

The Christian Care Trust

Grace House

Inspection report

110 Nether Street
Finchley
London
N12 8EY

Tel: 02084455628
Website: www.christiancaretrust.org

Date of inspection visit:
30 September 2020

Date of publication:
16 November 2020

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 to 10 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

Improvements had been made since the last inspection in areas such as care planning and risk assessing, staff training, infection control and overall governance. The management team worked with the board or trustees to plan and implement the areas for improvement. This was reflected in the feedback we received from people, relatives and staff.

People and their families spoke positively of living at Grace House. In particular, the open and inclusive culture, helpful and friendly staff and management team were commented on. People told us they were consulted on their care preferences and felt included in the running of the home.

Despite the positive feedback, we found that medicines were not always safely managed around documentation and storage. We have also made a recommendation around the provider's oversight of medicines management and audit processes.

People and their families also spoke positively around how the service managed the risks associated with COVID-19 to keep people safe.

Care plans had improved and were person centred and were reflective of people's current care needs. Changes to people's care needs were assessed on a regular basis.

Staff had received training to enable them to carry out their roles effectively. Staff told us they felt supported in their roles.

People were supported to access medical and health services. The management team worked proactively to ensure people's medical needs were met despite the challenges posed by the COVID-19 pandemic.

Processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults. There were enough staff available to ensure the safety of people.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 May 2020).

We took enforcement action due to the significant concerns found. A Warning Notice for the breaches of regulations 12, 17 and 18 was issued to the Provider and Registered Manager following the inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had met the requirements of the Warning Notices for these reasons. However, we identified concerns with medicines management and the provider remains in breach of regulation 12.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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. Whilst improvements have been noted under each of the key questions looked at, the overall rating for the service has remained as requires improvement. 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 Grace House on our website at www.cqc.org.uk.

Follow up

We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may 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 safe 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 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 and 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. They supported the inspection by making telephone calls to people who use the service and their families for feedback.

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. 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

We gave the service 24 hours' notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

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. 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 used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care manager and four care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to assess and manage the health, safety and risk relating to the health and care needs of people and ensure appropriate infection control systems were in place. Following the inspection, a warning notice was issued against the provider to address the issues identified within a specific timeframe.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 for these reasons. However, there were concerns identified with the safe management of medicines at this inspection, and the provider was still in breach of Regulation 12.

- At the last inspection, we found medicines were safely managed with some improvements to be made on how the service documented the use of 'as needed' or PRN medicines. At this inspection, we found concerns with the storage and documentation of Controlled Drugs (CD's) and records related to PRN and medicines administered covertly.
- Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971. CD's in use at the time of the inspection were stored and managed appropriately. However, we found some CD's which had been last used for end of life care in March 2020 in the CD cabinet. These had not been returned to the pharmacy, nor was their stock included in any documentation within the home, therefore discrepancies in stock balances would not have been noted. These were returned to the pharmacy on the day of the inspection once the concern had been raised.
- Some people received their medicines covertly. This is where medicines are disguised in food or crushed. We found that appropriate documentation to evidence this decision was in the person's best interests, and signed by the appropriate health professionals, was not in place.
- PRN medicines are medicines that are prescribed to people for things like pain relief or anxiety and are only given when necessary. Guidance was not always available for staff on when to administer PRN medicines. Where PRN medicines were administered, records were not completed to document why the medicine was administered or what the outcome was.
- The registered manager told us that following the last inspection, they liaised with the GP and had the prescriptions clarified as to whether the person was prescribed one or two tablets of, for example, paracetamol. However, person centred PRN protocols were not in place.
- Staff had received medicines administration training, however we noted that staff had not had their competencies to administer medicines safely assessed. Staff supervision records indicated that there had

been some historic instances of concerns raised around medicines errors. The management team present advised that they would ensure staff were assessed appropriately moving forward.

- Following the inspection, we sent the provider guidance on how to manage PRN and covert medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines Administration Records (MAR's) were completed appropriately by staff and regular temperature checks were carried out on medicines storage areas.

