

Orders of St John Care Trust

Gregory House

Inspection report

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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	

Overall summary

We inspected Gregory House on 02 December 2014. This was an unannounced inspection. Gregory House provides accommodation for up to 32 older people who require nursing or personal care. There were 31 people living in the home when we carried out our inspection some of whom lived with dementia related needs and complex care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is to protect them. At the time of the inspection no people had their freedom restricted.

People who lived in the home told us that they were happy with the care they received. They felt safe living in the home and said that staff treated them with kindness and respected their privacy and dignity.

On the day of our inspection there were enough staff on duty to meet people's needs. We found that there were additional senior staff to assist staff when required during busy periods. We found that action had been taken by the registered manager and the provider to increase the staffing levels to reflect the needs of people who lived in the service.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs.

People and their relatives were able to raise any issues or concerns and action was taken to address them.

Robust arrangements for ordering, storing, administering and disposing of medicines were in place.

We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People had access to a range of healthcare professionals when they required specialist help.

The home had a dedicated staff member to provide social activities for people and assist people in enjoying their hobbies and interests.

The registered manager assessed and monitored the quality of the service provided for people.

The home had established strong links with local community groups which benefited people who lived in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of how to recognise and report any concerns and how to keep people safe from harm.

People who lived in the home were safe because there were skilled and experienced staff to support them.

The registered manager and the provider had taken action to increase staffing levels in line with people's care needs.

Good



Is the service effective?

The service was effective.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff received appropriate training and had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People who lived in the service and their relatives were happy with the care they received.

During our inspection we observed that staff showed respect towards people and maintained their dignity.

There was a homely and welcoming atmosphere in the home and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People received care which was individualised and responsive to their needs.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

There was an activity programme available and people had opportunities to take part and could choose what they did. People were supported to enjoy their hobbies and interests.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People, their relatives, staff and healthcare professionals were all positive about the registered manager. They told us they were visible in the service, approachable and always available for support and guidance.

The quality of the service was effectively monitored to ensure on-going improvements.

Gregory House

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.

We inspected Gregory House on 02 December 2014. The inspection team consisted of an inspector who was accompanied by an expert by experience who had experience of older people's care services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. In

addition, we contacted a local authority commissioner of the service and spoke with a member of the local district nursing team who supported some people who lived at the service to obtain their views about it.

During our inspection we spent time talking with nine people who lived in the home and two relatives who were present on the day. We also spoke with the registered manager, two care workers, and a member of the catering staff. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in communal areas and reviewed a range of records about people's care and how the home was managed. This included the care plans for four people, staff training and recruitment records and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided by the service.

Is the service safe?

Our findings

People said that they felt safe living at Gregory House. A person said, “I feel safe here and well looked after.” Relatives were reassured that their loved ones were safe. One said, “I feel [My relative] is safe when I leave here and I have no concerns.”

Staff said that they had received training in how to maintain the safety of someone who lived in the home. They were clear about who they would report their concerns to and were confident that any allegations would be fully investigated by the registered manager and the provider. They also told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to if required.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about the service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Assessments were undertaken which considered any risks for each person who lived in the home and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress.

Staff demonstrated they were aware of the assessed risks and management plans within people’s care records. They explained how they used this information on a day to day basis to keep people safe.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent

them from happening again. For example, a medicine error had been highlighted and immediate action taken to ensure the person was safe by asking for advice from a GP. This incident had been discussed with senior care staff and we were told that lessons learnt would be considered at the next staff meeting.

Staff employed by the provider had been through a thorough recruitment process before they started work to ensure they were suitable people to be employed in the home. We looked at three staff recruitment files and found that processes were in place. This included completion of an application form with a formal interview with reference and identity checks.

The provider had established how many staff were needed to meet people’s care needs. Most people who lived in the service and their relatives said that the service was well staffed. People said, “I never have to wait. They appear and are always there to help me.” Another person said, “I press my bell when I need help and they [staff] are there.” However, a minority of people voiced reservations. One person said, “There sometimes doesn’t seem to be enough staff in the morning.” Another person said, “It’s a bit short staffed here now.” However, on the day of our inspection we found that call bells were answered promptly by staff and that people received the care they needed.

There were other staff on the duty rota that supported the service with activities, housekeeping and catering duties. The team were supported by the head of care and the registered manager who both worked in a supernumerary capacity which allowed them to assist when required.

The registered manager had established how many staff needed to be on duty by assessing each person’s needs for assistance and reviewing this on a monthly basis. The home did not use any care agencies to assist them with unplanned staff sickness or leave. Care staff within the team covered shifts when required and staff told us that this worked well. We looked at the staffing rota for the month of October and found that there were no significant gaps. When there had been unplanned staff sickness we saw that the head of care had worked to support staff.

Staff told us that there were generally enough staff on duty to meet people’s needs. During the past few months an additional shift had been introduced in the mornings which staff felt had improved staffing levels and helped them to meet people’s needs in a timely manner. One member of

Is the service safe?

staff told us, “People’s dependency needs have increased and that new shift has made all the difference in the mornings. We hope it will become permanent.” We spoke with the registered manager and an operational manager for the provider who confirmed that this shift would be available on a regular basis in addition to the planned staffing levels.

