

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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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
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✗	Action needed

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 providing 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

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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'.

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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 23 October 2012, 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

During our scheduled visit we also followed up improvements we asked the home to make on our last visit in February 2012.

We found improvements had been made towards re-writing care plans into a new format which reflected people's individual care needs more appropriately. Whilst we saw some plans had been transferred to this new style, some had still to be started.

We found there were still no recorded supervisions of staff members and an appraisal system had not been put in place. The manager assured us this would be implemented during November and December 2012.

We found improvements had been made in how the home assured itself of the quality of the services it provided. We found audits had been carried out and people who lived at the home had received questionnaires which asked for views on food, levels of comfort and dignity.

We looked at how the premises had been maintained. One person told us, "The building is lovely, full of character. They do ever so well to keep it so clean and well decorated."

We reviewed the policies in place to prevent the spread of infection. We found the home was kept clean and that staff observed the guidance provided to them.

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

What we have told the provider to do

We have asked the provider to send us a report by 23 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

People received the care and support they needed to meet their physical needs. However shortfalls in the care plans could lead to people's needs not being fully met.

Reasons for our judgement

At our last inspection on the 1 February 2012 we set a compliance action as we found care plans were not updated or person centred.

During this inspection we found some improvements had been made. We saw a new format for care plans had been introduced and work had commenced on transferring the existing care plans into this format. The new care plans covered all areas of daily life including social needs, hobbies, activities and important relationships. The new care plans provided evidence that people and where appropriate, their families, had been consulted about important decisions. We also saw people's preferences and choices were included throughout.

Within the new care plans, each person had a set of risk assessments which identified hazards that people may face and provided guidance to staff to manage any risk of harm. Care plans and risk assessments were reviewed monthly to ensure they were current and relevant to the needs of the person. Plans also provided evidence of good joint working with community health care professionals such as the Speech and Language Therapy Team (SALT).

Members of staff we spoke with confirmed care plans had been discussed in recent staff meetings. The minutes of meetings confirmed this and we saw the new care plan template had been attached to the minutes for reference.

However, progress towards the new style of care plan was limited. We reviewed four care plans and only one had moved to this new format. The manager told us she had prioritised six people with the highest dependency but would review the other plans in the next few months.

During our visit we observed staff provided support and engaged with people who lived at the home positively. People appeared relaxed and comfortable in the presence of their support staff. In discussion, it was evident that staff understood the needs of people they

supported.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Catering staff showed us full records of meal menus that had been developed and explained that fresh produce was used as much as possible. We saw people chose from a selection of two hot meals at lunchtime and a hot meal or sandwiches at tea time. We were told people could choose to have a full English breakfast twice a week if they wished.

There were full records of fridge and freezer temperatures as well as a cleaning schedule that showed all areas of the kitchen and equipment were regularly cleaned. Catering staff also explained to us how people liked their meals served and what foods they preferred. It was evident there was an effective link between the cook and the care managers within the home. This meant that people's individual needs, as a result of weight loss for example, were being catered for.

We saw from people's care plans the service used a nutritional assessment method to monitor people's nutritional status. This was completed monthly.

In an environmental health inspection carried out in November 2011, the home was awarded five stars with the local council's 'Score on the Doors' scheme.

At the time of our visit we smelt and saw appetising meals being provided in the dining room and also to people who had chosen to eat elsewhere in the building.

We asked people what they thought about the food. One person said, "The food here is good. They cook things we really like, they asked recently for ideas about the menu." Another person said, "I can't grumble about the food, I love it."

Following the lunch, the people commented on quality of the meal. One person said, "That lunch was really nice."

We observed that a range of hot and cold drinks was served throughout the day or whenever a request was made.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We asked people about cleanliness in the home. We were told they had no concerns about the overall standard of cleanliness in the home. People told us their rooms were always clean and communal areas were always clean and tidy. One person commented, "It is always like this, nice and clean." A visiting relative said, "I have never seen it other than spotlessly clean." During a walk around the building we saw all areas were clean and fresh smelling.

