

The Hospital of God at Greatham

Gretton Court

Inspection report

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Date of inspection visit:
29 March 2018
10 April 2018

Date of publication:
30 May 2018

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

This inspection took place on 29 March and 10 April 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Gretton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Gretton Court accommodates 37 people in one purpose built building. On the day of our inspection there were 37 people using the service. All of the people had nursing care needs and were living with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

Gretton Court was last inspected by CQC in January 2017 and was rated Requires improvement. At the inspection in January 2017 we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least good. At this inspection we found improvements had been made in all the areas identified at the previous inspection and the service was now rated Good.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People were supported with their health care needs and care records showed people were supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Gretton Court. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint. The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and people were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect, and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People were involved in their care and their wishes were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

Gretton Court

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.

This inspection took place on 29 March and 10 April 2018 and was unannounced. One adult social care inspector and a specialist advisor in nursing carried out the inspection. It included a visit to the home on both these dates to speak with the registered manager and staff; and to review care records and policies and procedures.

During our inspection we spoke with four people who used the service and 10 family members. In addition we spoke with the registered manager, director, care services manager, administrator, three members of staff and three health and social care professionals. We looked at the care records of four people who used the service and the personnel records for six members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Gretton Court. They told us, "Yes, very safe" and "No concerns [with safety]." A health and social care professional told us, "Residents are well cared for and safe."

At the previous inspection we found not all health and safety, and equipment checks had been completed to the timeframe specified by the provider. At this inspection we found all relevant health and safety, and maintenance checks were up to date. These included mattress and bed rail inspections, window safety checks, hot water temperatures and electrically operated doors. Monthly health and safety checks included electrical sockets and switches, laundry equipment, trip hazards and hoists. Room equipment checks were carried out monthly and fire safety checks were all up to date.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. We saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm checks took place weekly, fire drills took place monthly, and firefighting equipment and emergency lighting was checked and up to date. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

At the previous inspection we found the provider had failed to assess the risks to the health and safety of people who used the service and failed to do all that was reasonably practicable to mitigate such risks. At this inspection we found risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included falls, moving and handling, choking, bed rails and restraint. All the risk assessments we viewed were up to date and regularly reviewed.

Accidents and incidents were appropriately recorded. Any recommendations or actions taken were documented. Accidents and incidents were discussed at the provider's health and safety manager's meeting to ensure appropriate action had been taken and lessons learned. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We saw a copy of the provider's safeguarding policy, which defined who is an adult at risk, what is abuse, and what to do if abuse was suspected. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibility with regard to safeguarding and staff received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

Staff recruitment records showed that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written

references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Copies of application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels depended on the needs of the people who used the service. We observed sufficient numbers of staff on duty. Staff, people who used the service and family members did not raise any concerns about staffing levels. A family member told us, "There's always plenty [staff] around."

The home was clean. Antibacterial soap dispensers were located throughout the premises and the home was odour free. Daily cleaning schedules were in place, infection control audits were carried out and staff were trained in infection prevention and control. This meant people were protected from the risk of acquired infections.

Appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were safely stored and locked when not in use. Medicines storage room and refrigerator temperatures were checked daily to ensure medicines were stored at the correct temperature. Staff training was up to date and weekly audits were carried out.

We observed a medicines round and saw medicine administration records (MARs) and medicine labels were checked prior to administration to ensure the medicine was being given to the correct person. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. MARs were updated after every administration. Staff were wearing appropriate clothing and hand hygiene practices were carried out.

Controlled drugs were appropriately stored and recorded. Controlled drugs are medicines that are at risk of misuse. Staff we spoke with were aware of the provider's medicines policies and what action to take if an error was identified or if a medicine was refused. Where people were receiving medicines covertly, we saw appropriate authorisation was in place for this from the GP and pharmacist. Covert medicines are medicines that are administered to a person without their knowledge, in a disguised form.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "The staff are lovely", "Couldn't be better", "The staff are wonderful", "I can go home happy. I don't have to worry" and "[Name]'s a lot better since she came in here." Health and social care professionals told us, "This is one of the better care homes" and "The staff are very helpful and always happy."

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction to the service, which included an overview of the organisation, role and responsibilities, and policies and procedures. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. Staff interaction was good and they had very good dialogue with the people they were assisting. A staff member told us, "The food is very good here, lots of choice." We observed a member of staff ask a person if they would like assistance to eat their lunch. The person replied that they would.

People's dietary and fluid intake was recorded and staff were aware of people's individual dietary needs. Malnutrition Universal Scoring Tools (MUST) were in place to help identify people at risk of malnutrition and where required, referrals had been made to dietitians and speech and language therapists (SALT). This guidance was documented in people's care records. Weight monitoring was carried out either weekly or monthly, dependent on people's nutritional needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager, and staff we spoke with, were

aware of their responsibilities with regard to the MCA. Our checks showed the service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. This means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person who used the service had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists. The registered manager told us, "There is a community matron attached to the home. They are the first point of contact if the home requests a GP visit. They are nurse prescribers and can prescribe certain medications. However, if they feel that the GP does need to visit they will arrange this."

All of the people who used the service were living with dementia. We looked at the design of premises and saw it incorporated environmental aspects that were dementia friendly. Corridors were light, bright and clear from obstructions. There were several seated areas where people could sit quietly or with family members. Bedrooms were easily identifiable and communal bathrooms and toilets were appropriately signed.

