

Greta Cottage Limited

# Greta Cottage

## Inspection report

Greta Street  
Saltburn By The Sea  
Cleveland  
TS12 1LS

Tel: 01287622498

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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

Greta Cottage is a care home which provides care for up to 29 people. The service does not provide nursing care. Care is primarily provided to older people, some of whom are living with a dementia. At the time of the inspection there were 29 people using the service.

The service accommodates people across two floors.

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

People were supported by staff who knew them and their needs well. Staff treated people with respect and maintained their dignity when supporting them. People and relatives were positive about the caring nature of staff and the service they received.

There were enough staff employed and on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant checks when they employed staff.

Accidents and incidents were recorded and analysed, and risk assessments were in place.

Medicines were managed safely. We identified some minor improvements were needed in relation to the recording of medicines. However, immediate action was taken by the management team to rectify this and the other recording short falls.

Ongoing improvements were being made to the decoration and facilities in the building. A representative from the fire authority had recently visited the service and had identified some areas of fire safety requiring attention. The registered managers were taking appropriate action to address this. Checks on the environment and equipment took place.

Staff had the skills and knowledge to deliver care and support in a person-centred way. 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 able to participate in a range of activities if they chose to do so. Care plans were person centred.

The management team were open and approachable which enabled people to share their views and raise concerns. People and relatives told us if they were worried about anything they would be comfortable to talk with staff or the registered managers.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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 and update

The last rating for this service was good (published 23 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

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.

# Greta Cottage

## 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 Care Act 2014.

#### 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

Greta Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with CQC. The registered managers 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six relatives. We also spoke with the registered

managers, head of care, activities co-ordinator, the maintenance person, a registered manager from another service owned by the provider and generally with care staff. We spoke with a health professional who was visiting the service on the day of the inspection. 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.

We looked at a selection of records. This included three people's care records and medicine records, two staff recruitment records and other records related to the building, and the management of the service.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data, surveys, staff rotas, meeting minutes and a variety of policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse.

- Good recruitment procedures were in place to ensure suitable staff were employed and people were safe.
- People confirmed there were enough staff on duty to meet their needs. One person told us, "Yes and weekends and night times are fine I'm never short of attention."
- People told us they felt safe. One person told us, "I feel safe, all the staff are all very good."
- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- A representative from the fire authority had recently visited the service and had identified some areas of fire safety requiring attention. The registered managers were taking appropriate action to address this. Checks on the environment and equipment took place.
- Accidents and incidents were analysed enabling any safety concerns to be acted on and to identify lessons learnt.

Using medicines safely

- There were arrangements in place to ensure people received medicines in a safe way.
- We identified some minor improvements were needed in relation to the recording of medicines. For example, the varying dose for one medicine was not written on the medicine record which was confusing. Immediate action was taken by the management team to rectify this and the other recording short falls.
- Staff responsible for administering medicines were trained to manage medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

# 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 as good. At this inspection this key question 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's needs were assessed before they moved into the service to make sure staff could provide the care and support they required. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care records included copies of initial assessments and information from health and social care professionals. Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable; they carried out their roles effectively. One person told us, "I don't think they [staff] could be better. They are smashing, and they talk to you nice."
- Most staff were up to date with their training and where there were gaps this had been arranged by the management team.
- Staff had completed an induction and training programme. They had opportunities for supervision and appraisal. Staff told us they felt well supported by the registered manager and other senior staff. One staff member told us, "I enjoy working here. I feel supported and all the staff are caring and friendly."

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

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. Timely and proactive referrals to dieticians were made for those at risk of malnutrition
- There was a wide range of food available and menus were based on what people said they liked to eat. People were encouraged to drink lots, especially in hot weather.
- People spoke positively about the food provided. Comments included, "It's very good it doesn't matter how late it is they'd go and get you something."

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

- The home environment met the needs of the people it supported.
- Ongoing improvements were being made to the decoration and facilities in the building. We spoke with the management team about ensuring careful thought was given to the redecoration to ensure a dementia friendly environment.

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

- The service made timely referrals and followed advice from relevant health and social professionals. One person told us, "If it was beyond them [staff] they would call 111 [for medical advice] and they would come



and take me to hospital."

- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Staff were knowledgeable about the principles of the MCA, and we saw them supporting people living with a dementia to make as many decisions as possible for themselves.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing. One person described staff as, "Brilliant and thoughtful." A relative told us, "They [staff] are very caring."
- We saw many examples of kind and caring interactions between people and staff. These included sharing jokes and staff offering reassurance when people were anxious.
- People were valued as individuals and staff supported them to live the lives they wanted. This included supporting people to practise their faith and maintain relationships of importance to them.

Supporting people to express their views and be involved in making decisions about their care

- People were given choices about their care. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences.
- Staff were committed to valuing people as individuals.
- Where needed staff sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. People were encouraged to remain as independent as possible. One person told us, "I'm very independent and always make my own decisions."
- Staff engaged with people in a dignified way and were observed knocking and entering people's room for general interaction and conversation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support based on their assessed preferences and needs. Care plans showed people and their relatives were involved in planning their care.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices. People and relatives confirmed that staff communicated well with them. One person told us, "They [staff] come in and help write down what's on television and when to turn [the channel]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities and outings of their choice. Family and friends made regular visits to the service.
- A variety of meaningful activities took place such as arts and crafts, singing, flower arranging and reminiscence sessions. People had access to a minibus for outings.

End of life care and support

- Compassionate care was provided at the end of people's lives. People were asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish. We saw many cards and compliments from relatives of people who had died who praised the staff for their care and attention.
- At the time of the inspection there was no one in receipt of end of life care.

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People and relatives knew how to make

a complaint and told us they would be listened to by the management team. The management team acted on complaints in an open and transparent way. One person told us, "If I was unhappy I would speak to [management team] they are really approachable."

# 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 as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service was led by an experienced management team who staff described as supportive and very approachable. Effective quality assurance system to review areas of the service and to drive improvement were in place.
- The registered managers were visible about the service and were responsive to the needs of people, relatives and staff.
- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support.
- Notifications of significant events such as incidents and accidents were submitted in a timely manner.
- The principles of the duty of candour were embedded within the registered managers practice. They were open and honest in response to any complaints and worked in partnership to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered managers and the culture they created effectively supported the delivery of person-centred care. One person told us, "There is always a good atmosphere and the staff are so caring and thoughtful."
- People and their relatives were invited to meetings to discuss the quality of the service and care delivered. The registered managers acted upon feedback from meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on their experiences of the service and could influence improvements.
- Regular staff meetings were held, and staff said they could voice their opinions and make suggestions for improvement.
- The provider carried out an annual quality assurance survey with people. The results of previous surveys had been collated and shared. The responses were acted upon and used to influence forward planning.
- The service had good links with the local community. In May 2019, it was the 150th anniversary of Saltburn's pier. Staff and people celebrated this event by dressing up in Victorian costume and enjoying afternoon tea.

- The service worked in partnership with other agencies.