- Since the last inspection, improvements had been made to the care planning and risk assessing process with new care plans being developed for people. The new care plans were detailed and provided comprehensive information on how to manage people's care needs and risks such as nutrition, skin integrity and falls.

- Environmental issues such as loose radiator covers, and bedrails found on the last inspection had been rectified and we identified no concerns in this area on this inspection.

- At the last inspection, we found that the risks associated with legionella were not adequately managed. Since then, a water sample had been taken which found no traces of legionella. However, the provider had not yet arranged a full legionella risk assessment for the home. This was due to a delay in being able to arrange an assessment during the COVID-19 pandemic. Regular water safety checks and were carried out, such as temperature checks and descaling.

- Fire safety checks were in place and staff had received training in fire safety and routine fire safety checks were carried out.

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic. An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection. We observed the home to be clean and free from odour on the day of the inspection.

- We received very positive feedback from people and their families on how the service managed the infection risks associated with COVID-19. People told us, "It's safe, there is a strict regime for COVID, visiting stopped but you can see relatives now, there are regular temperature checks every day and we are tested as well as the staff" and "They have handled lockdown very well. They check temperatures, wear PPE and you are kept informed of things of concern. The place is kept clean" and "Hygiene for the garden visits was very good. They emphasised the importance of wearing masks that were provided, using the hand sanitiser provided and wearing gloves. A chair was placed two metres away."

Staffing and recruitment

At our last inspection, we found a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always followed safe practices when recruiting staff.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- No new staff had been recruited since the last inspection and as such, we were unable to review the providers process for recruiting new staff from the beginning of the process.
- At the last inspection, we found that gaps in staff employment histories had not been documented

appropriately. Since the inspection, the provider carried out a retrospective exercise to fill the gaps in staff employment histories.

- The people we spoke to told us there was enough staff on duty to meet their needs and they did not have to wait long for assistance. Most of the staff team at Grace House had worked there for many years and knew people's care needs well.
- One person told us, "There are plenty of staff." A second person told us, "Lockdown has caused chaos, but we are unscathed because [manager] managed it well and carers have worked extra to cover so that we have not suffered, some have stayed overnight. We all know each other so well."

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe living at Grace House. One person told us, "I feel very safe here, the doors have special locks, we have fire doors and fire drills regularly." People spoke positively of the staff team and how they felt supported and safe with them.
- A person told us, "Staff are okay, they know me well and if I have any problems, they will help me out. They treat me with respect, they refer to me as [Name], we are on first name terms. They respect my privacy."
- Systems and processes provided information and guidance to staff on how to safeguard people from the risk of abuse.
- Staff received annual training on safeguarding, how to recognise signs of abuse and the actions to take to report their concerns.

Learning lessons when things go wrong

- Improvements had been made to the oversight of accidents and incidents since the last inspection. The care manager now reviewed all accidents and incidents and documented areas identified for learning.
- We also saw where people may have had an accident, such as a fall, this was reviewed to see if there were actions identified to reduce the risk of reoccurrence and their care records were reviewed and updated accordingly.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always ensured staff were appropriately trained. Following the inspection, a warning notice was issued against the provider to address the issues identified within a specific timeframe.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff told us they had received recent training in areas such as fire safety, medicines and Mental Capacity Act 2005/Deprivation of Liberty Safeguards. Records confirmed that staff had received training in medicines management, health and safety/falls prevention, Parkinson's and dementia awareness.
- At the last inspection, we found gaps in staff training in areas such as moving and handling and MCA. Training records confirmed that staff had now received training around MCA and moving and handling theory. The provider had encountered difficulties in arranging practical moving and handling training because of restrictions in place due to the COVID-19 pandemic.
- The care manager maintained a training matrix and a training plan was in place to monitor and plan staff training for the remainder of the year.
- People and their families told us that staff were trained, competent and knowledgeable. People told us, "Training all seems to be fine, the regular members of staff are friendly and cooperative. They all seem to be confident in what they are doing. They respect my choices" and "They all have the necessary qualifications they have to be trained (names of managers) are very strict about that. You can see it in the way they deal with us and how they persuade people who have dementia, don't bully or force them." A relative told us, "Staff are experienced and aware of moving and handling, they are very good and well trained, they care and enjoy their jobs."
- Staff told us the management team were supportive of any suggestions for areas of training they may need. Staff told us they had regular meetings with their managers and that they were approachable. We noted that regular supervisions had not taken place with staff in recent months. The care manager told us they were aware that they were behind, and this was due to managing other priorities such as improvements to other areas of care delivery and the COVID-19 challenges. They advised us that this would be addressed.