We spoke with the infection control lead in the home and the head housekeeper, both of whom demonstrated an understanding of infection control procedures.

We were told and saw evidence that staff receive mandatory training in infection control and hand hygiene. Our conversations with staff showed infection control was given a high priority and there were clear procedures to follow. Members of staff told us they had the personal protective equipment they needed. We observed staff wearing appropriate clothing when undertaking nursing and cleaning tasks.

We saw there were adequate supplies of aprons and gloves and every room had hand towels available for the use of staff, visitors and people who lived in the home.

We saw there had been an infection control audit by NHS Lincolnshire in 2010 and saw actions required by it had been completed. This included the provision of pedal bins in each person's room and the installation of new taps.

We saw the laundry was clean and well organised. There was an identifiable dirty to clean flow of laundry which reduced the risk of cross infection.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The people we spoke with said they found the home comfortable and that it met their needs. One person said, "My room is superb, I really like it." Another person said, "The lounges are excellent, they have a lovely warm feeling to them."

We found the building had been maintained effectively and had a handyman who also acted as the health and safety manager. The standard of decor was good. We were shown that, once vacated, rooms were cleaned thoroughly and re-painted. We talked to members of staff, relatives and people who lived at the home who all commented on the building's good state of repair.

We saw two bathrooms were no longer fit for purpose and had been decommissioned. The manager and handyman confirmed one would be refurbishment in November 2012.

We checked the home's maintenance records and saw all relevant safety and maintenance checks, including gas and electrical safety, had been carried out within the last year. We saw all radiators were covered in order to protect people from harm.

We looked at the kitchen. The cook told us they had all the equipment they needed and that it was serviced regularly.

We looked at the fire evacuation plan which was displayed clearly within the home. Staff told us they were trained in fire evacuation and knew who the responsible fire marshals were.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Throughout our visit we observed staff going about their duties in a cheerful and pleasant manner. Staff appeared to be happy in their work and interacted well with the people they cared for by talking and engagement in activity.

We talked with one member of staff who spoke highly of the provider and told us, "This is a very supportive organisation where the senior managers listen to what you say. There is a very stable staff group here and that helps to make the residents happy and comfortable."

We were able to confirm that staff were provided with the mandatory health and safety courses such as moving and handling and infection control. In addition, staff were provided with training in areas such as safeguarding.

We also saw training courses were provided in line with the needs of people using the service such as Deprivation of Liberty Safeguards, the Mental Capacity Act (2005) and medication administration.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

At our last inspection on the 1 February 2012 we set a compliance action as we found there the home did not have a robust system for assuring itself of the quality of the service it provided.

During this inspection we found improvements had been made. We saw audits of housekeeping, the kitchen environment and medication had taken place in the previous two months.

We saw completed questionnaires to people who lived at the home. These included questions about how the staff respected their views and involved them in their care. They also covered areas such as comfort, cleanliness, and social activities.

We looked through a questionnaire that specifically asked people about meal times and food preferences. We saw winter menus had been created which included preferences stated within the questionnaire.

We looked at the minutes from the residents' council meeting which took place every three months. We noted people were given the opportunity to comment on issues that concerned them. We saw how actions resulting from the meetings had been carried out.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records for supervision and appraisals were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We had not intended to review this outcome during this visit. However, since we were unable to see records of supervisions or appraisals, it was appropriate to inspect this outcome.

During our inspection the manager told us a limited number of supervisions had taken place. We were unable to confirm this as the manager could not locate the file. The manager also told us there were no appraisal records since no appraisals had taken place since our last visit. The manager provided assurances that both supervisions and appraisals would take place within the next two months.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Diagnostic and screening procedures	How the regulation was not being met: The registered person did not ensure that records were maintained in relation to persons employed for the purposes of carrying on the regulated activity. Regulation 20(1)(b)(i).
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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