

Heritage Care Homes Limited

Georgiana Care Home

Inspection report

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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

Georgiana 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.

Georgiana accommodates up to 72 people in one adapted building. The home provides support and personal care for people who may have a range of care needs, including physical disabilities and dementia.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice. Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns. People on end of life care were supported by the home and staff to remain comfortable and have a dignified and pain-free end to their lives.

The service has a registered manager. The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Georgiana Care Home

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 checked 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 was a comprehensive inspection that took place on 11 April 2018, and was unannounced. The inspection team consisted of two inspectors from the Care Quality Commission and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience in the support of people living with dementia.

Before the inspection, we 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 10 people who used the service and two visiting relatives. We spoke with the registered manager, operations manager, housekeeping staff, activities staff, four care staff, a senior care staff and a chef. We looked at the care records of six people using the service and the recruitment and training records for four staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "Yes, I feel safe, it's nice here." A second person said, "I do feel safe in the home." A visiting relative said, "[Relative] is very content being in here, and so are the family. It's a nice, safe home. It's clean, [relative is] clean and has put on weight."

Documents reviewed continued to show that the provider had supported staff to gain appropriate training and guidance to support people safely. Staff we spoke with also continued to show good knowledge of local reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly.

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely. People told us that there was always plenty of staff to support them and when they called for staff they were quick at responding. We observed throughout the day that staff were available around the home to support people quickly. One relative said, "There is always staff around to talk to. It's a good home."

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We saw that regular medicines audits were undertaken and staff competency was assessed. Staff also confirmed that they had received training and were regularly assessed on their competency to administer medicines safely.

People were supported in a way that ensured they were protected from risks of acquired infections. We observed throughout the day that domestic staff were available to maintain the cleanliness within the home. We observed that staff complied with infection control policies and used protective equipment such as aprons and gloves for both personal care, and when serving food and drinks.

The registered manager showed us how they continued to learn from incidents and how they had used this information to put effective systems in place to reduce the risk of them happening again.

Is the service effective?

Our findings

People said that they were supported by staff who were well trained and supported them in accordance with their assessed needs. One person said, "It's a very friendly place here. The staff don't have to do much for me as I'm mobile, but they are all friendly which is really nice and they know what they are doing." Relatives we spoke with also agreed that staff were well trained and knew how to support their relative effectively. One relative said, "The staff are great, I couldn't fault them."

The provider had a thorough training programme in place which staff told us was effective in preparing them for their roles. Staff told us that they received on-going support through regular supervision and appraisals. One member of staff said, "Yes, I have had a lot of training, we are always training." A second member of staff said, "It's a good place to work, things have really improved since the new manager took over."

People told us that where it was required staff would support them with meals. We saw throughout the day that people had access to fluids and snacks were available. We observed that every person sitting in the lounge area was provided with a jug of juice which they would pour themselves when they required some and where they were unable to, then staff would support them. One relative said, "It's really good that they have the jugs because it's easy to see how much fluid they have had and it gives them a bit of independence to pour the drink themselves." Meals were prepared in the home and were freshly made. We saw that meal time was a positive experience for people. The home's chef came out to the lounge and served meals to people in a joyful and interactive manner. We observed them asking people how their meals were and offering people second helpings. The cook said, "[Person's name], How are you enjoying the chicken? Is it nice today?" The person said, "Oh its lovely, full of flavour." The chef then offered the person more chicken to which they happily accepted. We observed that this was offered to other people who also expressed how nice the meal had been. One person said, "Well I can be very fussy about what I eat! I like a wheat-a-bix with chopped up banana on top for breakfast and I now get that every day!! They know I don't like mash potato at lunchtimes, so they won't give that to me now, but I love roasted potatoes. You've only got to mention what you like or don't like and they sort it out!"

The provider continued to carry out an assessment of people needs prior to their care being provided and people continued to feel involved in the process of putting their care plans together. Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews happened more often when people's needs changed. People indicated that they or their relatives were provided with appropriate choices on how they wanted their care to be provided. People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. One relative said, "They are very quick at calling out the doctor if they think [relative] is not well."

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.

Staff had been trained on the MCA and they showed good knowledge of the actions they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. Where people were unable to provide verbal consent then staff would look for gestures or body language that people used to communicate their needs.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by the staff. One person told us, "I would recommend this home to anybody. The carers are so nice and easy to talk with, and they are happy to chat with me which is nice." A second person said, "Look, these four walls of my room are my castle. The staff all look after me like I was a king. They bring me breakfast, lunch and tea here in my room, it's like a hotel and I'm so happy to be here. I couldn't ask for more, I'm happy to stay here until they carry me out in a box." A relative also said, "This home is amazing, I can't find the words to tell you how good it's been for us as a family and [Relative]. It's an amazing home. They don't just care about [relative] they care about the family too."