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

At our last inspection, we found breaches of Regulations 11 and 13 (Consent for care and treatment and Safeguarding people from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always working within the principles of The Mental Capacity Act 2005 (MCA).

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breaches of Regulation's 11 and 13.

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.

- People's capacity was clearly documented in their care records and guidance was in place for staff on how to support people to make their own decisions based on their assessed capacity.
- Where a decision was made in the person's best interests, the reasons for doing so were clearly documented. Where appropriate, people signed their care plans to indicate that they consented to their plan of care.
- People told us that they were encouraged to make decisions on how they wanted their care delivered. A relative told us, "They always ask her about things, they don't force her to have a shower for example. They talk to her, explain things."
- Staff had received training in MCA and were knowledgeable around how to support people to make decisions and act in their best interests.
- At the last inspection, we found concerns with oversight of DoLS at a management level. Improvements were seen at this inspection. The registered manager had an overview of DoLS and applied in a timely manner when renewals were due. Conditions on DoLS were documented in care plans and implemented.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we recommended the provider considered the use of nationally recognised assessment tools when assessing people's needs. We saw these tools in use at this inspection, to help assess people's needs in areas such as nutrition and skin integrity.
- Prior to moving into the service, people's needs were assessed, and information obtained during the assessment process was used to develop their care plan. We saw for the most recent admission, the person had contributed to their assessment and as a result, their care plan was person centred and reflected their care preferences.
- People's care needs were regularly assessed, and care plans were updated accordingly.

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

- People and their families were very positive around the support they received to maintain a healthy diet. People were complimentary of the menu choices on offer. Feedback included, "The food is excellent, homemade meals. There is only one choice available but if I ask them, they will make me an alternative" and "The food is excellent. I have travelled so I know good food. It's cooked on the premises."
- Care plans clearly reflected people's dietary needs and preferences and where people required additional support from staff in this area, such as the use of adapted cutlery, this had been implemented.
- Dietary advice from professionals such as Speech and Language Therapists (SALT) and dieticians had been shared with staff and updated in people's care records.

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

- At the last inspection, we noted that the provider had not always reported health concerns in a timely manner to the appropriate medical professional. Issues identified at the last inspection were actioned and people's care records updated.
- People and their families told us their medical needs were well managed. The service had supported people to adapt to virtual medical appointments and ensured delayed appointments due to COVID-19 were chased up. One person told us, "I am waiting to see a [specialist] but it's all taking time. They are chasing it up for me." Relatives told us they had regular contact with the GP via telephone and concerns regarding people's health were escalated. Families told us they were kept updated on the outcomes from any appointments.

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

- The service had a large new building called 'The Pavilion' at the bottom of the garden. This was a - well-equipped space which was adapted to support families to visit their loved ones safely throughout the pandemic.
- One person told us, "My friends visit, the Pavilion opens out if the weather is not too bad. It has heating, lighting, toilet and kettle etc for visits." A relative told us, "There have been moderate visits and we are lucky to have the Pavilion at the bottom of the garden. It's a big space with toilet facilities. Relatives are using the side gate to enter the premises for visits. I have had lunch with her on Sundays. She seems fine when they wheel her down the garden."

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 requires improvement. At this inspection this key question has remained the same. 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; Working in partnership with others

At our last inspection we found there was ineffective management oversight, repeat identified issues and regulatory breaches which meant that the service was not effectively managed, and people could be placed at possible risk of harm.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, a warning notice was issued against the provider to address the issues identified within a specific timeframe.

