Mr Michael John Hitchens

Gratwick 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Gratwick House is a residential care home in the seaside town of Littlehampton. It was providing personal care and accommodation to 21 people aged 65 and over at the time of the inspection. Gratwick House is registered to provide support for up to 22 people.

People's experience of using this service:

People said they felt safe. Individual risks that people faced were managed by staff that knew people well and understood the subtleties of their behaviour and body language.

People's needs were assessed and reviewed, and their preferences captured in documents and reflected in how support was provided.

Medicines were administered, stored, taken receipt of and returned safely.

The service took steps to ensure people did not feel lonely and closely looked for signs of social isolation.

Activities were person led and reviewed at weekly meetings attended by people living in the service.

People enjoyed the food and were offered a range of dishes consistent with their dietary needs and preferences.

People were treated with dignity and respect by caring staff who nurtured a family feel in the service.

Staff were supported by a pro-active registered manager through supervision and training and were given opportunities to feed into the running of the service.

People were given choice and control in their lives and the service actively sought to provide support with the least restrictive practises.

Staff were recruited safely and there were enough staff to meet people's needs.

The service was looking for ways to improve and open to feedback. Audits were regular and there was good oversight of the day to day running of the service.
Rating at last inspection:
The service was rated good at its last inspection and the report was published on 14 November 2016.

Why we inspected:
This was a scheduled inspection based on previous rating. We had no concerns prior to inspecting this service.

Follow up:
We will maintain contact with the service, we will re-inspect according to our planned schedule but may visit sooner if we are made aware of concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Gratwick 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector, and one 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:
Gratwick House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection we gathered information, we held on the service. We looked at notifications sent in to us about or by the service, a notification is legally required to be sent to us when an incident happens that affects a person living in the service or the running of it. For example, a safeguarding concern or accident. The service sent in a provider information return which is a document telling us about what improvements they wish to make and how the service is doing.

During the inspection we spoke with seven people living in the service and six relatives. During the inspection process we spoke with or received written feedback from eight staff members, this included the

registered manager, deputy manager and kitchen and care staff. We contacted health professionals but received no feedback.

We looked at care records for five people, safeguarding and incident records, quality monitoring and audits, daily care notes, environmental safety checks and complaints and compliments.

We looked at four staff files, observed an activity, the lunch time meal and medicines being administered. We examined medicine administration records for five people and looked at how medicines were managed.

We asked for some records to be sent to us after the inspection, these were sent promptly.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
• There were robust systems in place to safeguard people. Staff were trained in how to spot abuse and were confident in whom to report it to and how.
• People said they felt safe. One person said, "The environment is very safe. There's people around and they're very aware of where the residents are and care about their well-being and the safety of the residents." People were offered opportunities in fortnightly resident's meetings to voice any concerns and share if they felt any person or staff member was being unkind.
• There was a safeguarding policy and process in place and staff knew where these were kept.

Assessing risk, safety monitoring and management.
• Regular checks were undertaken regarding the environment and people's rooms to ensure building issues were identified promptly and then acted upon.
• Where people faced individual risks, these risks were assessed, and clear instruction given to staff on how to mitigate these risks.
• People were supported to retain their independence and take positive risks to keep moving.

Staffing and recruitment.
• There were enough staff to meet people's needs. Staff were visible in communal areas. People and relatives told us there were now adequate staff numbers on shift to meet their needs. They told us "There's no problem. There's plenty of staff." And, "To tell the truth, there hasn't been, but they've recently brought in another 3 people."
• Staff were recruited using a thorough process that included application forms, interviews, and obtaining references. A police check was completed prior to new staff starting to see if they were suitable to work with vulnerable people.

Using medicines safely.
• Medicines were administered by staff who were patient and followed the service's medicines policy. Staff had been trained to administer medicines and were then competency checked to ensure they were administering safely.
• Medicines were stored, received and returned safely.

Preventing and controlling infection.
• The service was clean, tidy, and free of malodour during our inspection.
• Staff wore protective equipment appropriately. One person told us, "They do wear gloves, they all do. They put them on if they're doing a special job with anyone."
• People and relatives said, "They keep it very spruce" and "It's a clean place. When [relative] was sick, they

cleaned everything thoroughly. They're on the ball."