The registered manager and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. People told us that staff would listen to them and talk to them in a way that they could understand and worked with families and people. One relative said, "We are treated like one of the family, [staff] know us here and I know most of the carers' names."

Staff continued to support people to make decisions and choices about their care. People told us that they were treated with kindness and respect. We observed throughout the day that staff approached people in a gentle, un-hurried manner, always asking for consent before assisting anyone with a request or task. One person said, "The manager is really lovely and we have a laugh together. I'm very content here and the staff are very friendly. I could stay in my room, but I tend to come into the lounge and chat with other residents. I've made some nice friends since I've been in here." One relative said, "[Relative] likes to sit in the lounge with her friends, she won't sit anywhere else. The staff will follow what [relative] wants, [relative] is quiet spoilt really."

People were supported by staff who promoted their privacy and dignity, particularly when providing personal care. One person said, "Oh, they are always very respectful." All staff we spoke with understood the importance of treating people with respect and dignity. One member of staff said, "I treat people the same as I would my own parent, it's so important to treat them with respect."

People also told us that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. We observed throughout the day that people moved freely around the home. People were seen to sit in friendship groups, with magazines, and knitting placed in bags they had brought into the lounge area from their rooms. One relative said, "[relative] has her things in a bag next to her so she can take out what she wants without having to ask anyone for help."

Is the service responsive?

Our findings

The registered manager, provider and staff continued to work with people and their families to provide person centred care. Staff were responsive to changes in people's support and care needs and this was evidenced throughout the inspection.

Staff knew people they supported well. They demonstrate clear knowledge of the needs of people they were caring for and people we spoke with confirmed this. One person said, "I prefer a quiet life and tend to keep my own company and spend lots of time here in my room. Staff here let me stay in my room which is nice, and I watch quite a bit of TV and read. The carers know me now, and they pop in and see me and we have nice chats."

People were encouraged to participate in activities and to continue with their hobbies and interests. We saw that the home had an activities room and staff were available to support people with one to one and group activities. We observed people sitting in friendship groups reading magazines and newspapers. Other people were knitting or watching TV. There was an activities schedule clearly laid out for the week and people told us that activities were well liked and they had been on outings. On the day of our inspection the home's visiting hairdresser was also present. The activities room was not used regularly and the regional manager informed us that the room had recently been created but they were looking into other ways to use the room as people preferred to remain in the lounge or their rooms. One possibility was to change its use into a cinema room. One person said, "This is a lovely home. The food is good and I can go into town whenever I like, it's nice here."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. People we spoke with confirmed this. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We noted that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to. Feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. One person said, "Well I did have a problem some time ago and I mentioned it to the carer and the matter was resolved very quickly. It's nice to know they listen to you, and do something about it."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that medication was available as and when required to support them with their pain and regular reviews were carried out with their doctors to assist with their comfort. The home had ensured that people's end of life plans reflected their preferences and choices and these were kept under review. Where required, DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) forms were completed and reviewed by the person and their doctor.

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Throughout the inspection we observed a sense of friendship within the home. We saw that the provider and staff encouraged people to sit with their friends and talk together. Staff and management all made people feel at home and we could see real connections with visiting relatives who were full of praise for the home. One relative said, "As a family we were so stressed out [when relative moved into the home], [Provider] worked with the family and helped us to settle as well as [relative]. If I had to give them a five star rating I would give them a 10."

From discussions with the registered manager, we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. The manager had understood their responsibility to report to us any issues they were required to report. These are part of their registration conditions and we noted that this had been done in a timely manner.

Records were stored securely and were made readily available when needed. People who used the service were involved in the improvements made within the service. People we spoke with indicated that they had appropriate opportunities to provide feedback to the service through regular meetings.

The registered manager was supported by the provider to make improvements to the service. We saw that since the registered manager had taken over they had brought positive change into the home. The registered manager said, "I am supported to make changes, I really want this home to be an outstanding home. I talk to other managers and I am part of a forum where we share best practice."

The service worked in partnership with other agencies such as the local authority, and local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families. One relative said, "Everyone is well settled, we know [relative] is cared for well, and the manager will come to us if there is anything we need to talk about."

Staff felt valued and enabled to contribute to the development of the service through monthly team meetings. Minutes of these meetings showed that various issues relevant to staff roles were discussed. All the staff we spoke with felt supported by the manager and enjoyed working in the home. One member of staff said, "Staff morale has improved in the last 12 months, we now all work together, the new manager has enabled this through her support." A second member of staff said, "We have regular meetings and are able to raise issues, the manager listens and tries to resolve it. I can go to her with any question."

The provider had effective systems to assess and monitor the quality of the service. The registered manager

completed regular audits and took appropriate action to rectify any shortfalls in a timely way.