Georgians (Boston) Limited(The)

The Georgians (Boston) Limited - 50 Wide Bargate Boston

Inspection report

50 Wide Bargate
Boston
Lincolnshire
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Tel: 01205364111

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 October and was unannounced.

The Georgians is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Georgians accommodates up to 40 people in one adapted building. It provides nursing and residential care for older people, some of who may be living with dementia and people with physical disabilities or mental health conditions. There were 38 people living at the home on the day we inspected.

There was a registered manager for the home. 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 the previous inspection the home was rated as Requires Improvement, at this inspection we saw that the registered manager and the provider had improved the care people received and the home was rated Good. We have recommended that the provider looks at providing accessible information for people.

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

There were enough staff to meet people's needs in a timely fashion and recruitment practices ensured that staff were safe to work with the people living at the home. Staff received training and support which enabled them to provide care in line with best practice guidance. Staff were kind and caring and had developed good relationships with the people they supported. People were able to make decisions about their lives and their privacy and dignity were respected.

Care plans accurately reflected people's needs and were regularly updated. Risks to people had been identified and care was planned to keep people safe. Medicines were safely managed and people's nutritional needs were supported. Where people needed support to eat and drink this was provided calmly and people were not rushed.

The environment was well maintained and the registered manager continued to make improvements to improve people's experience. The home was clean and systems were in place to minimise the risk of cross infection. Staff had received infection control training and worked in line with best practice guidelines to reduce the risk of infection.

People living at the home and their relatives were confident that the registered manager was improving the care provided. The registered manager had effective systems in place to monitor the quality of care and the

environment. Action was taken to resolve any concerns identified. Accidents and incidents were analysed and learning was shared with staff to reduce the risk of similar incidents in the future. People knew how to make a complaint but were encouraged to raise any concerns early so they could be resolved before a complaint was needed.

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.

Staff knew how to keep people safe from harm.

Risks to people had been identified and care was planned to keep people safe.

There were enough staff to care for people safely.

Medicines were safely managed.

Staff knew how to protect people from the risk of infection.

Learning from incidents was identified and shared.

Is the service effective?

Good

The service was effective.

People received assessments and care was provided in line with best practice.

Staff received training and support which enabled them to provide safe care.

People were supported to eat and drink safely.

Staff worked collaboratively with healthcare professionals and people were supported to access healthcare when needed.

The registered manager ensured that the environment met people's needs.

People's rights under the Mental Capacity Act 2005 were supported.

Is the service caring?

Good

The service was caring.

People had developed a good relationship with staff.

People were involved in making choices about their lives.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People had been involved in planning their care.

People's wished for the end of their lives were respected.

People knew how to complain.

Is the service well-led?

Good

The service was well led.

People told us that the registered manager was improving the quality of the care provided.

There were effective audits in place to monitor the quality and safety of care.

People's views of the service were used to improve the care they received.

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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.

This inspection took place on 30 October 2018 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit we reviewed information that we held about the home. This included the action plan completed by the provider following our last inspection. As well as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the administrator, a nurse, two care workers, a kitchen assistant, a

housekeeper and a person who worked in the laundry. We also spoke with seven people living at the home, a family member and the friend of a person living at the home.

We looked at a range of documents and written records including seven people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I only need help with dressing but I'm always safe and looked after." Another person told us, "There's always someone to check on us."

We found that people were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. If needed they had the information needed to enable them to raise a concern with external agencies. In addition, staff were knowledgeable about the provider's whistle blowing policy which supported them to raise any concerns without being worried about consequences. Where staff had identified concerns with care people had received in other health and social care establishments, they had raised the concern so other organisations could review the care they provided.

We could see from information that we had received and records in the home that the registered manager had taken action to thoroughly investigate any concerns that were raised. Any action needed to keep people safe was identified and actioned. This meant that people were safeguarded from repeat occurrences of the same issue.

