

Geraint House Limited

# Geraint House Residential Care Home

## Inspection report

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Leicester  
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Tel: 01162765971

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05 January 2023

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Geraint House is a residential care service providing personal care and accommodation for up to 11 people with mental health needs. At the time of our inspection there were 9 people using the service. Each person has a private bedroom with shared washroom and kitchen facilities separated across 3 floors. The care home has a dining room, 2 lounges and a garden to the rear of the property.

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

People were not always kept safe from the risks associated with fire and we were not assured the provider was promoting safety through the layout and hygiene practices of the premises.

Maintenance repairs were not completed to a good standard and the service required renovation and modernisation. The provider did not always ensure people with diabetes were encouraged to maintain a healthy diabetic diet.

Quality assurance processes were not always effective and there was a lack of provider oversight. The provider was not proactive at identifying environmental improvements and maintenance oversight was poor.

People were supported to take their prescribed medicines safely. One person said, "Staff help me with my medicines, I do like that they help me with this." People were protected by an effective safeguarding system and staff received safeguarding training. People and their relatives told us they felt safe at the service and felt comfortable raising concerns with staff.

People were supported by enough staff and the provider completed recruitment checks to ensure staff were suitable for their role.

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.

Staff completed a workplace induction and were provided training relevant to their role and the needs of the people at the service.

People's needs had been assessed prior to joining the service and care plans were in place. Information on people's dietary needs was obtained from medical professionals and staff knew what people liked to eat and how they liked their food to be prepared.

The atmosphere at the service felt relaxed and friendly during our inspection. People living at the service and staff had opportunity to contribute to the running of the service during monthly meetings.

The service engaged regularly with health and social care professionals to ensure the needs of the people using the service were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 21 September 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 21 September 2022. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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 carried out an unannounced focused inspection of this service on 13 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent, safe care and treatment, safeguarding, premises and equipment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Geraint House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to people's safe care and treatment, premises and equipment and governance arrangements. 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 from 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective 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** ●

# Geraint House Residential 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 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 completed by 2 inspectors.

#### Service and service type

Geraint House is a 'care home' for people with mental health support needs. People in care homes receive accommodation and/or personal care as a single package under one contractual agreement dependent on their registration with us. Geraint House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the 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. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

## During the inspection

We visited the service on 05 January 2023.

We spoke with 5 people using the service, 1 relative and 6 staff members including the registered manager and the care manager.

We reviewed a selection of records including 5 people's care files and multiple medication records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were examined.



# 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 Inadequate. At this inspection the rating has changed 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; Preventing and controlling infection; Using medicines safely; Learning lessons when things go wrong

At our last inspection, medicines were not managed safely, infection prevention and control practices were poor, and people were not kept safe from the risk of infectious diseases. Risk was not adequately assessed or monitored, and lessons were not always learnt when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found some improvements had been made and the risk of potential harm had been reduced. However, not enough improvement had been made and the provider was still in breach of regulation 12.

- People were not always kept safe from the risks associated with fire. For example, a fire safety door was propped open with a chair. This meant that in the event of a fire, the door would be unable to function as intended to minimise the spread of fire and smoke.
- The provider had not ensured staff had access to suitable guidance in the event of an emergency. Personal emergency evacuation plans were in place; however, they did not contain pictures of people living at the service. This meant staff unfamiliar with the people living at the service, such as new or agency staff, may not have been able to identify people in the event of an emergency and provide appropriate support to ensure their safe evacuation.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. For example, a rubbish bag was observed hanging from a hand wash basin tap in the kitchen and cleaning equipment was stored next to food and drink in the dining area.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, silicon seals in the kitchen and bathrooms were damaged and black with mould. Staff told us the building was old. One staff member said, "when we clean it, it still seems dirty."
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The downstairs laundry room was in a state of disrepair, presenting potentially high-risk bacterial breeding areas. For example, plastic was chipped and peeling from the walls exposing porous surfaces and there was chipped and unpainted wooden surfaces. This meant there was an increased risk of the spread of infectious diseases.
- Environmental concerns meant that visitors were not always protected from the risk of catching or spreading infectious diseases. For example, Painted handrails were chipped and damaged making them

difficult to sanitise effectively.

People were not always protected from the risk of the spread of infectious diseases, and fire safety precautions were not always effective. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to take their prescribed medicines safely.
- People told us they liked support staff helping them with their medicines. One person said, "Staff help me with my medicines, I do like that they help me with this."
- Medicines were stored safely, and stock controlled.

#### Visiting in care homes

- The provider facilitated visits from family members and health and social care professionals.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider failed to respond to safeguarding concerns in a timely way. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 13.

- Since our a last inspection, the provider had implemented an effective safeguarding system to ensure people were protected. Safeguarding concerns were recorded and reported to the local authority.
- Records indicated the provider was responsive to concerns when raised and follow up action was recorded.
- Care staff had received safeguarding training and were knowledgeable on how to identify and report concerns. Staff told us they felt people were safe and were comfortable raising concerns to the care manager.
- People and their relatives told us they felt safe at the service and felt comfortable raising concerns with staff.

#### Staffing and recruitment

- People were supported by enough staff to meet their care needs at the service, and they were supported to access their community as required.
- The provider completed recruitment checks to ensure staff were suitable for their role. For example, the provider sought employment references and completed DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the provider failed to ensure the premises and equipment were clean and suitable for the purposes for which they were being used. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 15.