Enough improvements had been made at this inspection. The provider had met the requirements of the warning notice and was no longer in breach of regulation 17. However, we have made a recommendation around oversight of medicines management.

- Since the last inspection, the registered manager, care manager and trustees of the provider organisation worked together to review policies, procedures and implement improvements in areas such as care planning, recruitment, compliance with MCA, staff training and oversight of care delivery. A relative commented, "It's well managed, the trustees actively work with the manager. [Registered Manager] is experienced and well supported by [Care Manager] they complement each other."
- During the inspection, any concerns identified and discussed with the home management team were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously learning and improving care.
- The care manager was working closely with the local authority quality monitoring team and seeking advice and support when necessary.
- Several audits and checks were in place which enabled the provider and registered manager to monitor the quality care people received.
- We found that review and improvement was required with the oversight of medicines management. The registered manager advised that they had engaged with their pharmacy to carry out an audit of their medicines. However, due to COVID-19 the pharmacy was unable to carry out any audits.
- The registered manager carried out an audit of medicines management in July 2020 based on the pharmacist's audit. However, the audit failed to identify the concerns with medicines management found on

this inspection.

We recommend that the provider seeks advice and reviews their auditing process for medicines management based on current best practice and guidelines.

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

- People and their families spoke very favourably of living at Grace House. Feedback received praised the ethos of the service which was open and inclusive. Staff and the management team supported people to be partners in the care. A person told us, "They want it to be a homely atmosphere. We are treated like human beings not a patient in a room with a number. This place is unique. The atmosphere here is not impersonal. I am not a patient, I am me, a person, so important especially as you are getting older. They make you feel you can keep your dignity, you can contribute. [Care manager] is delightful, anything you want will be supplied to you."
- Staff spoke of an environment where everyone knew each other and of a family environment. A staff member told us, "I am happy [working here]. It's a small place and we know the residents, their families and friends. Everyone is very happy."
- People and their families were consistently asked for feedback and suggestions and comments were acted on to improve outcomes for people. People attended meetings and were encouraged to give feedback and make suggestions. A person told us, "We have residents' meetings regularly, I have been to several of them, nothing outstanding, we talked about menus and made some changes."
- A relative told us, "It's well managed, the new manager is on the ball. They set up the newsletters. When we visit in the summer house the managers come and say "hello", give you an update. It's a very friendly place, they are very accommodating. If we say, "Mum doesn't like this/that." They are open to ideas." One person told us, "Complaints are dealt with, taken seriously. I know what tablets I get. The room was not how I wanted it, so they rearranged it to my liking with a very good quality bed."
- People religious and cultural needs and preferences were met, despite restrictions in place by the COVID-19 pandemic. Where people were unable to attend church services, the provider arranged online and home-based religious services. A relative told us, "The home has two dogs which the residents love. Activities have been toned down due to COVID they still have Sunday church services on line." A person told us, "My [relative] in June and [Registered Manager] offered to drive me to funeral, stay with me and bring me back. I didn't go but they are very kind. They are true Christians."
- Staff told us they could approach the management team with any concerns and felt a valued member of the team. They spoke to the management team being understanding of personal responsibilities and supporting learning and development. A staff member told us, "Any improvements suggested are welcome."

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

- People and their families praised the management team for keeping them updated about their loved ones and the COVID-19 status of the home.
- Feedback included, "The trustees emailed us to let us know what would be happening. [Registered Manager] contacts us when tests are done and let us know when the next tests will be done. As soon as they get the results, they let us know. There have been no problems at all" and "They were sending e-mails every week to confirm that everyone was healthy, updating about what activities they had been up to, sent photos of birthday parties and the VE day celebrations."

- The management team were aware of their responsibilities around Duty of Candour and records confirmed that families were notified of any incidents and involved in subsequent care reviews.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) The provider had failed to ensure that medicines were managed safely.