

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

### Inspection report

50 Wide Bargate  
Boston  
Lincolnshire  
PE21 6RY

Tel: 01205364111

Date of inspection visit:  
26 July 2017

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22 August 2017

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 26 July 2017 and was unannounced.

The home provides residential and nursing care for up to 40 people. People using the home may be living with a dementia, mental health issues, conditions associated with old age, physical disabilities or sensory impairments.

There was not a registered manager for the home. However, the manager had submitted an application to become registered and this was being processed. 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.

We carried out an unannounced comprehensive inspection of this home on 12 and 13 December 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements to ensure the home was well led.

We undertook this focused inspection to check that they had followed their plan and to check if 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 The Georgians (Boston) Limited - 50 Wide Bargate Boston on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

At this inspection we found the provider had made all of the improvements needed to meet the regulation. Systems in place to monitor the quality of care provided were effective and the manager had taken action to gather people's views of the care they received and used them to improve the standard of care. In addition the manager had taken notice of our last report and had taken action to identify what the latest best practice guidance said and how this should be reflected in the care they provided to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service well-led?**

The service was well led.

Action had been taken to improve the systems in place to monitor and improve the quality of care in the home.

The manager had put systems in place to embed best practice into every day care.

The manager gathered the views of people using the service and used these to improve the care people received.

We could not improve the rating for well led 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** ●

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

## **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.

We undertook an unannounced focused inspection of The Georgians home on 26 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 12 and 13 December 2017 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector. During our inspection we spoke with the registered manager, the deputy manager and the administrator. We looked at records related to the running of the home including quality surveys and audits to monitor the care provided.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service.

# Is the service well-led?

## Our findings

At our inspection on 12 and 13 December 2016 we found that the provider was not meeting the legal requirements in how the quality of care was monitored and how they gathered the people's views on the care they received. This was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. After our inspection the provider wrote and told us what action they would take to ensure the management of the home was effective. At this inspection we saw that the manager had taken action to ensure they were meeting the legal requirements.

At our previous inspection we had identified that the home had been short of staff and that the manager had been required to work shifts to ensure that people had their care needs met. This meant that they had not had the time to focus on the management of the home. At this inspection we found that the home was now fully staffed with nurses and that if there were any gaps in the rota these had been filled by using agency staff. This had allowed the manager to concentrate on the overall management of the home and the improvements needed.

The manager had ensured that effective audits were carried out in key areas of the home such as infection control and medicines management. Records showed that action plans had been put in place to ensure that issues identified in the audit were rectified. An example of this was that the kitchen was redecorated following the infection control audit. Medicines audits had also been completed and had compared the systems in the home with the latest guidelines. Improvements plans had been put in place and action had been taken. For example, the deputy manager had ensured that all the medicines contained clear directions on how the medicine should be administered. In addition, audits on falls and people's ability to maintain a healthy weight had been completed and appropriate action taken when necessary.

Staff meetings were planned and records showed that they had been held regularly. We saw information on key issues had been discussed such as staffing levels, what action to take if someone complained and that staff must ensure they fully document the care they provided. However, records showed that staff meetings were poorly attended. We discussed this with the registered manager who explained that the minutes were available in the staff room for all staff to read. The manager told us going forwards they were looking at ways of supporting more staff to attend these meetings.

Action had been taken to engage with people living at the home to gather their views on the care and activities they received. Records showed that most people had a positive view on the care they received. Any concerns that were raised had been dealt with and the information used to drive improvements in the quality of care provided.

The manager had taken notice of the contents of our previous report which identified that the home required improvements in all areas. They had identified the latest best practice and what good care should look like. They were using the supervision system to embed best practice into the care staff provided. For example, one month's supervisions focused on nutrition and what good support looked like. The manager and others spent time observing care and what the mealtime experience was like for people and then made

changes so that it was more person centred. In addition, following our concerns about how they monitored staffing levels, the manager reviewed the needs of people living at the home on a weekly basis and arranged staff flexibly to provide more staff where people had higher needs.

Records showed that the manager had also made improvements following a local authority action plan. The local authority had visited the home the week before our inspection and was happy with the progress the home was making.

The manager and deputy manager met regularly with the provider to discuss the home and the care provided. The manager told us the provider was supportive and would ensure that they kept up to date by sending them articles with changes in best practice. They would then discuss the articles to see if improvements could be made to the way care was provided in the home.