

The Hospital of God at Greatham

Gretton Court

Inspection report

1 Heather Grove
Hartlepool
Cleveland
TS24 8QZ

Tel: 01429862255
Website: www.hospitalofgod.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Gretton Court is a residential care home providing personal and nursing care to 36 people at the time of the inspection. Care is provided to older people, most of whom have nursing care needs and some of whom have dementia. The service can support up to 37 people.

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

People felt safe and secure living in the home. Relatives were happy with the service and had good relationships with staff members. There were enough staff to meet people's needs. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The premises were well maintained, clean and tidy. Improvements had been made to the large garden area and people enjoyed safe access to outdoor spaces.

We have made recommendations around recruitment and fire drill records.

Relatives said staff always kept them up to date and communication was excellent. Relatives said staff were welcoming, professional and friendly. Staff knew people's individual needs well and how to support them if they became anxious or distressed.

The service did not have a manager who was registered with the Care Quality Commission (CQC), so the rating for the well-led key question is limited to requires improvement. Since our inspection a new manager had been appointed and begun their employment but had yet to apply to CQC to be the registered manager.

Staff said they felt supported by the acting manager, but hoped a permanent manager would be appointed soon. The manager and staff team promoted a positive culture which achieved good outcomes for people.

Quality assurance processes were effective in identifying and generating improvements. A service improvement plan was in place which identified where improvements were needed and how these would be achieved.

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

Rating at last inspection

The last rating for this service was good (report published 1 June 2018).

Why we inspected

This was a planned inspection based on our inspection programme.

This report only covers our findings in relation to the Key Questions Safe and Well-led. The ratings from the

previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gretton Court on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Gretton Court

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.

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

This inspection was carried out by one inspector. The inspector visited on 22 June 2021.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided.

We spoke with the manager, the provider's home support manager, two nurses, two care assistants, the housekeeper (who was also the infection prevention and control lead), the activities co-ordinator and the administrator.

We reviewed a range of records which included four people's care records and multiple medicines records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

As family visits to the service had to be booked in advance and were restricted in number due to COVID-19 restrictions, we spoke to five relatives on the telephone after our visit.

We asked the manager and provider to send us information which we reviewed after the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at information relating to recruitment, fire drills and medicines. We spoke with the local infection prevention and control team.

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 has remained the same. This meant people were safe and protected from avoidable harm.

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

- Fire drills happened regularly but fire drill records were not always detailed enough regarding the time the drill took place and the location.

We recommend the provider reviews their process for recording fire drills.

- Staff had completed evacuation training. Each person had an up to date personal emergency evacuation plan (PEEP) which contained details about their individual needs in an emergency.
- Risks to people's safety and welfare were identified and well managed. People's care plans included risk assessments about current individual care needs. Control measures to reduce such risks were set out in care plans for staff to refer to.
- Systems were in place to ensure accidents and incidents were appropriately recorded, analysed, and lessons could be learnt. Where trends were identified appropriate action was taken. For example, a new rota was due to be introduced which increased staffing during the afternoon as this was when most incidents happened.
- Regular planned and preventative maintenance checks were up to date.
- Information was shared across the organisation to support learning and promote good practice.
- Relatives said staff always kept them up to date and communication was excellent. Relatives said staff were welcoming, professional and friendly. Staff knew people's individual needs well and how to support them if they became anxious or distressed.

Staffing and recruitment

- Where agency staff were used more detailed checks were needed. For example, to verify the person's identity. When we spoke with the management team about this, they said they would speak to the recruitment agencies they used and devise a process to document appropriate checks in the future.
- Recruitment procedures were mostly safe and thorough. However, we did find one person's employment history had not been recorded appropriately. When we spoke with the management team about this an appropriate explanation was provided.

We recommend the provider reviews their recruitment procedures in terms of documenting gaps in staff work histories and reviews the checks they do on agency staff.

- There were enough staff to meet people's needs safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "I've never looked back since [family member] moved to Gretton Court. I can't fault them here. The staff always keep me up to date so I can sleep easy in my bed knowing [family member] is safe. Also, the home is immaculate. The domestic staff are constantly cleaning."
- People were protected from abuse and harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- The manager and staff were clear about when to report incidents and safeguarding concerns to other agencies.

Using medicines safely

- Medicines were administered safely and effectively.
- Staff received training in how to administer medicines and their competency to do so was frequently assessed.
- Regular medicines audits took place which highlighted any areas for improvement.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Where people needed 'when required' medicines, such as pain relief, there was detailed person-centred guidance for staff to refer to.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 has changed to requires improvement. This meant the service management and leadership was 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; continuous learning and improving care

- The service did not have a manager who was registered with CQC, so the rating for this key question is limited to requires improvement. An acting manager had been in post for some time. The provider had recently recruited a home support manager to support the managers in both of their residential services, which was proving beneficial. Since our inspection a new manager had been appointed and begun their employment but had yet to apply to CQC to be the registered manager.
- Quality assurance processes were effective in identifying and generating improvements. A service improvement plan was in place which identified where improvements were needed and how these would be achieved.
- The manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they felt supported by the manager but hoped a permanent manager would be appointed soon. Staff said the previous registered manager had been at the service for many years and they wanted that stability and direction again.

Relatives told us they knew who the manager was and would not hesitate in approaching them.

- The manager and staff team promoted a positive culture which achieved good outcomes for people.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

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

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Working in partnership with others

- Staff worked closely with healthcare professionals such as GPs and dieticians.
- People were supported to access support. Referrals were made to the falls team and speech and language team as required.

