

Mrs A E Palmer

Germaina House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Germaina House is a residential care home providing the regulated activity personal care to up to 18 people. The care home houses people in one adapted building. The service provides support to people aged 65 and over. At the time of our inspection there were 13 people using the service.

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

People received safe care from experienced staff who knew their needs, wishes and preferences well. People's risks were regularly reviewed, and staff supported them to lead fulfilled lives. Staff were recruited safely and there were always sufficient numbers on duty. Medicines were safely managed. Infection prevention and control risks were addressed during inspection.

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.

Staff delivered care which led to good outcomes for people; following advice from professionals to manage people's risks. Before inspection a relative contacted us to say, "Staff and [the] management go above and beyond with the care they give. Excellent with all residents." Quality assurance systems supported the delivery of safe care.

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 21 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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, which will help inform when we next inspect.

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?

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 Health and Social Care Act 2008.

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

An inspector carried out this inspection.

Service and service type

Germaina House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Germaina House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 1 relative. We spoke with 4 staff, this included the registered manager, general manager, senior care worker and a care worker. We reviewed 3 people's care records and 2 staff recruitment records. We also used 3 of feedback received via our website which we received in February 2023 as part 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of abuse and were safe living at the service. Prior to inspection, a relative told us the service was a "Well run care home where residents are top priority. I personally couldn't ask for [person] to be in a better home."
- Staff had received training in safeguarding and had followed the right procedures when safeguarding risks were identified. People told us they were happy living at the service and felt safe. A relative told us, "[Person] is very happy here. I never worry about [person] being in here. I know the staff will ring me if they are unwell." A person said, "I'm happy here. The girls look after me."
- Accidents and incidents were regularly reviewed. Lessons were learned when things went wrong; this learning was shared with all staff and where appropriate actions were put in place to minimise the risk of reoccurrence.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing risk, safety monitoring and management

- Risks to people were understood, monitored and regularly reviewed. People received care and support which was reflective of their individual needs, wishes and preferences. Care records supported staff to deliver safe care.
- The health and safety of the building and equipment had been maintained. Fire safety checks had been regularly carried out. Updates to the building and décor had started to take place. Risks relating to the outside communal areas were addressed following feedback.

Staffing and recruitment

- There were enough suitably trained staff on duty at all times. People told us staff were always available

when they needed them. Many staff had been employed at the service for many years. New staff had been recruited safely.

Using medicines safely

- Medicines were safely managed. People had access to their medicines when they needed them. Staff participated in regular checks of their competency to ensure they remained safe to dispense medicines.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People were able to receive visits from their loved ones at a time that suited them. People were informed when visits were taking place and asked if they wanted a private space to enjoy their visit.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff spoke positively about the culture at the service. They felt able to speak up and said their contributions were recognised. Staff said the management team were flexible and this supported their well-being. A staff member said, "The staff team are lovely. They are always here if I need them. The management team are always available.
- Quality assurance systems were effective and supported the delivery of good care. People said they received support from staff who were kind and caring, and nothing was too much trouble for them. A relative said, "The staff are excellent, they are the right staff. They are brilliant with [person]. The staff go above and beyond." Action plans were in place to support improvement at the service.
- The management team understood their roles and responsibilities in delivering care to people which led to good outcomes. Notifications about events taking place at the service had been submitted when needed.

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

- People, relatives and staff were asked for feedback about how the service was running. Regular meetings took place to share updates about the service. People and staff were listened to, their views acknowledged and respected.
- The service worked collaboratively with stakeholders and responded to feedback.