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Gretton Court. People told us they were happy with the care provided. Family members told us, "They're [staff] wonderful. Very caring" and "Lovely care."

Recent compliments provided by family members included, "Although he was not with you for long, the care, love and support you showed towards [name] and his family was exceptional", "The family could not have wished for a more caring and dedicated team" and "I wanted to say a big thank you for the fantastic, compassionate and dignified care that you provided to our [family member] during his time with yourselves."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. Care records described how staff were to respect people's privacy and maintain their dignity. For example, "Staff to ensure [name] is always clean, dry and comfortable" and "Staff to offer reassurance and assistance to help alleviate any distress." Family members told us staff respected the privacy of their relatives and maintained their dignity. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be as independent as possible. We observed staff assisting people who required support at mealtimes and to mobilise around the home. Care records described what activities people could do for themselves and what they required support with. For example, "Two staff to assist [name] when bathing and having hair washed" and "Give [name] time and assistance when needed to choose her clothes for the day." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves and make their own choices where possible.

Communication support plans were in place and identified people's individual needs, such as speech, hearing and eyesight, and described interventions staff were to take to support the person. For example, "Staff will need to speak a little louder and closer to [name] so she can hear what is being said to her" and "Staff to ensure [name]'s glasses are always clean and in good working order."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

We saw information on local advocacy services was available in the foyer. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us one person who used the service

had the support of a relevant person's representative (RPR). A RPR helps ensure that the rights of a person being deprived of their liberty are protected.

Is the service responsive?

Our findings

At the previous inspection we found some care records had not been updated to reflect people's current needs which meant they were at risk of receiving inappropriate care and support. At this inspection we found care records, including charts, records of positional turns, and dietary and fluid intake, were up to date and regularly reviewed.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as next of kin, medical history, details of their personal background, family and friends, and interests. We saw these had been written in consultation with the person who used the service and their family members.

None of the people using the service at the time of our inspection were receiving end of life care. However, the service had an end of life champion and staff received training in end of life care. We saw several compliments from family members regarding the care their relatives had received at the end of their life. These included, "The care you gave [name] over his last three weeks was amazing. I can never thank you enough" and "You made [name]'s final day and night so peaceful and comforting that it helped us all knowing he was in such good hands."

We found the provider protected people from social isolation. A notice board advertised activities and events at the home, such as an Easter party, karaoke and bingo. The provider's most recent newsletter described the activities that were available at the home and how important meaningful activities were for people with a dementia type illness. For example, improved mental stimulation, general health, social interaction and quality of life.

During our visit, we observed people making Easter bonnets, enjoying arts and crafts, and playing bingo. The activities room also included a bar area and a juke box was playing in the corridor. The service had just purchased a 'magic table', which projects games onto the work surface and stimulates physical activity. The registered manager told us they had received a very positive response when it was tried by people who used the service.

The provider had a complaints policy and procedure in place. This was on display in the foyer and described the procedure for making a complaint, how long it would take to receive a resolution to a complaint, and relevant contact information. There had been one formal complaint recorded in the previous 12 months. This had been dealt with appropriately. People and family members we spoke with did not have any complaints about the service.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since February 2011. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us about areas of the home they wanted to improve and had asked people and family members for their views. They told us one of the areas they wanted to improve was "way finding", which would support people with dementia to orientate around the home. They told us about plans to have a tea shop in the home, improvements to the gardens and new bedroom furniture that had been ordered. The provider's most recent newsletter described their plans for the environment and asked for further ideas.

At the previous inspection we found the provider had failed to ensure that effective systems were operated to assess, monitor and improve the quality and safety of the services provided. At this inspection we looked at what the provider did to check the quality of the service, and to seek people's views about it.

The provider had a 'Governance, audit and improvement policy' in place, which described the framework for their system of governance, audit and improvement. The registered manager conducted a number of audits at the home. These included care records, health and safety, personal property, and medicines. Audits of care records documented any improvements that were made or lessons learned as a result of the audit.

The provider's care services manager completed out a bi-monthly report on the service, which included a review of the audits carried out by the registered manager, comments on the premises, the outcome of any complaints, staffing and staff meetings, and comments on the overall conduct of the service. The provider's director also completed their own bi-monthly report on the service.

The registered manager told us residents' meetings did not routinely take place but people were able to feedback via regular reviews of their care. Families were involved in the discussions and relatives' meetings took place. Annual surveys were sent to family members to obtain their views on the service and the registered manager had responded by letter to any questions or issues that had been raised. Visiting health and social care professionals were also asked to feedback on the quality of the service. This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The service had a positive culture that was person centred, open and inclusive. Family members told us, "We are very satisfied", "We are kept up to date with everything" and "[Communication] couldn't be better." A health and social care professional told us, "The manager is very good and approachable."

The registered manager told us senior management were "supportive" and they had a good relationship with them. Staff told us they were kept up to date with information about the home and provider, and were regularly consulted via meetings and surveys. We saw records of staff meetings that confirmed this. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any

concerns. Staff told us, "The company are very supportive", "I enjoy my role" and "[Registered manager] is very supportive."

The service had good links with the local community. Local schools visited the home, particularly at Easter and Christmas. People from local churches also visited the home. The home held a summer fayre that was open to members of the public and people were supported to access the local community, including parks and garden centres.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.