity to take part.

We could not improve the rating for Caring from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Is the service responsive?

We found that action had been taken to improve how responsive the service was.

We found that action had been taken by staff to record people's life stories and preferences. Care plans were accessible for staff, reviewed regularly and audited by managers. People's

Good 

preferences about end of life care had been recorded.

The manager had introduced a system for recording complaints, and these were appropriately investigated and addressed.

Is the service well-led?

Good ●

We found that action had been taken to improve how well led the service was.

Systems of audit were in place to ensure that care was suitable and to monitor staff training and supervision. Managers had compiled a detailed action plan to address concerns about the service and reviewed this regularly.

People we spoke with were positive about the management of the service and told us managers were approachable.

George Potter House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of George Potter House on 13 December 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 10 May 2016 had been made. We inspected the service against four of the five questions we ask about service: is the service safe, is the service caring, is the service responsive and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by a single inspector, with a specialist professional advisor who was a nurse with experience of working with people living with dementia 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.

During our inspection we spoke with 11 people who used the service and five relatives of people who used the service. We spoke with the manager, area manager, a senior nurse, five care workers and a cleaning supervisor. We carried out observations of care and support and looked at the condition of the building. We reviewed records of care relating to nine people and other records relating to the management of the service, including audits, training and supervision records and complaints.

Is the service safe?

Our findings

At our last inspection in May 2016 we found that care and treatment was not always safe. This was because call bells were sometimes not working and were not always responded to promptly, and risk assessments had not always been carried out where people were at risk of pressure sores.

At this inspection we found that improvements had been made.

People who used the service told us that call bells were usually responded to promptly. We tested some call bells and found that they did work. Staff carried out daily checks of the call bells in the course of their duties, and had recorded where they had found a bell not working, and maintenance staff had arranged to fix these on the same day. Maintenance staff also carried out a weekly check of the entire system. One on occasion these checks had revealed that the system was not working correctly in some areas, and the provider had carried out a risk assessment to ensure that additional checks had been made where the system was not working, and had arranged for a repair to be carried out promptly.

Skin integrity formed part of care plans, and staff had carried out Waterlow assessments to assess where people may be at risk of pressure sores. The Waterlow assessment gives an estimated risk for the development of a pressure sore in a given person. Where people may be at risk, management plans were in place, which included continence care, the use of barrier creams and regular checks of the person's skin. The manager conducted regular audits where people had pressure sores, which checked that people had received appropriate care relating to these and had an up to date risk management plan. These were fully completed and up to date.

At our last inspection, we found that premises were not always safe. This was because the building was not clean or hygienic. There was a pervasive smell of urine throughout and many chairs were urine stained and inappropriately covered. Windows were covered in bird droppings and hand hygiene points were not always working. The front desk was often unattended and left open, which meant people could enter or leave the building undetected.

At this inspection, we found that improvements had been made. People told us that the condition of the building had improved. One person said "I've noticed some changes for the better". We saw that the carpets were in the process of being replaced with easier to clean vinyl flooring, which made the home lighter and brighter and addressed the malodour of the building. One relative told us "the new floor is a Godsend, as my first impression when we came in was the stench of urine." Chairs had been cleaned and were appropriately covered, although some still had minor stains. The provider told us that they had arranged to replace all furniture in the building and that some new furniture had been ordered. The building, including the windows, was clean in most areas we checked.

The service had a new cleaning supervisor, who had arranged a cleaning schedule. This included cleaning of communal areas, monthly shampooing of remaining carpets and daily cleaning of two people's rooms. Several rooms had been painted with new flooring installed.

Hand hygiene points were working, and where staff had noted that these were empty these were logged in the maintenance book and fixed promptly by maintenance staff. The front desk was staffed throughout the period of our inspection, which meant that staff were aware of who was entering and leaving the building.

Equipment was appropriately stored, although some communal areas appeared cluttered due to wheelchairs and walking frames. Mobility equipment we saw was appropriately maintained and appeared clean and in good condition. The provider kept records of the servicing of equipment, but did not maintain an audit of equipment, which meant that some equipment could become due for repair without the provider being aware.

We observed some areas of the building which may not be safe. For example, in the downstairs lounge a radiator was connected to a trailing extension lead, which may have been a trip hazard. This was quickly addressed by a member of staff when we pointed this out. In one person's room, we observed a nail sticking out of an armchair, and there was a spill of a slippery substance on the floor of the hairdressing salon, which were safety hazards. We also noted that the lift required a key code to operate including to open the doors from the inside, however this could be freely accessed without a code, which meant that there was a possibility that a person using the service could become trapped. There was, however, an alarm bell for people to call for help if they became stuck.

We recommend the provider implement a system of regular checks to ensure the environment is safe in all areas.

Although we found that concerns had been addressed, work was still in progress and we still had concerns about some aspects of the environment. Sufficient time had not passed to assure us that these improvements could be sustained. Therefore, we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.

Is the service caring?

Our findings

At our last inspection in May 2016 we saw that the service was not always ensuring people were treated with dignity and respect.

At this inspection, we saw that the provider was now meeting this requirement. The manager had taken steps to promote respect and dignity with the staff team, including discussing this in team meetings and supervisions. Doors were kept closed when appropriate, and we did not observe anyone in a state of undress. Curtains could be closed in order to protect people's dignity when dressing. People we spoke with and their relatives told us that their privacy and dignity were respected.