Learning lessons when things go wrong.
• The registered manager was open about where incidents had happened and was able to give evidence that the service learned when incidents happened, and the service improved as a result.
• The service had recently booked staff on a bespoke training course regarding relationships and exploring sexuality in people in care homes. This was because the registered manager had identified staff did not feel confident about when to challenge people if they were not in a mutually consenting relationship.

Good

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.

Good: 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's needs were assessed before they came into the service and on an ongoing basis. The registered manager met with people and families and requested feedback from any health professionals working with the person. The service offered opportunities for people to visit the service such as coming for lunch or moving in on a trial basis before they made the decision to move in.
• Care was then delivered in line with the needs outlined on assessment. People continued with their preferred routines from home such as having a glass of wine with dinner or watching specific television programmes they enjoyed in the evenings.
• Staff had opportunities to access best practise guidance which was on display in staff areas and discussed with individual staff in supervisions.
• Health care professionals told us they were impressed with the care people were provided with. One professional said "they listen to suggestions and are open to learning and improving practise."

Staff support: induction, training, skills and experience
• Staff had attended training in safeguarding, MCA and DoLS, fire safety, first aid and dementia care among others. The staff said they were happy with the training, one staff member said further training in pressure wound care would be helpful.
• People and relatives expressed a confidence in the competence of staff. One person said, "The staff are very capable."
• Staff were supported through regular supervisions that were documented. Records showed support was being offered regularly and staff had an opportunity to discuss the needs of people but also their own personal or training needs.
• Newer staff said they found the induction helpful when starting their new role and shadowed more experienced staff for two weeks before supporting people alone.

Supporting people to eat and drink enough to maintain a balanced diet.
• People told us they liked the food. One person said "The food's good. They come around with menus for them." Another person said "It's very good. I like my food. They try to make it as varied and interesting as they can, and they succeed."
• People's dietary requirements were being catered for. For those people on a diabetic or pureed diet, this was being provided.
• Kitchen staff were a visible part of the team, engaging with people to show them the menu and ask what they wanted for lunch, and serving food and socialising with people. Kitchen staff knew the preferences and needs of people regarding food and drink.
• A variety of warm and cold drinks were offered throughout the day on our inspection. People had drinks

within reach and could help themselves.

Adapting service, design, decoration to meet people's needs.
• The service had signs to guide people round communal areas, so they could navigate the home independently.
• People were consulted on the decoration in their rooms.
• There were display boards outlining which staff were working in the morning and evening, and photographs of staff so people could identify who they were.

Supporting people to live healthier lives, access healthcare services and support.
• During the inspection a person said their foot was hurting, staff examined it and sought medical advice appropriately.
• People told us "You can see your doctor. You ask if you can and you always can see one." One person managed their own appointments and said "I do that myself. I've got a mobile."
• Appropriate referrals were made to health services and staff persisted with referrals for people and advocated for them to get them the health support they needed.
• The service worked with local chiropodists and dentists and opticians to meet people's health needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within the principles of the MCA.

• Staff had been supported to attend training on the MCA and DoLS. They understood how to support people who lacked capacity to make particular decisions and how to provide a service that was as least restrictive as possible.
• We saw staff asking for consent, they described how they asked for consent and people and relatives confirmed this.
• Documentation regarding best interest decision making and consent were complete.
• One health care professional said the service "explores the least restrictive option and aren't afraid to take positive risks in this area."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.
• People were supported by kind, thoughtful staff that knew them well and showed their enjoyment in working in the service and with people. Staff and people laughed and joked, there was a convivial atmosphere. We saw dancing and observed people being challenged by activities physically and enjoying it.
• People were spoken to with respect, as equals, and staff echoed a motif on the lounge wall which described the registered manager's ethos of staff working in people's homes and respecting that.
• People and relatives were both overwhelmingly positive about the service and how caring the staff were. One relative said, "I haven't come across anywhere like it, they are so thoughtful." One person said "All the staff seem to be simpatico with each other. They are all around if you need anything. It's a comfortable feeling. It's not that I want attention all the time, but you feel they're all pulling for you." Another said, "I give it ten out of ten."
• People's diverse needs were catered for, talking books were on order and some large print bibles were due to be delivered shortly after we inspected. Information was displayed in different formats, so people could understand it in a way that suited them.
• People were offered a sociable dining experience with folded napkins and well laid tables and soft or alcoholic beverages. There were fresh cut flowers in every room and varied artwork and pleasant décor.
• Family members were welcomed into the home, relatives we spoke with said "Sometimes the coffee's upstairs before I come in." Another relative said the service had changed their life as well as their family members, they said "I couldn't have done what they do they nurture her. The care they give, I couldn't have achieved it. We have a life now because we know [relative] is safe and looked after."
• The service had supported one person to re-create their garden at home by bringing their pots and plants and placing them within view of the person's bedroom window.