- Maintenance repairs were not completed to a good standard. For example, adhesive tape had been used to cover up a damaged floor joining strip. This meant the provider failed to ensure people were provided with a well-maintained living environment.
- Service decoration was worn and tired throughout. For example, plaster was damaged and crumbling in an upstairs toilet, held in place by the covering wallpaper.
- Facilities at the service required renovation and modernisation. For example, the kitchen was dated and worn. Some kitchen draws were damaged, exposing porous MDF wooden surfaces, and tile grout was chipped and damaged.
- There was a maintenance log in place and the care manager told us about improvement works planned at the service. For example, the care manager stated there were plans to renovate one of the bedrooms and replace some of the mattresses provided to people as part of the service. However, there were no plans in place to address the concerns listed above and maintenance records did not detail maintenance issues identified during our inspection.

The provider failed to ensure people were provided with a well-maintained living environment. This was a continued breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

- Despite identified environmental concerns, people told us they liked the service and were happy living there.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies

to provide consistent, effective, timely care

- The provider did not always ensure people were encouraged to maintain a healthy diet. For example, people living at the service with diabetes had capacity to choose what they would eat, but there was a lack of options available at mealtimes to promote a healthy diabetic diet, and staff lacked knowledge on healthy diabetic nutrition.
- Staff prepared food from a set menu. People were asked what meals they would like on the menu at resident meetings. People told us the food was nice and they get a choice of what they want to eat.
- Staff knew what people liked to eat and how they liked their food to be prepared. People were able to choose if they wanted something different. One person told us, "If we don't like something on the menu, we can tell staff and they will offer something else."
- Information on people's dietary needs was obtained from medical professionals and staff had access to personalised guidance in people's care plans.
- Staff engaged with health and social care professionals regularly to ensure people's needs were met.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to ensure staff were trained and competent to fulfil their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff competency was assessed. We found medicine competency assessments were not always up to date. However, the care manager demonstrated regular medicine administration observations were completed, so we were satisfied the care manager was ensuring staff were competent to administer medicines safely.
- New staff completed a workplace induction which included opportunities to shadow experienced members of staff. One staff member told us, "I did an induction when I started, and I shadowed other members of staff. I read (the providers) policies, risk assessments and (people's) care plans."
- Staff were provided training relevant to their role and the needs of the people at the service. Staff training was up to date.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, we found the need for consent was not always considered or recorded in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA. Where people lacked capacity to make their own decisions, assessments and care plans were in place to ensure they received the most appropriate support.
- Where people were deprived of their liberty, DoLS applications were submitted. Where DoLS authorisations were in place, the provider ensured conditions were adhered to.
- The care manager had obtained signed consent from people receiving care and support, and had effective oversight of DoLS applications, authorisations and conditions.
- Staff received MCA training and had suitable knowledge regarding people's ability to understand information and consent to care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed prior to admission to the service by the care manager, in line with legislation and guidance. People's assessments identified personal preferences and considered protected characteristics such as disabilities, age and religious beliefs.
- Care plans were in place providing staff with guidance on how to support people living at the service. Care plans were tailored to people's individual needs and choices.
- Staff demonstrated knowledge of people's needs and personal preferences. For example, staff knew what activities people liked to attend and how they liked their food preparing. One staff member said, "I feel like I know the people well."
- People were supported by staff to book and attend health appointments. Staff kept accurate records of this support.
- People told us staff were supportive. One person told us, "everyone is really nice and supportive." Another said, "Staff supported after an incident had happened."

# 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 Inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection, there was a significant lack of governance oversight and quality assurance processes, resulting in poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- Quality assurance processes were not always effective. For example, Care plan reviews had not identified shortfalls or missing information, and there was no audit process in place to check the effectiveness of these reviewed. This meant opportunities to identify areas for improvement were missed.
- The provider did not have a system in place to ensure their effective oversight of the service. For example, the provider had not identified medicines competencies were not always up to date. This resulted in shortfalls not being identified or addressed.
- Environmental audits were not effective at identifying concerns. We found maintenance repairs were not always completed to a good standard. For example, a floor joining strip had been repaired with tape. The providers environmental checks had not identified this poor-quality repair, and therefore, were not effective.
- The provider was not proactive at identifying environmental improvements. For example, the local authority had identified a number of mattresses that required replacing. Action was being taken to replace these mattresses; however, the provider had not actively checked the quality of all mattresses at the service. This meant the provider was not proactive at independently identifying service improvements.

Poor quality assurance processes and a lack of provider oversight constituted a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere at the service felt relaxed and friendly during our inspection. Staff spoke with people in a caring and dignified manner. People spoke fondly about staff and felt they were well treated. One person said, "staff are approachable, and everyone is really nice."
- The provider periodically sought feedback from people using the service through a feedback survey.
- People living at the service had opportunity to contribute to the running of the service during monthly resident meetings. People told us they felt comfortable raising concerns to staff and management. One person said, "If I had concerns, I would feel comfortable raising them with staff and management."
- Staff had an opportunity to raise concerns and discuss events at the service during monthly staff meetings. Most staff told us they felt comfortable raising concerns with the provider and the care manager.

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 and the care manager understood their legal responsibilities in relation to duty of candour.

Working in partnership with others

- The service engaged regularly with health and social care professionals to ensure the needs of the people using the service were met. We saw records that staff engaged regularly with external healthcare professionals, and that social care professionals frequently visited the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always kept safe from the risks associated with fire and we were not assured the provider was promoting safety through the layout and hygiene practices of the premises. This constituted a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Maintenance repairs were not completed to a good standard and the service required renovation and modernisation. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes were not always effective and there was a lack of provider oversight. The provider was not proactive at identifying environmental improvements and maintenance oversight was poor.</p>

### **The enforcement action we took:**

Warning Notice