Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Georgians (Boston) Limited - 50 Wide Bargate Boston

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Tel: 01205364111

Date of Inspection: 05 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Georgians (Boston) Limited
Registered Manager	Miss Patricia Brenda Taylor
Overview of the service	The Georgians is a care home located in the town of Boston, Lincolnshire. It provides accommodation and care for up to 40 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

When we visited The Georgians there were 38 people living at the home, we spoke with four relatives who visited the home during our inspection and two people who lived at the home, staff and the matron. We also spent time in the communal areas to observe care.

The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

Systems were in place to make sure that the matron and staff learnt from events such as accidents, incidents and complaints. This reduced the risks to people and helped the service to continually improve.

The home had proper policies and procedure in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA states that every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise. The Deprivation of Liberty Safeguards are part of the MCA. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Recruitment practices was safe and thorough. No staff had been subject to disciplinary action. The matron set the staff rotas, they took people's needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure people's needs were met.

Is the service effective?

Where people did not have the ability to make a decision for themselves a best interest meeting was arranged. We saw the matron had arranged an independent advocate to represent a person who was unable to make a decision. This ensured the person's interests were fairly represented.

People's health and care needs were assessed with them. Specialist dietary, mobility and skin care needs had been identified in the care plans when required. People told us they had been involved in writing their care plans and they reflected their current needs.

Is the service caring?

People were supported by attentive staff who were able to accurately describe people's care needs. One relative told us, "We get on ok. We are happy with the care. XXX is well looked after, I wouldn't keep her here if she wasn't." A person living at the home said, "On the whole I'm pretty well satisfied."

Is the service responsive?

We saw the matron and staff worked collaboratively with other health and care professionals to ensure people received safe joined up care. We spoke with one person who told us that they had been to the hospital to see the eye doctor and then been to the opticians. Matron had arranged for the sensory impairment team to visit the person and assess their care needs around their eye sight and to put a care plan in place.

People told us that they Knew how to make a complaint. We saw the complaints log and saw the matron responded to complaints appropriately.

Is the service well-led?

The service had a quality assurance system in place; records showed that identified shortfalls were promptly addressed. As a result the quality of service was continually improving.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Most of the people we spoke with told us that they enjoyed living at the home. One relative told us, "We get on ok. We are happy with the care. XXX is well looked after, I wouldn't keep her here if she wasn't." A person living at the home said, "On the whole I'm pretty well satisfied."

We saw there was a warm and caring relationship between people who lived at the home and care staff. People were called by their preferred name and had been supported to personalise their rooms.

People's needs were assessed and care was planned and delivered in line with their individual care plans. We looked at three care plans. We saw care plans described people's needs and included personal care, medication and night time routines. Care workers we spoke with were able to describe people's care needs. This matched what was recorded in the care plan.

People we spoke with told us that they had seen their care plans and were happy with the information they contained. One relative said, "I have seen the care plan and XXX has a review next week." People told us care met their needs. One relative said, "XXX often spends the night in the day room, as XXX refuses to go to bed." They told us staff gave them a blanket and monitored the person throughout the night.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Records showed the risks to people's safety and well-being were assessed. For example, we saw people's risks of becoming malnourished or developing pressure sores were monitored and preventative equipment was used. Where risks were identified by care workers, we saw they had informed the matron so action could be taken.

We saw in one person's care plan that there had been a difference of opinion between the family and hospital consultant regarding their treatment. As the family did not have power of attorney the matron had arranged for an independent advocate to speak for the person.

This meant any decisions taken would be in the person's best interest.

One relative we spoke with raised concerns that their parent was not going into the lounge until nearly lunch time. We looked at this person's daily records and could see that on three occasions they had received their personal care after 11am. On one other day they had a bath and this was not given until 12:15pm. Another relative told us, "It takes until lunch time to get everyone up. So people are confined to their rooms." A member of staff told us, "We get everyone up by 11:30am – 12 pm. It depends on people's needs." The provider may like to note, while there was not risk to people's health this impacted on people's ability to spend time in the communal areas and socialise with other people.

We spoke with one of the activity co-ordinators who explained they tried to take two people into town on a daily basis. They also told us during the summer months they arranged to take groups of people out. For example on the day of our visit they took a group of people to Woodhall Spa and had a picnic. Other activities they provided included bingo and exercises.

The provider may find it useful to note one person told us there had not been adequate planning for the trip and people were unable to access a toilet when they wanted to. While there was no risk to people's health it did not maintain their dignity. A relative told us there were plenty of activities for people. They said, "They do bingo, paint their nails and read them the paper. They (staff) take them into town or to the pub for a drink."

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services. this was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at three care plans and could see they contained information when other professionals had been involved in people's care. For example, we saw the speech and language therapists had been to assess people's ability to swallow and had advised if the person needed to have their food pureed.

We looked at the care plan of one person who had complex needs. We saw the matron had pulled together a team of people to review their care and arranged a meeting. This included the GP, speech and language therapists and a dietician. This meant all professionals could get together to discuss the best care for this person.

One person we spoke with told us how they had been to the hospital about their eyes and had then been to see the optician. They were hopeful that the new glasses would enable them to read again, as this was an activity they particularly enjoyed. The matron had also requested sensory impairment services to undertake a specialist assessment to assess their needs and create a support plan detailing how the needs could be met.
During our visit we saw that one person's medication was unavailable as the manufacturer was having problems. The matron explained how they had worked with the person's GP to identify an alternative treatment.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medication.

