

The Christian Care Trust

Grace House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grace House is a residential care home providing personal and nursing care for up to 11 people aged 65 and over, some of whom were living with dementia. At the time of the inspection, there were 10 people living at Grace House which is set out in one adapted building.

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

Staff supported people to take medicines safely. However, we found that unused stocks of medicines had not been returned to the pharmacy in a timely way.

At this inspection we identified shortfalls related to the lack of adequate assessment of risks to people's health and wellbeing and risks associated with delivering care.

The service lacked an adequate systems to monitor and improve the quality and safety of the service provided and there was limited oversight and support from the provider as they had not identified the concerns we found.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity .

People received care and support from a small group of staff most of whom had worked for the service for many years, which provided consistency.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

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.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

The manager of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

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

Rating at last inspection.

At the last inspection we rated this service good. The report was published on 14 January 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

Enforcement and Recommendations

We have identified a breach in relation to good governance and made a recommendation in relation to risk assessments. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Grace 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

The inspection team consisted of two inspectors 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

Grace House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Grace 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We carried out the inspection visit on 24 August 2022. It was unannounced.

What we did before the inspection

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. 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 the registered manager, two care workers, five people who used the service and three relatives. We also spent time observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records and three staff records; we also looked at various documents relating to the management of the service.

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 changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Care plans contained information about people's individual circumstances, what was important to them, as well as the care and support they needed.
- Some records lacked specific detail on how to mitigate and manage risks to people's health or safety. There was no risk to people as the service was small and staff knew how to mitigate these risks.
- For example for one person was described as having difficulties with mobilising but there was no manual handling risk assessment in their care file and for another person who displayed behaviours that challenge there was no information in their care plan on how to mitigate these risks and provide support.
- However, it was clear from discussions with staff that they knew these people well and were minimising the risks in practice despite relevant documentation not being in place.

We recommend the provider seeks appropriate guidance to support the recording of risk management and update their practice accordingly.

- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People were protected from the risk of abuse. Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken.
- All the people we spoke with told us they felt safe and looked after by the staff. A relative told us, "Mum is very safe here. I feel that because the staff are extremely caring. We looked at several care homes and they didn't stand comparison. This is the friendliest, kindest place."
- A staff member told us, "We make sure everything is safe, and look for any signs, we are a small home and know people well."
- Regular checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people living in the service. A person using the service told us, " They are so friendly- everyone gets on well. There aren't many staff changes, which is a good sign."

Using medicines safely

- There were suitable arrangements for ordering, receiving, and storing of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.
- However we found that a number unused stocks of medicines had not been returned to the pharmacy in a timely way. The registered manager had taken action to address this issue immediately following our inspection.

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.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

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

- Initial assessments of people's needs before they started to use the service were in place and were completed by the registered manager to ensure the service could meet the person's needs before they made the decision to move in.
- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The registered manager considered people's protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- Training records for staff were reviewed and a new system was being put in place to ensure staff were up to date with their mandatory training.
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff felt very well supported. One staff member told us, "We are supported in our jobs the manager is always very good and always available to us."

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional requirements.
- The chef was able to tell us who they cooked for, who required a special diet, who had allergies and demonstrated they knew people very well.
- We observed positive interactions between staff and people at lunchtime. One person did not wish for any food from the menu, but staff interacted with them positively and gave other options, such as sandwiches; which they chose. Staff took time to explain options on the menu to people in the dining room and allowed them time to decide for themselves.
- Food and fluid intake charts were kept for people who needed their intake monitored. Referrals were made when required, to appropriate professionals such as Speech and Language Therapists (SaLT) or dieticians to seek guidance and support with managing people's intake of food and fluids safely.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- The menus were regularly discussed with people who lived at the service.
- Comments included, "The meals are tasty- I really enjoy them." and "The food is great, and I only have to ask and they'll try to cook me what I want."

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

- The service documented people's health conditions in their care plan.
- People's care plans had details of their GP and any other health professional's involvement. People were supported to attend annual health checks, screenings and primary care service.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Mental capacity assessments were completed for people. These had followed best practice and current guidelines. The assessments were decision specific, such as, can someone consent to bed rails being used, or do they consent to remaining at the care home. It was clear if a person was able to understand, retain, weigh up and communicate their decision. When someone was not able to do this, a best interest checklist was completed with all relevant relatives and healthcare professionals.
- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

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

- Auditing systems to monitor the provision of the care being delivered were not always effective as we found risks assessment were not always been completed and audits had not identified the issues relating to the disposal of unused medicines.
- In addition, there was a lack of support and oversight from the board of trustees and the service did not have a clear and robust management structure.
- There were a number of staff with senior roles but they did not have responsibility for supervising and managing staff. However, a newly appointed team leader was now in place.
- The registered manager had a very good understanding of people's needs but did not maintain a good oversight of the service.
- However staff were positive about working at the service and told us they were supported by the registered manager. Comments from staff included, "She is a really good manager and very helpful" and "The manager is very approachable, and things have improved here."

We found the provider had failed to ensure effective management oversight and good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Comments from people included "The manager is lovely. She is kind and easy to talk to" and "There always has been and still has a sense of the best here. The manager is approachable and is ideal for the job. Her door is always open- literally."
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.

- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.

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

- People using the service and staff were complimentary regarding the registered manager. We had no concerns regarding duty of candour . We found the registered manager was open and transparent throughout the inspection .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- A recent survey was carried out with staff, relatives and people whom used the service which showed good levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, community nursing teams, specialist professionals and other relevant services to promote people's health and wellbeing when required.
- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective management oversight and good governance