

Sovereign (George Potter) Limited

# George Potter House

## 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

George Potter House is a residential care home providing personal and nursing care to up to 69 people. At the time of our inspection there were 38 older people living at the care home. The care home accommodates people in 1 adapted building built over 2 floors, each with their own separate facilities.

### People's experience of using this service and what we found

The overwhelming number of people we spoke with talked positively about the care home. A person's relative told us, "My [family member] is taken care of at George Potter House and I am sure she is happy living there."

People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and knew how to apply this knowledge. Staff were aware of how to manage risks people they supported might face and how to keep them safe. Enough staff were deployed to meet people's assessed needs whose suitability and fitness to work at the care home had been thoroughly assessed. The premises was kept clean and tidy and staff followed current best practice guidelines regarding the prevention and control of infection. People received their prescribed medicines as and when they should.

Staff had the right levels of training, support and experience to deliver effective care and meet the needs of people living at the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. Staff enabled people to access specialist health and social care support in the community. People lived in a safe, well-maintained and comfortable environment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, and staff working there. Staff knew and understood people, and responded well to people's individual needs. The provider worked well with external health and social care agencies and professionals to plan and deliver people's packages of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good overall (published 6 June 2023). At our last inspection we recommended the provider consider current guidance on medicines recording and act to update their practice. At this inspection we found the provider had acted upon our recommendation and improved how they managed medicines records.

### Why we inspected

We received concerns in relation to how the care home was being managed, specifically in relating to medicines, nutrition and record keeping. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service and for both key questions safe and effective remains good, and the rating for the key question well-led remains requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm however, we have found evidence that the provider needs to make further improvements.

Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for George Potter House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified issues in relation to how the provider operates their governance systems and have made a recommendation about how they manage their oversight and scrutiny practices.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# George Potter House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector and an 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.

#### Service and service type

George Potter House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. George Potter House is a care home with nursing care. Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, although they were in the process of serving out their notice and would be leaving the care home at the end of 2023. A new manager had been appointed and was undergoing their induction. They were aware they will need to submit an application to register to us.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all the information we had about this service to plan our inspection.

## During the inspection

We spoke with 4 people about their experiences of living at the care home and 5 people's visiting relatives/friends. We also spoke to various members of staff who worked at the care home including, the outgoing registered manager, the area service manager, the newly appointed incoming manager, a nurse, 5 care workers, a cook, a laundry assistance, a domestic cleaner, and a maintenance person.

Throughout our visit we observed interactions between people living and working in the care home including during the serving of lunch.

In addition, we reviewed a range of records. This included 7 people's care plans, 4 staff files in relation to their recruitment and training, and multiple medicines records. A variety of records relating to the management of the service including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection including records relating to, staff rosters, staff training, quality monitoring audits and a recent improvement plan developed by the area service manager. We received this information as requested, which was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely as they were prescribed.
- Protocols designed to guide staff and help them safely administer people's prescribed as required medicines were not always in place. This placed people at increased potential risk of harm.
- We raised this medicines guidance issue with the registered manager and they responded immediately. During our inspection they showed us missing protocols were now complete and in place to guide staff on the safe use of as required medicines. They also confirmed after our inspection that staff authorised to manage medicines in the care home would be provided with additional guidance and support to minimise the risk of similar medicines recording errors and omissions reoccurring.
- People's care plans did include detailed guidance for staff about their daily prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by their line manager.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other health and social care agencies and professionals to do so.
- People told us they felt safe living at the care home and that staff treated them well. A person said, "I really do feel safe here. The staff treat me well." A relative added, "They [staff] are very good with my [family member] and it does feel like a safe space for her to be."
- The provider had clear safeguarding policies and procedures in place.
- Staff had received training on how to recognise abuse and neglect and knew how to apply it. The provider's safeguarding policies and procedures supported this. A member of staff told us, "I would not hesitate to tell my line manager if I saw or heard about anyone here being abused. All the staff have had up to date safeguarding training, so we all know what to do."
- Managers understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.

### Assessing risk, safety monitoring and management

- The service assessed and monitored risks to people's safety.
- The provider assessed people's individual risks. Those risk assessments were used in the development of

people's individual care plans which were designed to guide staff practice. For example, they included guidance for staff in relation to how to prevent or appropriately manage risks associated with distressed behaviours.