People told us they felt safe while receiving care at the home. One person told us, "I need help getting into and out of bed but I'm safe with the carers." We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Care plans had information about people's risks and had been regularly reviewed to take account of any changes in people's needs. Staff we spoke with were knowledgeable about each person's needs and knew how to keep them safe. For example, they ensured that each person had their own pressure cushion which was prescribed for them. They moved the pressure cushion with the person to ensure they were fully protected from risk.

Personal evacuation plans were in place to support the safe evacuation of people in an emergency. During our inspection the fire alarm sounded. Staff reacted in a calm fashion and took action to manage the situation. The reason for the alarm was quickly identified and people were able to continue with their day.

Records showed that one person who had the ability to make their own decisions had chosen to have only one side of their bed rails up. We raised this with the registered manager as this increased the risk to the person. They told us they would review the care with the person and discuss the concerns with them and see what action they wanted to take.

People told us that there were enough staff to meet their needs in a timely manner. One person told us, "I only have to wait if they're busy." Another person told us, "There's never much of a delay with call bells unless it's a busy time."

The registered manager told us that they had carefully established how many care staff and other members

of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. They also looked at the needs of people living in each area of the home and could be flexible and have more staff around if more care was needed in a specific area. The registered manager told us that at times they were still reliant on agency staff. However, they ensured that they used the same agency and requested certain staff who over time had become familiar with the home. In addition, they only used agency when there was a member of the management staff in to provide support if needed.

Staff told us that there were normally enough staff to meet people's needs. However, recurrent sickness had been an issue. However, the registered manager would always attempt to get cover to ensure that there were enough staff to care for people safely.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

People told us that they were happy with the support they received around their medicines. One person's family member commented, "The care is very good. [Name] gets his medication on time and is always clean and well dressed." They added, "Whenever we go out I let the nurse know and his tablets are always ready for us to take with us."

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. Records contained all the information needed to support the safe administration of records. For example, there were pictures of people to aid the identification of people and people's allergies were recorded. Records of administration had been fully completed. People were supported to make decisions about their medicines. For example, one person was supplied tablets to help them sleep and they made the decision on a daily basis if they needed to take them.

People told us that they were happy with the cleanliness of the home. One person said, "I like it here, everywhere is nice and clean." We found that suitable measures were in place to prevent and control infection. One member of staff of staff had been designated as the lead for infection control. They had received extra training to support them in this role.

There was a cleaning schedule in place to ensure all areas of the home were clean and hygienic. Cleaning staff had received training in how to reduce the risk of cross infection and used different colour equipment in different areas in line with best practice. There was a dirty to clean flow in the laundry room which helped to minimise the risks of infection and soiled linen was separate and washed at a high temperature to kill any germs. Care workers also knew how to minimise the risk of infection and explained how they used protective equipment such as gloves and aprons to keep people safe.

We found that the registered manager had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. The registered manager had analysed accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. Staff told us that any concerns were discussed in the shift handover meetings so that changes in care could be made.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices. The registered manager reviewed people's needs and identified if the staff had the knowledge and skills needed to care for the person safely. Where needed, extra training was put in place to increase staff skills in certain areas.

The registered manager conducted periodic observations within the home to check that staff were still working safely and to the best practice standards they had been taught in training. If there were any concerns about a staff member's performance the registered manager would meet with the member of staff to discuss how they needed to improve.

The registered manager also took account of expert knowledge to improve care in the home and to ensure that they worked to best practice guidelines. An example of this was the work the registered manager and staff had completed around the use of thickener in the home. A thickener is used to modify the consistency of fluid when people are struggling to swallow drinks safely. The kitchen staff were able to use the thickener in cooking to provider a wide variety of meals for people to use. For example, they were using it to thicken pureed food so that it could be moulded to look more appetising to people.

People told us they were happy with the quality of staff. One person told us, "They're very caring and efficient." Records showed that new care staff had received introductory training before they provided people with care. In addition, they had shadowed another member of staff who supported them while they started to put their training into practice. Staff who had not worked in care before were required to complete the care certificate. The care certificate is a set of national standards which provide the skills needed to support safe care.