Reasons for our judgement

People told us staff brought them their medication. One person said, "They (staff with the medication) usually come at the same time every day, sometimes at night they are a bit later."

Medication was stored in a secure manner. Controlled drugs were kept in an appropriate cabinet. We saw the controlled drug register was up to date and the medication available to people matched that recorded in the register. Controlled drugs are medicines which are protected by the Misuse of drugs act (1971).

We spent time observing a medication round, and saw medication was safely administered. We saw the senior carer checked the medication against the medication administration record (MAR) chart for each person. Medication was dispensed for only one person at a time. We saw the senior carer, was attentive to people and encouraged them to drink plenty of water to ensure they had swallowed the tablet. Medication was not signed as taken until after the person had swallowed the medication.

There were appropriate arrangements in place in relation to obtaining medication. The registered nurse explained how all medication was stock checked on a monthly basis and a repeat prescription requested from the GP. When the pharmacist delivered the medication it was checked against the order to ensure that it had all been received.

The provider may find it useful to note, we found that there was an issue where medication was not always sent from the GP and pharmacy despite it being ordered correctly by staff. In each case the order was chased but this sometimes left people without their medication for a day or two while it was re-ordered. While staff spoke with the GP practices each time this happened, the matron had not arranged a meeting to try and resolve the problem. This meant there continued to be missing medication each month.

The provider may find it useful to note, we saw that the senior carer started the afternoon medication round at 3:45pm for people who did not need nursing care. However they were unable to give some people their pain relief medication as it was too close to their Lunch time dose. We saw they wrote the names of people who needed pain relief on a piece of paper for the nurse to administer later. There was a risk the nurse may rely on this piece of

paper and not fully check the Medication Administration Records.

Records showed the home had been visited by a community pharmacist on 6 March 2014 to review their medication arrangements. No problems were identified.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The provider advertised care jobs in the local job centre. People who wanted to work for the provider had to complete an application form, and health declaration. This information was reviewed by the matron, who invited suitable candidates for interview. Interviews were completed using a standard set of questions to ensure people were all treated fairly.

Appropriate checks were undertaken before staff began work. Before people were allowed to work for the provider a disclosure and baring service check was completed. This identified if the person had any criminal convictions which made them unsuitable to work with vulnerable people. The provider also asked people to supply two references. Both references were checked before the person was employed. We checked four recruitment files and could see the paperwork was all in order.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled, and experienced staff to meet people's needs.

Reasons for our judgement

We had not intended to inspect this outcome, but identified concerns at the visit.

One relative we spoke with said, "The staff are all good and really caring." However, another relative told us, "I like XXX to get ready for bed between 5pm and 6:30pm and at 7pm it's not been done." They also told us, "Sometimes XXX doesn't go down (to the lounge) until just before lunch." They also told us they felt some of the staff lacked awareness of how to care for with people with dementia.

Another relative we spoke with had put in a complaint about the lack of staff available over a weekend. They had been concerned about their loved one having enough drink to prevent them from becoming dehydrated. However, they told us that this had been an isolated case and they normally had no worries about the care their relative received.

We spoke with the matron about the current staffing levels; they explained that they had been short of staff due to long term sickness and staff leaving. However all shifts had been covered apart from the odd one where a member of staff had rung in sick just prior to the shift starting. Shifts had mainly been covered by staff already employed by the home, however on occasion agency staff had been used to ensure safe staffing levels.

During the day there was one registered nurse and one senior carer on duty. In the mornings there were six carers and in the afternoons there were five. There were also other staff such as domestics, cooks and administration staff to support the matron in the safe running of the home.

The matron told us they did not use a dependency tool but monitored people's needs and if they felt it was needed they could put extra staff on a shift.

The matron also commented that weekends could be an issue, with staff ringing in sick. However, this was now being monitored and supervision sessions were held when they identified staff who repeatedly rang in sick. One relative told us, "There has been the odd occasion when they were short staffed but XXX still gets the care and attention required."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare.

Reasons for our judgement

People we spoke with told us that they knew how to complain. One person said, "If I had any complaints I would talk to matron." We looked at the complaints file and could see that they had been fully investigated and appropriate actions taken.

People who used the service, their representatives and staff were asked for their views about the care and treatment and they were acted on. We saw the last quality assurance survey had been completed in summer 2013. No areas had been identified that required improvement. Residents meetings were held quarterly. The minutes from the last meeting showed that people would like the garden room decorated.

Records showed accidents were recorded, investigated and actions taken. For example, when a person was having a lot of falls, the matron requested a review by the GP.

Records showed incidents were recorded, investigated and actions taken. When the door of the fridge, where meals for people who were fed by tube, was left open the matron sought advice from the manufacturer and discarded all the food. The fridge was replaced with one which was lockable so the door could not be left open by mistake.

One member of staff told us, "If I had any concerns I could talk to matron. We had a meeting last week, we have one every four to six weeks."

One relative told us they had concerns as when the emergency bell rang all but one member of staff had responded, this had left an inadequate number of staff to care for people in the main lounges for 15 minutes. We discussed this with the matron who explained they had reviewed the emergency protocol and the nurse on duty now sent people who were not needed for the emergency back to the lounge. This showed the matron responded to concerns and incidents to improve the quality of service provided to people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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