- Risk management plans were regularly reviewed and updated as people's needs and risks they faced changed.
- The service had an experienced staff team who were familiar with people's daily routines, preferences, and could identify situations where people may be at risk. For example, staff knew how to prevent or deescalate incidents of behaviours that were an expression of people's distress.
- The provider carried out routine environmental checks and ensured essential equipment was maintained and serviced appropriately.
- Staff received training on fire safety and health and safety awareness. The provider had health and safety policies and procedures in place to guide staff on how to work safely.

### Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- People were always supported by enough staff to meet their assessed needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present throughout this inspection. For example, we observed staff were always quick to answer people's requests and queries.
- People told us that the home had enough staff to meet their support needs. A person said, "There is always some staff around and I can always find someone if I need help." A member of staff added, "Not always having enough staff on duty has been a problem here in the past, but things have got a lot better recently with less people living at the home." Another member of staff added, "With a lot less people living here and the same numbers of staff still on duty each shift we definitely have enough staff now to meet people's needs."
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured the provider was supporting people living at the care home and visitors from catching and spreading infections.
- The care home was clean and tidy. People told us staff were good at keeping the care home clean. A person told us, "I've no complaints about the cleanliness of the home." A person's relative added, "It always looks clean here whenever I visit." The provider had cleaning schedules in place to guide staff on maintaining the cleanliness of the care home.
- We were assured the provider was using personal protective equipment [PPE] effectively and safely. The provider no longer insists all staff and visitors to the home must wear appropriate PPE to reflect the government's risk based approach to wearing PPE in an adult social care setting.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.
- We were assured that the provider's infection prevention and control policy was up to date.



## Visiting Care Homes

The provider supported visits to the care home in line with the government guidance in place at the time of the inspection. A person's relative told us, "There are no restrictions on visiting times, which is great."

## Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Managers continually reviewed all incidents and accidents, safeguarding concerns, complaints and near misses to determine potential causes and identify any actions they needed to take to reduce the likelihood of reoccurrence.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. Staff noted any unexplained injuries on the provider's incident recording system including body maps.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's dependency needs were assessed before people were offered a place at the home and these assessments were used to help develop people's individualised care plans. People, their relatives and health and social care representatives were all invited to participate in the pre-admission assessment process.
- Care plans detailed the personal and/or nursing care people needed. For example, they included people's preferred food and drink likes and dislikes, what they wanted and could do for themselves, and what their social interests were.
- Staff demonstrated good awareness of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant basic care training to help them meet people's individual care needs.
- Staff had also received a comprehensive induction program, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction program.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff knowledge and skills remained relevant. A person told us, "I must say, they [staff] are good at what they do. They [staff] do all seem very well-trained." A member of staff added, "The training we receive is good. It's always ongoing and relevant. I certainly feel I've been given all the knowledge and skills I need to do the best job I can."
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their line managers and co-workers to perform their duties well.
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular in-person individual and group supervision meetings with their line manager and co-workers, and an annual appraisal of their overall work performance. A member of staff said, "I receive all the support I need from all my co-workers, including all the managers and nurses."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.
- People were overwhelmingly happy with the quality and choice of meals and drinks they were offered at the care home. A person said, "The food is actually excellent. We always get a choice regarding the meals we can eat each day and I can choose to eat my food in my bedroom or with others in the dining room."
- The atmosphere in the communal dining area during the serving of the lunchtime meal was relaxed and congenial. We saw the weekly menus were varied.
- People's care plans included assessments of their dietary needs and preferences, including if they needed any staff assistance to help them eat and drink.
- Staff demonstrated a good understanding of people's dietary needs and preferences. People's meals were prepared by catering staff and included a range of soft and fortified (high calorie) meals to meet the needs of people with specific nutritional requirements. For example, meals for people with swallowing difficulties were pureed to reduce the risk of choking. A person's relative said, "My [family members] food has to be pureed and it always looks well-presented."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received consistent health-related support from staff.
- People's health conditions, and related healthcare needs, had been assessed and staff had guidance available to them about the support people required.
- There was clear evidence in health records where professionals had been involved. We saw regular appointments with external healthcare agencies were supported by the staff. A person told us, "A doctor visits once a week and if they [staff] need to, they will call a doctor out for us."
- People told us staff, promptly contacted external healthcare professionals if it was identified that a person needed specialist support.