The registered manager had also arranged for all staff to have their training refreshed at set intervals. This ensured that staff remained up to date with best practice changes. The registered manager kept a record of all the training staff had completed and was able to remind them when they needed to update their training.

Staff told us that they had three monthly meetings with their line manager. This enabled them to discuss any difficulties or concerns that they had. In addition, they were also able to identify if they needed further training.

There was a choice of two meals for lunch. People told us they were happy with the quality of food provided for them. One person told us, "It's served nicely, good home cooking." Another person told us, "The food is very good. The chef listens to comments too. Fish used to be served with cheese sauce on it and people didn't like it. I suggested that the sauce be served to the side, chef did that and more people have the fish now." Where people needed support to eat this was provided calmly and safely by staff, people were allowed to eat at their own pace and were not rushed.

We saw that people were encouraged to eat and drink and were offered hot and cold drinks throughout the

day. People's ability to eat and drink safely had been assessed. If any concerns about their ability to eat and drink safely had been identified, they were referred to healthcare professionals for advice and support. For example, some people needed their food to be fork mashable or pureed and others needed their fluids thickened. Staff knew people's needs around their food and nutrition and we saw that appropriate food was provided for people. Where people were struggling to maintain a healthy weight, their weight was monitored and they were referred to a GP or dietician for advice and support. The staff encouraged the person to eat more snacks and food was enriched to increase people's calorie intake.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. Where needed, people were accompanied to their healthcare appointments by a member of staff. This ensured that all relevant information was available to the healthcare professionals in order to assist them in their care planning. In addition, the registered manager had put systems in place to ensure appropriate information was available if needed in an emergency. For example, hospital sheets with people's current needs were sent with the person alongside a copy of their current medicines record.

People were supported to live healthier lives by receiving on-going healthcare support. One person told us, "I don't have any delays if a doctor is needed." Records showed that people had been supported to access healthcare in the home and people had been offered the annual flu vaccination by their GP. In addition, people were able to access other healthcare services such as the optician and a foot health specialist.

The registered manager told us about the improvement they had made to the environment since our last inspection. These included painting the toilet doors to provide a contrast to the surrounding walls to assist people who were visually impaired and those living with dementia. In addition, the outside courtyard had been refurbished to a high standard. A relative we spoke with told us how this worked had been completed with the health and support of the people living at the home and their relatives. They told us how money raised by the summer fete has been used to buy flowers and bulbs for the planters.

All the bathrooms had been redecorated and themed to support people to have an enjoyable experience when bathing. In addition, the home's hairdressing salon had been refurbished to improve the experience of going to the hairdressers for people. There was also an ongoing programme of refurbishment which include replacing the main hallway carpet on the first floor. Security had been improved and there was now a camera at the main entrance so that staff could see who was there before admitting them into the home.

We did find that there was a lack of dementia friendly signage around the home. We raised this with the registered manager, who explained that while they did support people with dementia they also had a lot of people in the home who had capacity. The registered manager told us they were currently looking at how they could make the home more dementia friendly while still retaining a homely atmosphere for other people.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Records showed that where there was some indication that the person may not be able to consent to living at the home a referral for a DoLS assessment had been completed. Currently five people living at the home had a DoLS in place and two more people were waiting an assessment. No one had any conditions on their DoLS. As DoLS are only authorised for up to a year the registered manager monitored the DoLS and ensured that they reapplied before the current DoLS expired.

Staff had received training on the MCA and knew that they should always assume that people had the ability to make decisions for themselves. They only questioned people's ability when there was some indication that they may not be able to understand what they were consenting to. Where people were unable to make decisions, staff, healthcare professionals and family were involved in making best interest decision on their behalf.

Where people had capacity, they had been supported to make decisions that other people may consider unwise. For example, one person was struggling to eat safely and healthcare professionals had advised that feeding through a tube into their stomach was the safe option for them. The person declined this option and staff received extra training on specially thickened meals and the risk of choking. The person was happy with the care provided and told us they had felt that the staff had listened and taken notice of their wishes.

