Care Quality Commission

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

50 Wide Bargate, Boston, PE21 6RY

Tel: 01205364111

Date of Inspection: 18 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	✗ Action needed
Staffing	✓ Met this standard
Records	✓ 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 of both sexes, some of whom may have dementia..
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 18 January 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

We found that the home was clean and tidy and people told us they found their rooms to be comfortable and warm.

People were generally complimentary about the care and support they received from staff and we saw their privacy and dignity was respected.

People told us they were able to make their own choices and decisions. Where they were unable to do so we saw there were procedures in place for staff to follow. Records however, were not always in evidence to support when decisions had been made in people's best interest. This had the potential for people's rights to be overlooked.

Care records were well maintained and people or their representatives we spoke with told us they knew about them and of their rights to see them if they wished.

Medication was stored securely and people told us they received it regularly and on time. Staff practices when administering and recording the administration of medicines did not consistently ensure people's safety.

The majority of people made complimentary comments about the care provided by staff. For example, "They are first rate". Comments varied as to whether there was always sufficient staff on duty to ensure people received prompt support and care.

Personal records were stored securely, however some records had not been fully completed. This meant there was a risk people's needs may not be known and respected by staff.

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 11 March 2014, 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

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.

Reasons for our judgement

We used a number of different ways to help us understand the experiences of people who used the service. This was because some people had complex needs which meant that they were unable to tell us about their experiences.

We met five people who lived at the home and talked with three visitors. Those who were able to, told us they made their own decisions and choices. Some people who were more independent moved freely around the home or went out into the community as they wished.

Staff gave us examples of how they ensured people who were more dependent on their help and support had choices offered to them about their care and treatment. They said for example, when helping people to get up in the morning they showed them different items of clothing so they were involved in making the decision of what to wear and observed people's responses.

People and their visitors made comments which indicated staff respected people's privacy and dignity. We saw how staff ensured this when they assisted people with their personal hygiene needs. We saw staff adjusted people's clothing to promote their dignity when using equipment to help them move.

The records we checked, showed some staff had participated in training about the Mental Capacity Act 2005. This is a law, which is about protecting people's rights to make decisions and choices. We also saw there was information available in the home about the Act to refer to.

There was information telling people about their right to access advocacy services if they wished in each of the care plans we checked. These are services that will act or intercede on behalf of a person or support them to do so themselves. Reference was made to information about advocacy services being on display, however this was unable to be

located on the day of the visit. The manager agreed to ensure a copy was displayed.

The care records we checked contained some information about people's ability to make decisions and choices and there was a form for recording any decisions made in people's best interests.

We saw there were risk assessments in place about the use of bedrails to ensure people's safety. However, for a person who had been identified as unable to make choices, records were not in place to demonstrate that the decision to use them had been made in the person's best interests. The provider may wish to note the lack of documentation to support any decisions made in people's best interest had the potential of their rights not being properly taken into account or respected.

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

We checked the care records of four people living at the home. Each showed people's needs had been assessed and a plan of care drawn up in order to meet them. Records showed care needs were regularly reviewed. People confirmed they knew about their care records and the information contained in them. For those people with higher dependency needs, their relatives we spoke with confirmed they were aware of care plan's and could request to see information if they wished.

During a previous inspection we had been told the home were implementing a new system of recording care needs. Three of the files we checked were in the new format, one still needed to be changed and we saw the documentation was in place to do so.

All the care plans we checked contained information about people's individual needs such as medical and health care, communication, nutritional, mobility and personal hygiene needs. We saw daily records detailed the care given and documented any medical attention the person had received. For people with high dependency needs we saw food and fluid intake charts were in place. We saw risk assessments were in place for matters such as people's mobility and nutritional needs.

Records included information about people's specific cultural and religious needs. They also contained a document called "My support plan" which enabled people's social and personal history's to be recorded in greater detail. We found there was some variation in the amount of information recorded on this document. In two of the files we checked it was detailed, giving a clear picture of the individual's likes, dislikes and preferences with regard to the person's lifestyle. However, this section was incomplete in the other two files we checked. This had the potential some people may not always receive care in the way they preferred it. The manager agreed to ensure this information was fully completed.

People we spoke with made generally positive comments about the care provided. One person said, "It's first rate here and the staff are first rate" another said "It's great here". A visitor said, "Most of the staff are pretty good" and also commented staff were well aware of their relatives dietary needs. Another commented some staff cared for people better than others.

Staff we spoke with had a good knowledge of the needs of the people we asked them about and gave us examples of how they ensured their privacy and dignity was respected. We also saw staff explained to people how they were going to support them when they needed assistance, for example, with their mobility.

People looked well cared for and we saw staff were polite and courteous towards them.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The arrangements in place to protect people in receipt of personal care from risks associated with medicine administration did not ensure people's safety because of inconsistent record keeping practices. For those people in receipt of nursing care medication was administered and recorded safely.