We observed polite and friendly interactions between staff and people who use the service, including lots of good natured laughing and joking. People were referred to by their preferred names, and staff asked permission before supporting people and explained what they were doing. For example, we heard one staff member say "Hello [name], can I take your blood pressure? Thankyou."

Where people were supported to eat we saw that they received their food promptly and with appropriate assistance provided. Support to eat was respectful. For example, we heard one staff member say "Here is your lunch [person's name]. Let me help you sit up and we'll get you in a good position for eating." Where people were supported to eat in their rooms we saw that staff sat patiently with people, and encouraged them to eat.

At our last visit we saw that the areas of the building were referred to by outdated names such as "Elderly Mentally Infirm". The units had been renamed Primrose and Rainbow, and we saw that children from a local school had donated a large painting of a rainbow for one of these units. During our visit, children from a local school donated a Christmas tree, and we saw staff and people who used the service decorating the tree together and singing songs. Children from a local school had also successfully applied for funding to improve the condition of the garden, and were consulting with people who used the service on how to use this money.

At our last inspection we found that activities were limited and not always appropriate to people's needs.

At this inspection, we saw that the provider was now meeting this requirement, however there were still some shortcomings with activities.

The provider had recently appointed a new activities co-ordinator who had started the previous week. There were activities timetables displayed throughout the building, however these were not always correct. For example, the timetable on the ground floor stated that it was for the current week, however the dates on individual days were for the previous month. The activities timetable for upstairs was for the previous week.

We observed people taking part in an arts and crafts session downstairs. People who were less able to participate were included in the session appropriately. However, there were limited activities for people who

could not leave their rooms or chose not to engage in communal activities. For example, where the provider documented social interactions for people who were bed-bound, we saw that typically activities took place every three days, however there were several occasions where people had not taken part in activities for over two weeks. We recommend that the provider take advice from a reputable source in implementing an inclusive, person centred activity programme.

Although we found that concerns had been addressed in several areas, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this question. A further inspection will be planned to check if improvements have been sustained.

Is the service responsive?

Our findings

At our last inspection we found that care plans were not always in place for people and did not always take account of people's life stories and preferences. There were not always plans in place when people were receiving end of life care.

At this inspection we found that the provider was meeting this requirement. People's care plans included a personal history sheet with information on the person's life story, former occupation, family, friends, hobbies and interests and likes and dislikes. We saw that care files were better laid out, with information on care plans clearly laid out for staff. Some care plans had been typed, although most reviews were handwritten, which were occasionally hard to read. Areas of the care plan were reviewed monthly and documented changes to people's needs.

There was no one actively receiving end of life care at the time of our inspection. However, people's wishes for the end of their life were clearly documented in their care plans, for example their religious wishes and whether they would prefer to die at home or in hospital. There was a section at the front of each person's file to document whether an advanced care plan was required. Managers carried out monthly audits of care plans, where four plans were checked to ensure that they correctly documented people's needs and showed evidence that the person was involved in their care.

Where people were living with dementia, there were boards outside their rooms which showed information on the person's life history, interesting facts about them and what was important to them, including photographs of their old home, family members and other pictures relevant to them, such as their workplace or regiment if they had formerly served in the military. This demonstrated person-centred care and provided visual cues to people to help them to recognise their rooms.

At our last inspection we found that the provider was not correctly addressing complaints. There was not a system for recording complaints, and we found examples of complaints which had been made to managers and not appropriately recorded or investigated. People were reluctant to complain and felt their complaints would not be addressed.

At this inspection, we found that the provider was meeting this requirement. There was now a folder for recording when a complaint had been made. The manager recorded the nature of the complaint, a summary of what had happened and recorded what actions had taken place, including investigating the complaint and apologising as necessary. We saw several examples of complaints being investigated by managers, including meeting with family members and addressing the issue appropriately. People we spoke with told us they could speak with managers if they needed to complain.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed and sustained over a period of time.

Is the service well-led?

Our findings

At our last inspection in May 2016 we found that there were not adequate checks being carried out by managers to ensure high quality care.

At this inspection we found that the provider was now meeting this requirement. Audits were being carried out in areas such as infection control, the environment, pressure sores, nutrition and care plans. These were often carried out by different staff, and had different findings each time, with a clear record of the actions that were taken as a result of the audit. For example, in response to an environmental audit, areas of the building had been tidied and some redundant furniture was identified and removed. Where people's weights had changed in a significant manner, managers had taken appropriate action such as reviewing the person's care plan and arranging for the person to be seen by their GP. Progress and effectiveness of these interventions were reviewed and additional support requested as required.

At our last inspection we saw that the training of staff was not audited. At this inspection we found that the manager had introduced a matrix of staff training which was kept up to date. This clearly showed which training had taken place and what training was now due.

At our last inspection we found that staff supervision was not taking place to a suitable standard. At this inspection we found that the manager had introduced a system for monitoring supervision and appraisals, and was able to identify which staff were due to receive these. This showed that staff were receiving supervision and appraisals regularly. Supervision notes clearly documented discussions which had taken place and were used to discuss policies, standards and the importance of dignity and respect.

Permanent staff said they now had supervision from senior staff and that this was now more regular than before. Agency staff told us that they received suitable training and supervision from their agencies.

People we spoke with were positive about the new manager. Comments included "I've developed a lovely relationship with the new management", "She makes sure things are done" and "She's always there, always approachable."

The new manager had compiled a detailed action plan to address concerns from the last inspection report, which was being updated regularly to reflect progress. The manager told us "It's all about us accepting our faults, working on it and making the improvement."

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed and sustained over a period of time.