We observed medicines being administered to people and noted that appropriate checks were carried out and the

administration records were completed. We saw that staff who administered medicines had undertaken initial training on commencement of their employment followed by supervised medicines rounds and competency checks.

Monthly medicines audits and the results were available for us to look at. We noted that there had been an independent audit of medicines management in October 2014 and that actions identified from the audit had been noted and actioned. All of these checks ensured that people were kept safe and protected by the safe administration of medicines.

Is the service effective?

Our findings

During our inspection we saw that people were provided with enough to eat and drink. People said, “The food is lovely and the kind of food I enjoy.” Another said, “I can’t fault the food. I get a cooked breakfast every day if I want it.” Another person said, “The food is nice here, you’re not given a small portion.”

We observed people having lunch within the dining rooms in the home and noted that the meal time was relaxed and a social event in the day as people who lived in the home were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow. In addition, some people had their soup and drinks thickened so there was less risk of them choking.

People were offered a range of alternative foods if they did not want what they had chosen. We also observed that two people choose not to have the main meal and just ordered the starter and the dessert. One person said, “It’s just what I fancy, the soup and the pudding, that’s enough for me.”

We spoke with a member of the catering team who told us about their role and how they worked to ensure that people received a full and varied diet. The member of the catering team told us how they used fortified foods that contained more calories to help people stay at a healthy weight. They planned a varied menu and spent time with people who lived in the home.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff told us, “There are lots of opportunities for extra training if you want it.” All staff annual training was organised by the training department within the provider and monitored by the registered manager. We looked at a training plan and saw that staff received training in key subjects which gave them the skills required to care for people in the right way.

Staff were encouraged to undertake further training in areas such as management of Parkinson’s Disease and

dementia awareness. They told us that they held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people’s individual needs.

Staff received regular supervision sessions and an annual review of their performance. These processes gave staff an opportunity to discuss their performance and help staff to identify any further training they required.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. They informed us that at the time of our inspection there were in the process of reviewing people’s mental capacity assessments to reflect a recent supreme court judgement that had clarified the meaning of deprivation of liberty.

We were told that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions which included one to one supervision to keep them safe.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. One person described how quickly the staff were to respond to people’s medical care needs. They said, “They [staff] are soon on the ball if you have anything wrong, they soon look into things, sometimes they just phone the doctor for advice.”

We spoke with a representative of a district nursing team who visited the home on the day of our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health. They said, “I always see the same staff when I come which is good for continuity. They [staff] really know people’s

Is the service effective?

routines and needs. If I leave instructions, they are always followed and acted upon. I always have a member of staff with me and never have to search to find someone. It's a great home and has a good reputation in the area."

Is the service caring?

Our findings

People were happy with the care provided in the service and told us that they received a very good standard of care. All of the people that we spoke with told us that staff were kind and caring. One person said, "I have been here for 11 years. It couldn't be better. The staff are lovely, always there for me." Another person said, "I have a very nice room and everything you can think of."

Relatives were confident in the care people received. One of them said, "[My relative] has been here around a year. I am very happy with care and they are well looked after."

There was a homely and welcoming atmosphere within the home during our visit. A person told us, "It's a bit isolated in a large home. It's small enough here to get a group together. It's small enough to get to know everyone."

We observed the relationships between people who lived in the home and staff were positive and caring. We saw staff supporting people in a patient and encouraging manner when they were moving around the home. For example, we observed a member of staff support someone to walk down to the dining room for lunch, allowing them to walk at their own pace.

We saw that staff treated people with respect and in a kind and caring way and staff referred to people by their preferred names. We saw good examples of staff taking time to speak to people as they supported them. When a person found it difficult to hear the staff member, they would go closer to the person to repeat the question without raising their voice.

We observed the lunchtime period and noted that when staff assisted people with their food, they allowed them time to enjoy the food and their own pace. They engaged in a meaningful conversation with the person and this promoted a pleasant atmosphere in the dining areas. We heard one person say, "[Staff member] is lovely, always smiling and nothing is ever too much trouble for them." Staff took time to ask people if they had had enough to eat and the catering staff also came out and talked to people about their meal.

Relatives said that they were able to visit their relatives whenever they wanted. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The home had information available about local advocacy services to support these people if they required assistance. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

We noted that staff respected people's privacy and dignity. All of the people who lived in the home had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and what jewellery they liked to wear and we saw that people had their wishes respected.

People could choose where they spent their time. One person said that they had been given the choice of having a ground floor room. They said, "My room is now on the ground floor which means I can get about with my frame and be independent and go about as I please." Another person complimented the room they had chosen and said, "It's a very nice room and I can't fault it. I've been several places but this surpasses it."

There were several communal areas within the home and people also had their own bedrooms, and had been encouraged to bring in their own items to personalise them. There was space within the home where people could entertain their visitors and have meals with them, and also a café area where they could make their own drinks. One person told us how additional meals were provided when their relatives visited from a distance.