Where people received any form of restraint, such as bedrails being put in place, we saw their consent was sought before the restrain was out in place. Where people were people lacked the capacity to consent a decision had been made in their best interest.

Good

Is the service caring?

Our findings

People living at the home told us that they enjoyed a positive relationship with staff. One person told us, "I get on very well with the staff." A relative said, "[Name] is always happy. I'm made to feel welcome when I visit." They added, "The carers are good, very patient."

The service ensured that people were treated with kindness and that they were given emotional support when needed. The registered manager had implemented a buddy system for the staff and people living at the home. The staff buddy was responsible for dealing with daily issues and raising concerns with the key worker. They also ensured that the person had toiletries and clothing. In addition to the buddying system the registered manager had split the home into three areas and ensured that staff consistently worked in the same area. This supported staff to get to know people and their needs and meant they could identify more readily if people were not very well.

At lunchtime we saw that tables were nicely laid, and tabards were offered to people if they wanted to protect their clothing. People were offered a choice of cold drink, squash, juice or water. Food was well presented on the plate and gravy was served separately allowing people to personalise the meal to their own taste. Staff used people's names when talking to them and offered any help people needed. For example, help with cutting up their meal. One person at the home struggled to communicate verbally with staff and we saw they were skilled at asking the person simple questions that they could use hand gestures to reply.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. We saw that staff supported people to make choices about their everyday lives. For example, when people walked into the lounge area they were offered a choice of where to sit. In addition, the registered manager had asked people about the care to see what they thought. An example of this was that people were asked if they wanted their name on their doors. People had agreed to this as it identified the room as their home. People were offered choices about their meals. One person told us, "Oh the food is good. I have breakfast in my room. I always have porridge but could change to cereal if I want. I never not liked either lunch choice." In addition, people had requested a change from sandwiches at tea time. We saw that they had recently been offered a buffet style tea and several commented on how enjoyable this had been.

People's privacy, dignity and independence were respected and promoted. The registered manager had provided a trolley shop which goes around the home so that people can purchase their own toiletries. This meant that people could retain their independence and did not need to rely on anyone else to support them. Staff told us that they had received training in maintaining people's privacy and dignity while providing care. They explained that they would ask the person for their consent before providing care. They told us how they were careful to keep people covered as much as possible and to pull the curtain across if the person was in a shared room. Furthermore they encourage people to provide as much personal care for themselves as they were able as this supported their independence and privacy.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us they were happy with the care provided and that staff were responsive to their needs. A family member said, "[Name] is checked regularly checked and at night and changed if needed, he doesn't need to use the call bell." People had access to call bells so that they could call for staff if needed, people were confident that staff would respond as quickly as possible.

People were aware of their care plans and they and their families had been involved with their development. Records showed that people had signed their care plans to say they agreed with the content.

Care plans contained the information needed to support staff to care for people safely. For example, people's care needs around managing their long term conditions were recorded along with any routine tests that staff needed to complete as part of the monitoring of the condition. Where needed changes in care were made to improve the long term management of the condition. For example, one person's diabetes was better managed after changes in their nutritional care. Care plans also contained information to support staff to personalise the care to people's needs. An example of this was when the care plan clearly identified the parts of their personal care that the person could complete themselves.

Staff we spoke with were able to talk knowledgeably about people's needs. In addition, they were clear on how people presented when they were not well and the action they would need to take. For example, one person was prone to urinary tract infections and so staff were aware they needed to monitor them for any signs and complete a test as soon as they had concerns. Where people had wounds, the care they received was in line with best practice and fully documented so that healthcare professionals were able to see how effective treatment plans were.

Systems were in place to ensure that staff were always updated at the start of each shift so they were aware of anyone who was poorly or who needed extra attention. At each shift change a handover was completed. During this, staff reviewed the needs of everyone in the home and any changes to the care plan. Any agency staff were given a brief introduction and a personal handover sheet which identified people's needs. This ensured that they had all the information needed to care for people safely.

