

Mrs A E Palmer

Germaina House

Inspection report

4-5 St Vincent Terrace
Redcar
Cleveland
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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

Germaina House is a residential care home for up to 18 people aged 65 and over. The home is an adapted building over two floors and is located in the centre of Redcar. At the time of the inspection 13 people were using the service.

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

People said they were happy with the care and support they received. Comments included, "I like it here. I really do." And, "The girls [staff] look after me very well." People said staff knew them well and were able to anticipate their needs. People were very positive about staff involved in their care.

Staff understood people's needs and were responsive to the risks they faced. They worked with professionals to manage these risks. Medicines were safely managed. There were enough staff on duty with the right skills to safely care for people. Staff had been recruited safely.

Health professionals were very complimentary about the home. One said, "The home is very caring. Residents are very well looked after." People had received the right care before referrals for support were completed. People said the food was good. Planned improvements were in place to update the environment.

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

People and staff referred to each other as 'family.' Staff knew people well and involved them in all aspects of their care. They were encouraged to make decisions and remain as independent as they could be. Care was consistently dignified.

Care records reflected people's needs and choices. Staff had good knowledge about how people liked to receive their care. Professionals were positive about end of life care and had confidence in staff. People said they knew how to raise a concern with staff.

Staff worked well together to provide good care to people which led to positive outcomes. They said they were supported by the management team to do this. Quality assurance measures were effective. Relatives were extremely positive about the care the service provided. One comment included in a recent survey said, "You can't improve on perfection."

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 (published 2 June 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.

Germaina 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. 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

One inspector carried out this inspection.

Service and service type

Germaina House is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Redcar and Cleveland 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 four people who used the service about their experience of the care provided. We also spoke

with two visiting health professionals. We spoke with six members of staff including the provider, general manager, one senior care worker, two care workers and an apprentice member of staff. We also spoke with a student on placement. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at one staff file in relation to recruitment and three staff files relating to staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from abuse. They had acted quickly when needed. People said staff helped them to feel safe. Comments included, "It's a close-knit family, we all know each other. This makes me feel safe."
- The management team investigated safeguarding incidents. Lessons were learned and improvement's put in place to reduce the risk of repeated incidents.

Assessing risk, safety monitoring and management

- Staff assessed and monitored risk effectively. Support from health professionals had been sought quickly. Health professionals were very positive about the care people received. Comments included, "People receive excellent care. We know staff have done everything we expect. This reduces any risks to people."
- People had the equipment they needed. This included wheelchairs and walking aides. Staff managed people's behaviours well and followed guidance from professionals.
- The safety of the building had been maintained. Staff had completed regular fire checks.

Staffing and recruitment

- Staff had been recruited safely. There were enough staff on duty at all times with the right skills and experience to support people. People said call bells were answered quickly.

Using medicines safely

- People received their medicines when they needed them. Medicine records had been fully completed and reviews of medicines had taken place. People said they had confidence in staff to manage their medicines.
- Risk assessments were in place for people who looked after their own medicines. Records were in place to support people with 'when required' medicines. These provided staff with the information they needed.

Preventing and controlling infection

- The home was clean throughout. Staff followed the policies and procedures in place.
- Staff were responsive to minimise the risks of cross infection. This included providing tissues for people and staff carrying out hand hygiene checks.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed. This information was used by the management team to put any required changes in place.
- Feedback from people and staff was used to make improvements. Staff said they felt able to make

suggestions and these were taken onboard.

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 has now 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

- Preadmission assessments were used to plan the delivery of care for people. Staff regularly reviewed and updated these records. Staff followed national guidance to support people.

Staff support: induction, training, skills and experience

- Staff were supported to provide good care to people. New staff completed an induction. Staff received training to provide the right support to people.
- Established staff supported new/inexperienced staff to provide safe care. This was done in a supportive and respectful manner.

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

- Risks to nutritional intake were managed well. People were positive about the menu's in place. They consistently said, "The food is great." Mealtimes were relaxed. People had opportunities to provide feedback about the menu's.

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

- People had good access to health professionals to manage their health and well-being. Referrals for support from professionals were carried out quickly.

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

- The service needed updating. Plans were in place to undertake work next year. Adaptations were in place to support people to navigate the environment.

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.

- Staff worked in line with the principles of the MCA. Updates to mental capacity records were taking place.
- People had signed consent records relating to their care. People said staff always asked their permission before care was provided.
- Certificates for 'Do not attempt cardio-pulmonary resuscitation were up to date.

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 has now 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 received excellent care from staff who knew them well. There was a low turnover of staff which enabled relationships to develop. Staff said they valued the time they had to spend with people. People and staff referred to each other as 'family.'
- People said staff were kind, caring and compassionate. In a survey a relative said, "I couldn't have asked for a more caring home. Nothing is too much trouble. It's been a privilege for [person] to be welcomed into the family at Germania.

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

- People were involved in all aspects of their care. They told us they were very happy with the care they received. Nothing was too much trouble if they wanted to make changes.
- Staff kept relatives up to date with important information about their loved ones. In a recent survey, relatives said they valued this approach by the home.

Respecting and promoting people's privacy, dignity and independence

- Care was dignified. People were given the time they needed. People's preferences were respected. This included preferences around specific staff members to provide care to them.
- Staff promoted people's independence. They were supported to do all that they wanted to do.
- People were supported to maintain relationships with those important to them.

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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 has now 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 person-centred care. Staff knew people well. They anticipated people's needs and provided support when needed. People said staff respected their needs, wishes and preferences. Care records supported the delivery of personalised care.

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.

- Staff understood AIS. Information was provided to people in a format of their choice. Care records included information about people's communication needs.

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

- Activities were provided for people at the home. This included, games, reminiscence activities and painting people's nails. People also went out into the community.

Improving care quality in response to complaints or concerns

- No complaints had been raised about the service. People said they would speak to staff if they needed to raise a concern. In feedback, relatives said concerns could always be addressed by speaking with staff rather than making a formal complaint.

End of life care and support

- Professionals were extremely positive about the quality of end of life care provided. Comments included: "Palliative care is excellent. Staff are always with people holding their hand. Mouth care and turn charts are increased to make sure people are comfortable. When we come out, we know staff have done everything we expect."

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 now 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.

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

- The staff team worked well together to make sure people were well cared for. One staff member said, "We are all dead friendly. We take time to get to know residents. We like to look after them and we are always respectful." Staff were open and transparent with people, relatives and professionals.
- The care people received led to positive outcomes. A professional said, "The personal care makes this home stand out. It doesn't matter who you talk to [staff], everyone knows the residents."
- The management team had the right skills and experience to deliver good care to people in a safe environment. Staff said, "They are reliable and responsive to any issues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were effective.
- Professionals were extremely positive about the service.
- Staff worked well together to deliver safe care to people.
- The Commission had been informed about incidents taking place at the service.

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

- Information was shared during meetings for people and staff. Survey results confirmed people received good care and were happy.
- Feedback was used to drive improvement. Staff said they felt involved in how the service was run.
- The home responded to feedback from professionals.