There was a large conservatory area that was very popular with people and which led out to well-maintained gardens. People then had access to a large covered seating area. One person said, "I love sitting in here and during the summer I sit out there [the garden] all the time. It's nice to be able to sit out and enjoy the garden."

Is the service responsive?

Our findings

We received positive feedback about the social activities in which people could choose to take part in. One person said, "There are lots of craft activities and cake decorating and every time it's someone's birthday, they get a cake and have a party." Another said, "We make cards and cakes and a lady comes into entertain us, the pianist comes in on a Thursday."

People discussed with us how they were given a choice about participating in activities. One person spoke about how they did not like joining in with the planned activities. They said, "No, I do not join the residents downstairs, it's my choice." This person preferred to spend time in their room reading and watching television.

There was a dedicated social activities person in the home who was responsible for planning activities. There were schedules of planned activities and newsletters on display in the home so that people knew what was available for them to participate in if they wished to. Staff documented when people had taken part in an activity and noted how they had enjoyed. We found that the range of social events included people's relatives and these were discussed at the regular 'resident and relatives' meeting which took place. There had been a recent Christmas fair and people told us about events that had taken place during the summer which included barbeques and tea parties.

People had been supported to continue to enjoy their hobbies and interests after they moved into the home. One person told us how before they moved in to the home they used to bake celebration cakes. They told us that they now took part in cake icing sessions and how much they enjoyed this. Two other people liked to do crosswords and we observed how they sat together completing one during our inspection. Another group of people like to play scrabble and we saw how they were visited by a volunteer during our inspection who played the game with them.

People explained to us about the involvement they had with the local community, which included younger people from local schools and colleges. One person said, "We have quite a few volunteers, from the sixth form college and schools. They did a wonderful job updating the garden area and painting the murals." And another person said, "The school of dancing came and they were wonderful."

People who lived in the home and their relatives were involved in planning the care and support they needed. The registered manager told us how people and their relatives were encouraged to visit the home before they moved in. This would give them an idea of what it would be like to live in the home.

Everyone who lived at the home had a care plan that was personal to them. We found that people were involved in a regular review of their care plan to ensure that they received the appropriate care which met their needs. One person said, "I have been involved in my care plan. Mine was wonderful, written to know about your life". The care plans contained information about people's likes and dislikes as well as their needs. We looked at four people's care plans which demonstrated how individual needs such as mobility, communication, religious and social needs, continence and nutrition were met.

People told us the registered manager and staff listened to their views and that they would have no hesitation in talking about concerns they may have. One person said, "I would feel comfortable talking to staff about any concerns." The home had a complaints procedure that was available in the main reception of the home and also in the service user book which was available in each person's bedroom. We looked at the last formal written complaint made to the home and found that this had been investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

The home had a registered manager in post whose hours were not included in the rota for care duties. Therefore, they were able to offer support and advice to staff and also assist with care duties as required.

There were clear management arrangements in the home so that staff knew who to escalate any concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

During our inspection we spoke with the registered manager, an operational manager for the provider and three members of staff who worked in the service in various roles. They told us that they felt supported by the registered manager. One staff member said, "I am pleased with the manager, they do listen." They confirmed that they had the opportunity to raise any concerns at the staff meetings which took place and that these were acted on. For example, staff told us how they had raised concerns about the staffing numbers in the morning. An additional shift had been made available which could be used when people's needs increased.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who used the service and with staff. They had a good knowledge of the nursing and personal care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

One health and social care professional told us, "[The registered manager] is very good and seems to have a good idea of what goes on in the home." People said that they knew who the registered manager was. One person said, "I like [The registered manager]. You can talk to them, they are wonderful." Another said, "They [The registered manager] are very good, very affable. I've found them very friendly." Relatives were also aware of the registered manager and were confident that if they approached them, they would listen and take appropriate action.

We found that the registered manager had forged links with organisations within the local community which had led to visits from local schools and colleges. People told us about the work that these organisations had carried out at the home which included creating a sea-side theme in the garden and how much they enjoyed sitting out there in the warmer months.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. The registered manager submitted quality indicator reports on a monthly basis to senior managers that monitored the home's performance and highlighted any risk in a number of areas. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the home had an approach towards a culture of continuous improvement in the quality of care provided.

There were various systems in place to seek people's views about how the home was run. There were meetings for people and their relatives and they were encouraged to give their feedback to members of the support teams in the home who attended these meetings. This included members of the social activities and catering teams.

People's views were also gathered via suggestion books, comment cards and customer satisfaction surveys. This allowed the home to monitor people's satisfaction with the service provided and ensure that changes were consistent with people's wishes and needs. For example, a new front door had been purchased for the home which had a frosted glass panel within it. People in the home liked to spend time sitting in the main reception area looking outside, and they were now not able to do this. Comments had been made at the 'residents' meeting and also comment cards had been posted in the suggestion box. These had been fed back to the provider and a new front door purchased without frosted glass.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.