

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

Georgina House Care Home

44 Crown Road, Great Yarmouth, NR30 2JH

Tel: 01493853633

Date of Inspection: 15 January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mrs Miranda Telfer
Registered Manager	Mrs. Miranda Telfer
Overview of the service	Georgina House Care Home is a small care home offering care and support for up to 4 older people. The service is owned and managed by Mrs Miranda Telfer.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 15 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with one of the three people who were using the service at that time. They told us that they were happy with the care and support they received. They said, "I have no problems here at all, they (the staff) are always there to listen and help me." They told us that the staff always explained when they were helping them and made sure they were happy with the care and support offered. They also told us that the staff helped them maintain a healthy diet and respected and supported their independence.

Records we looked at during our inspection showed that people's needs were assessed and care plans detailed how those needs were met safely. People were helped to take medication that they were prescribed with and the staff that supported people had received suitable training to meet their needs.

The service maintained accurate records about the people they supported, their staff and the premises which demonstrated that procedures were in place and being followed to ensure the safety of people who used the service.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure people's safety and welfare.

During our inspection we spoke with one of the three people who used the service. They told us that their care was good and that they were helped by staff, "to follow a healthy diet." They went on to tell us, "I have lots of fresh vegetables with my dinner." They told us that they were able to go out independently with friends and family.

We discussed the care provided by the service with the provider. They told us that each of the three people had different needs and that the service supported each person as an individual and worked with them to achieve their personal goals.

We looked at the care records for the three people. These were comprehensive and contained individual care plans showing how that person's assessed needs would be met. Risk assessments were in place to ensure that care and support was provided safely and risks were minimised. The care plans also contained details of people's health needs and treatment. The records were reviewed on a regular basis which meant that staff providing care and support had access to up to date information about the person.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure people's safety and welfare.

During our inspection we spoke with one of the three people who used the service. They told us that their care was good and that they were helped by staff, "To follow a healthy diet." They went on to tell us, "I have lots of fresh vegetables with my dinner." They told us that they were able to go out independently with friends and family.

We discussed the care provided by the service with the provider. They told us that each of the three people had different needs, one person needed more support and at the time of our inspection was having some mobility difficulties which the service was helping them with.

We looked at the care records for the three people. These were comprehensive and contained individual care plans showing how that person's assessed needs would be met, risk assessments to ensure that care and support was provided safely and risks were minimised and details of people's health needs and treatment. The records were reviewed on a regular basis which meant that staff providing care and support had access to up to date information about the person.

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 medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, administering, recording and the disposal of medicines.

We looked at the medication administration record (MAR) sheets for the three people who used the service. These were complete and showed that medication had been given to people who used the service in accordance with prescriptions from their GP. The records also showed that where 'as required' (PRN) medication was prescribed, a protocol was in place to detail when this medication should be given.

One person often stayed overnight with family and arrangements were in place for them to take their medications with them. This was appropriately recorded on the MAR sheets. The records were audited by the provider on a regular basis to ensure that errors had not been made and that the stock held agreed with the records.

This showed us that medication was managed safely.

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

Appropriate checks were undertaken before staff began work.

During our inspection we spoke with one of the three people who used the service. Their feedback did not relate to this standard.

We discussed the recruitment process with the provider. Most staff worked in both the care home and the care agency owned and operated by the provider from the same premises. A range of training was provided to all staff including moving and handling, health and safety, safeguarding vulnerable adults from abuse, medication administration, fire safety and infection control.

We looked at the recruitment records of three staff employed by the provider. These showed that the necessary checks had been made and the records contained paperwork detailed in the regulations. This included application forms, details of past employment and reasons for any gaps in the person's employment history, details of training undertaken, satisfactory references and an enhanced Criminal Records Bureau (CRB) check or Disclosure and Barring Service (DBS) check.

We were therefore satisfied that a suitable recruitment process was being followed and that the required checks were being made before staff started supporting the people who used the service to ensure their safety.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records, staff records and other records relevant to the management of the service were accurate and fit for purpose.

During our inspection we spoke with one of the three people who used the service. Their feedback did not relate to this standard.

We looked at a range of records including care records, recruitment and training records, medication records and maintenance records. These were well maintained and readily available.

The care records detailed how care was provided safely to meet the needs of the people concerned. The records were regularly reviewed meaning information available to staff was up to date. The records showed that the person they related to had access to them and had been involved in their formation. Medication records were clear and showed that prescribed medication was administered to people in a safe and timely manner.

The staff records we looked at showed that the service followed their recruitment procedures and that the required checks on new staff were made. Training records showed that a range of training was provided to ensure that staff had the necessary skills to meet people's needs.

The maintenance records we looked at detailed regular checks that were made on the premises, the fire alarm system, hoists, the electrical and gas systems and the water supply. This meant that people who used the service lived in a safe environment and that risks to their health were minimised.

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.

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