

The Christian Care Trust

Grace House

Inspection report

110 Nether Street
Finchley
London
N12 8EY

Tel: 02084455628
Website: www.christiancaretrust.org

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This focused inspection took place on 18 July 2017 and was unannounced.

Our previous inspection of this service was in November 2016. Breaches of legal requirements were found, in respect of safe care and treatment and good governance. We rated the service as Requires Improvement.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for this service on our website at www.cqc.org.uk.

Grace House is a care home for up to ten people that specialises in the care and support of older people and people living with dementia. There were nine people using the service when we inspected.

The service had a registered manager, which is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found that the provider had followed their plan and legal requirements had been met. There were better overall risk management processes for falls prevention and management. There had been few falls at the service, and responses to those that occurred were appropriate in terms of treatment and minimising future risks.

People's looked-after medicines were better managed and so people were safely supported to take them as prescribed. Staff had received further training on a number of safety-related topics including medicines and falls management.

Auditing reports were accurate and identified where service-delivery risks may be occurring, so demonstrating more effective governance at the service.

People we spoke with and their visitors praised the service highly and told us they would recommend it to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Falls prevention and management processes were now sufficiently safe. People's medicines were now properly managed and demonstrated that people were consistently offered their medicines as prescribed.

Procedures were now in place to ensure appropriate recruitment checks of new staff before they started providing care to people.

Is the service well-led?

Good ●

The service was well-led. The way the service was being managed identified risks to people's safety and welfare, and took action to address concerns arising from this.

Reports to the provider and CQC, as required under conditions of registration, demonstrated suitable oversight of care management of the service.

Grace House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced focused inspection of Grace House on 18 July 2017. This was to check that the provider now met the legal requirements relating to the two breaches identified at our previous inspection.

Before the inspection, we checked any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and the provider.

The inspection was carried out by one inspector. The service was inspected against two of the five questions we ask about services: is the service safe, and is it well-led? This is because the service was not meeting some legal requirements in those areas.

There were nine people using the service at the time of our inspection. During the inspection process, we spoke with two people using the service, two care staff, three visitors, the registered manager and the office manager.

During our visit, we looked at selected areas of the premises including some people's rooms and we observed care delivery in communal areas. We looked at care records of two people using the service including care plans and records of the care delivered, the medicines records of six people, and some management records such as a staff file and accident records. The office manager sent us some further documents on request after the inspection visit, including reports to the provider and service audit records.

Is the service safe?

Our findings

At our last inspection, falls prevention and management processes were not sufficiently safe. People's medicines were not always properly managed and did not demonstrate that people were consistently offered their medicines as prescribed. Recruitment checks of new staff were not in place before they started providing care to people. This meant the provider was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed these safety concerns. There had been few falls at the service and no significant injuries since our last inspection. Responses to falls were appropriate in terms of treatment and minimising future risks. The management team explained actions taken in individual circumstances to minimise the risk of reoccurrence, which matched accident and incident records. For example, the walking frame for one person had been changed after one instance where they almost fell. Records showed people's families had been informed of accidents and any proposed changes to their care. Falls risk assessments and care plans had been updated accordingly. We noted these did not place undue restrictions on people. There were also falls prevention checklists in place, which reviewed the environment and equipment being used.

Records and feedback showed staff had received specific training on falls prevention and management. Staff told us how they tried to prevent people from falling but without unnecessarily limiting their independence. For example, there was expectation for a staff member to be always with people in the dining area where most people sat during the day, to oversee and support anyone moving around. We saw staff making sure that occurred. Staff also told us of encouraging people to accept wheelchair support if they appeared weak, and of making sure floors were clear of trip hazards.

The office manager told us one person had moved in without the strength to stand, but with support and encouragement was now able to walk around more. A visitor confirmed this, noting that staff supported the person safely. Another visitor said, "They're very careful about falls." Records showed a risk assessment was set up the day the person moved into the service in respect of falls and mobility. The resulting care plan advised staff on exactly how to support the person. We saw staff patiently supporting the person to walk round the garden, giving them opportunities to rest when needed.