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 saw from the records we checked and from discussion with staff who administered medication, they had received training to do so. Medicine administration is undertaken by nursing staff for people who require nursing care and by senior carers who have attained a National Vocational Qualification in care (NVQ) at Level 3 for people who need personal care.

We observed part of a medicine round. No issues were noted with the manner in which nursing staff followed procedures. However, we saw medicine administration records were being signed before medicines were given to people who did not require nursing care. This led in one instance to the record having to be changed when a person refused their medicine. This practice did not ensure people's safety.

We saw medicines were being stored safely and staff knew how to dispose of them correctly if needed. There were records in place which demonstrated that medication systems were checked by a pharmacist periodically. We saw the report of the last visit of the pharmacist which had occurred on 21 November 2013. No major issues were noted.

The manager confirmed no-one currently administered their own medicine but if they wished to do so they had procedures to follow.

People told us they received their medicines regularly and on time and we saw staff offered pain-relieving medicines to those prescribed them.

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

There was a call bell system in place to summon support for those people who were able to use it and we were told staff needed to answer this within four minutes.

There was some variation in people's comments as to how promptly staff attended them when needed. One comment indicated staff answered call bells within "three or four minutes" but said sometimes they had to wait a little longer after the bell had been answered to receive attention. This it was said, would be no longer than 15 minutes at the most.

One person said they felt sure if they needed urgent attention this would be provided promptly. Another person said, "They (the staff) are fantastic and always come when needed." For those people unable to use the call bell system, records were available to show staff checked people periodically.

Two people commented they did not think there was always sufficient staff on duty to meet the needs of more dependent people. Comments from staff also varied about whether there were always sufficient staff on duty, particularly if staff absence was at short notice and unplanned. We were told two staff had reported in sick on the day of our visit. The manager confirmed cover had been arranged for both members of staff before we left.

We spent a period of time towards the end of the lunchtime period and during the early afternoon observing how people were cared for. We saw a person waving to staff for attention. A staff member came within a couple of minutes and checked what the person needed. The person wanted to return to their room and was accompanied to do so.

There were 38 people living at the home on the day of our visit. Staff confirmed there were usually seven members of care staff on duty in the mornings plus a senior carer. In the afternoons there were six care staff plus a senior carer and three care staff on duty at night. In addition there was always a qualified nurse on duty. Two activity co-ordinators were employed mostly on a Monday to Friday basis, both who worked part time as well as administrative, laundry, catering, house-keeping and maintenance staff. The manager worked additionally to the staff on the rota.

We asked the manager how she ensured there were sufficient staff on duty to meet people's needs. The manager told us they assessed peoples dependency needs regularly. They used a system put to together by Age UK called the, "'Gold Standard Framework'" to review the care of all people individually in the home. If more staff were needed this would be discussed with the directors of the company.

The manager said it was not the current practice to use a specific monitoring system to record people's overall dependency levels. The provider may wish to note, a lack of a formal dependency monitoring system may mean people do not always receive consistent care. The manager agreed to contact Lincolnshire Health to follow up on their offer to supply them with a way of doing so.

Comments from people we spoke with varied about how well staff understood the needs of and communicated with people who had a dementia. We saw some staff had had training about this but others had not. The manager said they were aware more training needed to be arranged for staff.

Staff demonstrated a good understanding of the needs of people with dementia. One staff member said,"Even if people are unable to speak, I try to talk to them and everyone (staff) does." We saw staff explained to people who needed assistance with mobilising what they were going to do and were polite and considerate towards them. One person told us, "The staff are fantastic" and another said, "The staff are pretty good, they are few and far between who aren't."

Records showed staff followed an induction training programme when they first started work at the home. This was confirmed by comments staff made. We saw staff had participated in a range of training which included matters such as manual handling, fire safety, medicine administration and infection control.

Records ✓ Met this standard

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

We checked a sample of care records on this occasion. We found people's personal information and care plans were securely stored. People were aware of the information held about them as were their relatives. Staff we spoke with knew of people's rights to access this information if they wished.

We checked staff training records and staff duty rosters for the week of our visit. Both were available and up to date.

We checked the record kept of any complaints made. This showed complaints had been acknowledged although they did not include in every instance, details about any investigation carried out or the outcome of it. The manager informed us what actions had been taken and whether there were any matters outstanding. The provider may wish to note a lack of recording the actions and outcomes of investigations may mean people's concerns are not taken seriously, resolved properly or prevented from happening again.

A relative told us, "I am very delighted with the care here and if I didn't like anything I would say so". Another told us, "Matron is on top of the job" and indicated when a matter had been raised it had been dealt with. Another person's comments indicated they knew the complaints procedure and felt comfortable to raise concerns.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The practice of recording that medicine had been taken prior to administering it is unsafe and puts people at risk. Regulation 13

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 11 March 2014.

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 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk