

Heritage Care Homes Limited

Georgiana Care Home

Inspection report

10 Compton Avenue
Luton
Bedfordshire
LU4 9AZ

Tel: 01582573745

Date of inspection visit:
23 March 2021
30 March 2021

Date of publication:
15 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Georgiana Care Home is a two-storey residential care home which is registered to provide accommodation and personal care for up to 72 people. At the time of our inspection there were 52 people including some living with dementia and long-term conditions, living at the home.

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

One person said, "The staff are lovely here, they really look after those who can't look after themselves. That carer you were just speaking with is particularly nice." One person's relative said, "My [Family member] would soon say if staff were not looking after them properly. [Family member] always looks clean and is well groomed." Another relative told us, "[Family member] always has nice people [staff] around them. The home always smells fresh and [family member] is always well presented."

Care plans sometimes lacked enough details and further consideration was needed in the management of some people's risks. Staff were not always fully briefed on managing these risks.

The management carried out employment checks on new staff to ensure people were safe around new staff. However, some of these checks were not completed before new staff started working at the home. Staff did not spend meaningful time with people.

Staff and the management had worked hard to manage the pandemic. There had been no outbreak of COVID-19 at the home. However, we found some shortfalls with the management of infection protection control (IPC) and use of personal protective equipment (PPE). Increased management oversight was needed to support relatives to visit their family members in a safe way.

We found some shortfalls in how the management team and the provider monitored the quality of people's care and experiences of day to day life at the home. For example, some rooms and lounges looked tired.

Relatives were confident the management and staff were actively keeping their loved ones safe. Staff knew how to promote people's safety in terms of identifying potential signs of abuse or harm. The management team and the provider responded openly to the shortfalls we found.

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 (report was published on 18 May 2018).

Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about whether the home had enough staff to

manage the risk of people falling, a lack of supplies to meet people's care needs, people were not given the time to have the care and attention required with their washing, dressing, and grooming.

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.

We inspected and found there was a concern with other aspects of people's safety and how effective the oversight of the quality of the service was being monitored, by the registered manager and provider. This prompted us to widen the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. 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 has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the quality of the governance and oversight of the service by the registered manager and provider at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Georgiana Care Home

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 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

This inspection was undertaken by one inspector.

Service and service type

Georgiana Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service over the last twelve months. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We completed observations to understand people's experience of living at the home. We spoke with four people who lived at the home, three members of staff, the registered manager and the area manager. We requested key documents and records to be sent to us safely using a secure e-mail address.

After the inspection

We reviewed a series of documents and sought clarification from the registered manager and deputy manager to validate the evidence found. We looked at four people's care records, staff employment checks, and a recent medicines audit. We also requested a recent IPC audit and various safety checks completed in relation to equipment used and the building. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a further five members of staff and with five people's relatives.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Although risks were identified and planned for, actions had not always been taken to mitigate people's risks due to a lack of detail for staff to follow.
- One person was placed on one to one care to prevent them from falling and they fell. There were shortfalls in their care plan and how this risk was being managed, which may have led to this fall.
- Another person was at risk of self-neglect and this was identified, a plan was made to manage this risk. However, this care plan lacked detail about how to keep the person safe and needed further work to assist staff to manage this risk effectively.
- Some items were not stored safely about the home, for example razors and nail scissors, this could put people at risk of harm.

Staffing and recruitment

- We observed, and staff told us there were enough staff to meet people's needs. However, staff did not spend meaningful time with people, chatting or doing something together.
- Staff recruitment checks were not always completed when new staff started working at the home. For example, staff worked at the home some weeks before their Disclosure and Barring Service check had been completed. This could place people at potential risk of harm because the provider could not be sure people were supported by suitable staff.
- Staff had verified and detailed references with full employment histories.

Preventing and controlling infection

- There were some infection control potential risks due to the condition of some bathrooms. Some furniture needed cleaning.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There was a lack of management oversight with visitors entering the home. Sometimes numbers of visitors were high in the communal spaces.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. People were sat close together in the lounges. Staff were not promoting social distancing in these spaces. Staff sat close together on their breaks in the staff rooms.
- We were somewhat assured that the provider was using PPE effectively and safely. Some staff could not

wear face masks. This was not being managed or monitored in a safe way. Some PPE was not disposed of safely.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was admitting people safely to the service.
- 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.

Learning lessons when things go wrong

- The registered manager and provider responded to shortfalls found during this inspection in an open way. But improvements were needed in how they assessed and monitored the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of what potential abuse could look like.
- Staff knew they must report concerns or suspicions they had about potential harm. Staff knew of the outside agencies they could report concerns to.

Using medicines safely

- We observed people receiving their medicine in a safe way.
- The management completed regular medicine audits. The audit report lacked details to show if people had always received their medicines safely.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Aspects of the risks which people faced were not effectively checked to ensure the risk was being well managed.
- There were shortfalls in IPC practices, which the management had not identified in their IPC audits. This placed people at risk of cross infection.
- The registered manager and provider's audits were not always effective in identifying the shortfalls in people's care planning, which we had found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We identified aspects of people's experience which required improvements to be made. Some bedrooms looked uncared for. Items were unsafely stacked on top of people's wardrobes. Lids were left off items in people's en-suites. Multiple cardboard boxes of incontinence items were left on display in people's rooms. Notices for staff about people's care needs were attached to bedroom walls. This demonstrated staff and the management team were not always treating people and their personal spaces in a respectful way.
- People did not always wear their own clothes. People wore generic underwear. Generic flannels were used. This is also not promoting people's dignity. Relatives told us sometimes people's clothes, glasses and hearing aids went missing and they had to prompt staff and the registered manager to take action. This had the potential risk of undermining people's ability to see and hear well.
- There was not enough staff available to spend meaningful time with people. People sat in a large semi-circle with the TV on a medium volume. People appeared interested when someone entered the room but there was no engagement. The management had not identified this issue and taken action to correct it.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to fully promote the quality of people's care and daily experiences. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff spoke with people in a gentle and thoughtful way when they were supporting them.
- When we spoke with staff, they told us about people's needs and how committed they were to keeping people safe.
- The provider had recently appointed an area manager to assess the quality of their services and support the registered manager to make improvements. With the potential easing of the pandemic restrictions, the registered manager had plans to seek people's feedback.
- Staff told us they felt listened to by the registered manager. The registered manager raised issues about people's needs with the GP and health professionals at a weekly meeting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective oversight and systems to ensure quality and safe care was always provided.</p> <p>Regulation 17 (1) and (2) (a) (b)</p>