Consideration had not fully been given to how information was available to people in an accessible format to ensure this was meaningful to people. All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. Records showed that during the initial assessment, any aids to communication had been identified. However, the registered manager had not sought information on the format people preferred to receive their information in.

We recommend that the provider review and implement the guidance around accessible information standards.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had completed an advanced care plan with people so that their wishes at the end of their life were known. The registered manager explained that individualised plans were put in place as people neared the end of their lives. These included the decisions people had made in their advanced care plans. Staff liaised with other healthcare professionals to ensure all the support needed, such as strong pain relief was available to people.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Comments we received about activities included, "I like to join in the craft activities," "The carers take me into town or to the park in my wheelchair," "I always get a list of activities so I can pick the ones I like" and "I've been out with the carers and I go to church once a month as well as going to the service here." While we were at the home a therapy dog visited and they visited people in the lounge and their bedrooms.

Activity staff ensured that they engaged with events that happened through the year such as Mothering Sunday and Halloween. This was important as it helped people living with dementia orientate seasons. A weekly schedule is issued to people living at the home as well as being posted on the activity board in the main atrium. As well as regular activities there have been trips out to local restaurants for fish & chips or afternoon tea and a trip to Skegness theatre. We also saw photos were displayed to remind people of recent activities such as afternoon tea at a hotel.

There were arrangements in place to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. People told us they knew how to raise a concern but no one had needed to do so. One person told us, "I see the manager a lot, if I ever needed to complain I would see her." The registered manager explained that they had an open door policy. People living at the home and their relatives were encouraged to discuss any concerns and they were resolved at an early status and so complaints don't develop.

Good

Is the service well-led?

Our findings

There was a registered manager for the home. They had completed their registration in September 2017. People told us that the registered manager ensured that the home was well led and that the care and environment had improved since the registered manager has been in post. They told us that the registered manager was open and would listen to their ideas. Comments we received included, "It's a happier place since [the registered manager] came, there's less moaning from the staff," "Many things have improved since the manager started" and "They are always open to suggestions, they want to get it right."

All the staff at the home worked together as a team to provide high quality care and drive improvements. The registered manager told us that they were a nurse and they felt this was helpful as it helped her understand the concerns of staff who provided care. The registered manager also told us that they worked well with other members of the management team and with the provider, who was supportive and visited the home often. Staff we spoke with were positive in their views of the registered manager and felt that they did their best to manage the home and support the staff. They said that compared to other homes that they had worked in The Georgians was good and that things had improved over the past couple of years.

We noted that the registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. The provider had correctly told us about significant events that had occurred in the service. Furthermore, we saw that the registered manager had suitably displayed the quality ratings we gave to the service at our last inspection.

The registered manager had ensured that they monitored the quality and safety of the care and environment. For example, we saw audits relating to medicines management and infection control as well as round the care including infections, falls, skin problems and nutrition. Records showed that they had taken action around any concerns that they had identified.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements. People had been asked for their views of the care and environment. This had been done through residents' meetings and with a survey. We saw that the registered manager had taken action around concerns raised. For example, they had responded to ideas around meals. A person told us, "I said I would like more fresh fruit and I got it." In addition, the courtyard had been cleaned up and had been made into a place where people wanted to spend time. One relative told us, "Residents didn't like the courtyard as it was just a dumping ground. That's all been tidied up now and I helped getting the beds planted up. The residents loved being out there during the summer." However, people did say that they were not always updated about changes made as a result of them raising concerns.

There were systems in place to ensure that staff understood their responsibilities and were engaged with any changes in the home. Staff meetings were held every three months and staff told us that the registered manager would ensure that they were updated about any changes in the home. All the staff we spoke with told us that they felt well supported and knew who to approach with problems. They were confident about raising concerns without fear of victimisation and that their concerns would be noted and action taken

where possible.

We found that the registered manager had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. The registered manager told us how they worked with other healthcare professionals to improve the quality of care. For example, they had implemented consistently around the fluid thickeners in the home by working with the GP practice to ensure people were all prescribed the same thickener as this increased the safe use of the product in the home.