Adapting service, design, decoration to meet people's needs

- People lived in a care home environment which was homely and people appeared to be comfortable in their surroundings.

- People's bedrooms were personalised and reflected each person's interests and needs.
- People could access the garden areas where they could sit and relax outside.
- The provider had ensured the decoration was suitable for the specific people who lived in the care home, and the environment was calm and uncluttered.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was still inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and Continuous learning and improving care

At our last inspection we recommended the provider consider current guidance on medicines recording and act to update their practice. At this inspection we found the provider had made some improvements to the way medicines records were now managed although, further improvements were still required.

- We found no recording errors or omissions on any medicines administration record sheets we reviewed as part of this inspection, which we had identified as an issue at our last inspection.
- However, the provider's systems for quality monitoring of the care home were not always effective. For example, the providers medicines audits had failed to identify issues we found at this inspection in relation to missing protocols to help guide staff to administer as required medicines safely. Furthermore, we found numerous recording omissions on daily clinical room and fridge temperature checks. This contradicted recognised best medicines practice and the providers own safe management of medicines policies and procedures and had placed people at risk of harm.

We recommend the provider consider current guidance on operating effective governance systems and take action to update their oversight and scrutiny practices accordingly.

- The quality and safety of the service people received continued to be routinely monitored by managers and nursing staff at both a provider and service level by carrying out regular audits and checks and obtaining stakeholder feedback.
- Managers and nursing staff met regularly to discuss any changes to people's needs and the packages of care they received and conduct walk-about tours of the premises to observe staff's working practices. This was also used as a spot audit and visual inspection of the premises.
- The outcome of these audits and feedback from stakeholders were routinely analysed to identify issues and to learn lessons. These quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The provider used this information to develop an action plan, which contained details of service improvements they wanted to make; and the timescales by which the actions should be completed.
- The care home is also in the process of transitioning to a new electronic care planning and medicines system by April 2024 to further improve recording and monitoring.

- The current registered manager was leaving their post at the end of 2023. A new manager and a deputy manager had recently both been appointed to be in day-to-day charge of the care home from 01/01/2024. They were to continue to be supported by the registered manager until the end of the 2023 and the existing area service manager moving forward.
- Managers had made all the necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there maybe potential risks which need to be addressed.
- We saw the service's previous CQC inspection report was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- The managers had created an open and positive culture that delivered high-quality, person-centred care.
- People received a good standard of care and support from suitably trained and supported care staff who understood how people wished to be supported to achieve positive outcomes.
- Staff told us they felt supported and valued by their managers. A staff member told us, "The managers and senior staffing here are so supportive of us."
- The registered manager spent time with staff discussing behaviours and values. The registered manager often worked directly with people, to provide care, and led by example. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- Managers understood the need to be open and honest when things had occasionally gone wrong. Managers ensured people's relatives were notified about any issues and incidents in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home. People were supported, as far as possible, to have their say on the care they received. We saw staff involved people in making day to day decisions about their care.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, care plan reviews and annual customer satisfaction surveys.
- People told us managers and staff listened and acted upon what they had to say. A person told us, "I would speak to the [registered] manager and the nursing staff if I had any concerns. They are all very approachable and friendly. The staff always tell us to come and speak with them if you have a problem." A person's relative added, "They [staff] do hold meetings for residents and the staff. These meetings are useful places to find out what's going on at the home and it gives you an opportunity to ask questions."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they felt involved in the service.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned. Staff had received equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.

Working in partnership with others

- The provider demonstrated an open and partnership approach.
- The registered manager and staff worked well with external health professionals. The managers and staff

worked well with external health and social care professionals including, GPs and Local Authorities. An external health care professional told us the manager and staff welcomed and listened to their advice and guidance.

- The provider told us they welcomed the views and advice of external health and social care professionals and shared their best practice ideas with staff. For example, the provider had arrangements in place to ensure that they fully engaged with any safeguarding enquiries being carried out by the Local Authority safeguarding team, the outcome of which they always shared with their staff team, including any lessons learnt.