People were receiving their medicines safely and as prescribed. People told us of no concerns with medicines support. We found medicines were securely stored at the service. There was a sufficient stock of each medicine that people were using.

Many medicines were delivered within weekly dosette containers to help ensure the correct tablets were given at the correct time across the week. We found no missed tablets across the previous week. Where medicines were separately-boxed, records and remaining stock indicated the medicines were given to people as prescribed.

There were now records of each medicine the service had received, and of those returned to the pharmacist,

which helped to demonstrate accountability. However, occasional stock checks to support this process were not occurring, such as checking any remaining stock when starting a new MAR. We discussed this with the management team, for consideration of better audit trails of people's medicines and helping to ensure a build-up of excess stock did not occur.

Records and feedback showed staff had received update training on medicines management. Staff told us of working together to provide people with medicines, as a means of ensuring correct procedures were followed.

A report showed the dispensing pharmacist had recently audited medicines systems and identified no significant concerns. They had recommended setting up a homely remedies system, which the registered manager explained was for herbal remedies. They intended to liaise with people's GPs, to ensure there was healthcare professional consideration of the appropriateness of these remedies for each person.

The management team and other people we spoke with told us of there being no new staff since our last inspection. Records confirmed this. We could not therefore check that robust recruitment procedures were now being followed when employing new staff. However, the office manager demonstrated sufficient knowledge of what checks were needed in advance of employing any new staff. We also saw there were appropriate recruitment checks, including references and a criminal record (DBS) check, in place for the newest staff member.

People told us the service was safe. One person told us, "There's nothing unsafe, they're very careful, they do want to look after you." A visitor commented on staff having "gentle ways" and that they had never seen arguments occurring. Another person described how some people using the service challenged staff through their behaviours, but added, "There's no mistreatment. The manager is very careful and strict about that." Staff and the registered manager spoke of using consistent and clear approaches in supporting people to act in more appropriate ways, which we saw documented in people's care plans.

Is the service well-led?

Our findings

At our last inspection, governance of the service was found to be inconsistently effective. We had imposed a condition on the provider's registration, to send us monthly reports about auditing certain aspects of the service. The reports sent to us had data inaccuracies such as for staff recruitment audits and people's weight monitoring records. The reports failed to identify some gaps in medicine administration records that we saw. There remained shortfalls in supporting people to safely receive their medicines, despite the service monitoring risks relating to this. We could also not be shown that a recent health and safety audit of the service had occurred. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found governance of the service to be sufficiently effective. Monthly compliance reports continued to be regularly sent to us. They showed ongoing oversight of key aspects of the service such as medicines management, risk oversight in relation to the care of people using the service, and what staff training and supervision had occurred. On this occasion we found the monthly reports to be accurate in comparison to information we checked during the inspection visit.

Records showed the provider received a quarterly report on progress and risk management at the service. This included checks on any issues we identified at our most recent inspection of the service, information on any significant incidents, and updates on staff training and development. The latest report referred to the purchase of a new set of policies and procedures from a specialist care systems provider. The registered manager told us they were currently reading through these resources and planning how to train staff on implementing them.

A health and safety audit occurred in May 2017 that covered a wide range of safety aspects around the premises. We noted the first-aid box next to the office was now suitably stocked with in-date items. The box contained a monthly audit of contents to help ensure it had the necessary items.

The management team had continued to send us notifications relating to significant events at the service, as required by legislation. The information we came across during this inspection did not indicate any notification omissions.

People and visitors provided positive feedback about the overall management of the service, including that the management team was approachable and they would recommend the service. Comments included, "It seems to be well-run", "I couldn't wish for better", "It's absolutely perfect here" and "I feel it's home from home; there's a wonderful approach." A visitor told us, "It's amazingly well-led," going on to explain the different styles of the office and registered manager and how people related differently but positively to both of them.

Records showed there had been a recent meeting for people using the service, to ask their views on service quality and make suggestions. There was much positive feedback, but a suggestion about safety was also taken seriously.

Records showed staff meetings were held every other month. Staff gave views on working practices which the registered manager provided guidance on. Expectations of employment roles and appropriate care practices such as for infection control procedures were clarified. The meetings were helping to promote a positive working culture.