Supporting people to express their views and be involved in making decisions about their care.
• People were free to decide how they spent their time and the service supported their decisions. People had opportunity to express themselves at regular meetings and to give feedback to staff on an ongoing verbal basis or through the questionnaires the service had designed.
• Most people we spoke with knew of their care plans and had met with staff to discuss how they wanted their care to be provided. Family members said they were often involved in the planning of their loved one's care, with their consent or because they had power of attorney.
• Changes had been made because of feedback given in meetings, one person moved to a downstairs room after their relative asked on their behalf.

Respecting and promoting people's privacy, dignity and independence.
• People were treated with dignity and respect. Discreet conversations were had regarding continence and

there was a screen if someone required support to move with the hoist or needed an injection administered in a communal area.
• Staff understood confidentiality and people told us they were confident their personal information was secure.
• People were supported to maintain the level of independence they chose to have.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:□People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• People received care that was personalised to meet their specific needs and preferences. Staff were able to tell us about the individual preferences of people. For example, one person liked the crusts cut off their sandwiches, or how they liked their coffee.
• Care plans and risk assessments were person centred.
• People told us they were mostly happy with the level of activity in the service. One person said "They have lots of things on. They do higher or lower cards. They make a bit of entertainment without forcing it on you. I like the quizzes. I'm awfully happy with it all" and, "We all choose what [activities] we're going to do. It keeps us out of mischief."
• A relative told us if their loved one wasn't feeling up to watching the entertainment the service had arranged in communal areas, the staff would film it to show the person in their room.
• The service had an innovative way of assessing whether people were at risk of social isolation. Each person had a calendar and participation in activities was recorded on each day. Key staff reviewed the calendars every few days to see what each person had been involved in and could identify at a glance if people were isolating themselves or had chosen not to participate in activities. One to one time was then allocated responsively so that people had staff to spend time with if they chose to do so.
• The service was exploring how technology could keep people connected and had bought a voice activated music system so people could tell the system what music they wanted to hear. We also saw evidence of staff supporting people to text and the registered manager told us they were setting up skype facilities so people could more regularly speak with loved ones who lived far away.

Improving care quality in response to complaints or concerns.
• There was a complaints policy and it was on display.
• People and relatives told us they were confident in the registered manager and staff to address any concerns they had and that if they complained they would be listened to. One relative said, "There's a good response if you bring their attention to something."

End of life care and support.
• End of life wishes had been recorded for people with whom a conversation regarding this had taken place.
• One relative said "We've worked out an end of life plan, we talked through it all and there is a staff member who will be with us. Now we roughly know when it happens what life will be like."

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.
• The registered manager had an ethos that put people at the centre of the service, staff practise, and documents reflected this person-centred ethos.
• The service was acting appropriately within its duty of candour, this is a responsibility of the provider and registered manager to ensure that relevant persons are informed if there is an incident involving a person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• There was a clear management structure in place, a deputy manager had recently been appointed and their role was well defined. Staff understood their roles and responsibilities.
• There was a robust audit system in place overseen by the registered manager. We discussed with the registered manager including more detail in their audit tools to make it clearer exactly what had been audited.
• Notifications were being made in line with legal requirements and the registered manager understood their responsibility regarding the service and expectations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• People were stakeholders in how the service was run and fed back in fortnightly meetings their thoughts on food, décor and activities they would like.
• Consideration was given to making sure people who experienced sensory difficulty were able to navigate their environment. People were orientated subtly by staff who had been trained in promoting equality and diversity.
• Staff felt listened to and well supported.
• The service worked with local colleges and academies to bring young people in to meet with people, gain experience in the care sector, and work with people on individual projects. For example, supporting one person to trace their family history.

Continuous learning and improving care.
• The service was open and responsive throughout the inspection process. The registered manager and deputy manager showing a willingness to learn and improve the service and had ideas in motion that were innovative and aimed towards the goal of achieving outstanding care.