Mrs A E Palmer

Germaina House

Inspection report

4-5 St Vincent Terrace
Redcar
Cleveland
TS10 1QL

Tel: 01642475740

Date of inspection visit:
08 May 2017
15 May 2017

Date of publication:
01 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 8 and 15 May 2017. This meant the registered provider, staff and people using the service did not know that we would be carrying out an inspection of the service.

Germaina House provides accommodation for up to 18 people requiring personal care. The service caters for people with physical impairment, mental health conditions and those who have a dementia type illness. Germaina House consists of two large Victorian mid-terraced houses which have been converted in a residential area of Redcar. There are gardens to the front of the property and a communal courtyard to the rear of the property. During inspection there were 16 people using the service who were supported by the registered manager, general manager and 19 staff.

The registered manager has been registered with the Care Quality Commission since October 2010. 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.

Staff understood the procedures which they needed to follow to raise a safeguarding concern. Staff training in safeguarding adults was up to date and safeguarding alerts had been made when needed.

Risk assessments were in place and had been reviewed regularly. Care plans included details of these risks. Staff demonstrated a good understanding of people's risks and the actions which they needed to take to reduce any risks when we spoke to them.

Personal emergency evacuation plans were in place for each person and detailed safe exit routes, important health conditions and any difficulties with mobility.

People told us there were enough staff on duty at the service during the day and at night. People told us staff always responded to them when they needed support.

There were good systems in place for managing people's prescribed medicines. Staff had taken action to request medicines reviews for people by their GP.

Staff told us they were supported to carry out the role which they were employed to do. They received regular supervision, appraisals and training. People told us staff had the knowledge, skills and experience to care for them safely.

Staff had followed the Mental Capacity Act 2005 and deprivation of liberty safeguards had been applied for and granted for 11 people. A best interest's decision had been made for one person to have a lap belt on their wheelchair to prevent them from falling, however this decision had not been recorded. The senior lead

took immediate action to address this.

People spoke positively about the nutrition and hydration which they received and told us there was always a choice. Staff followed guidance from health professionals when people became at risk of dehydration or malnutrition.

Care records detailed the health and social care professionals involved in people's care. During inspection we observed people receiving visits from professional regarding their care. People told us they could see their GP whenever they needed to.

The service helped people to remain as independent as possible. Staff had started to introduce dementia friendly signage. The general manager told us that plans to further improve the facilities for people living with dementia were being considered.

People spoke positively about the staff who provided care and support to them. People told us their privacy and dignity was always maintained and staff gave them the time they needed.

We saw that staff knew people well. We observed many positive interactions between people and staff. Staff told us about people's life histories and current health and well-being needs.

Staff involved people in their care and encouraged people to make their own decisions. Where people were unable to do this, staff sought support for people from local advocacy services. This is a means of accessing independent support for people to aide their decision making.

People's care records contained detailed information about each person's life history, health conditions and the care and supported needed from staff. Staff reviewed each person's care plans regularly and ensured they remained up to date.

The general manager told us plans were in place to look at the provision of activities at the service. Two members of staff were receiving training in activities and planned meetings were in place to discuss activities with people. This meant that people who wanted to be involved in activities could be.

People knew how to make a complaint it they needed to. Each person spoken to told us they had confidence that the management team would take their concerns seriously. No-one had any complaints to raise during this inspection.

The management team consisted of the registered manager, general manager and senior lead. People and staff told us there was always one of them available and they felt able to approach them when needed. Staff told us they enjoyed working at the service and felt part of the team.

The service had links with the local community. This included local colleges and schools and places of worship.

Quality assurance procedures had improved and these had helped to drive improvements at the service. People's views had been taken into account and included into changes made at the service.

The registered manager understood their roles and responsibilities. They had submitted notifications to the Commission when required to do so and worked alongside the local authority as part of their contractual reviews and when any safeguarding investigations had been needed.

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.

There were systems in place to manage risks, staff recruitment and medication and this ensured people's safety.

There were sufficient staffing levels during the day and at night. People told us staff were always available.

Safeguarding procedures had been followed. Staff responded quickly to accidents and incidents at the service.

Is the service effective?

Good

The service was effective.

Staff received regular support to carry out their roles, which included supervision, appraisal and training.

People were supported with their nutrition and hydration. Staff followed guidance from health professionals.

Staff understood the Mental Capacity Act 2005 legislation and deprivation of liberty safeguards were in place for people who lacked capacity.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care was individualised to meet people's needs.

People who lived at the service were involved in decisions about their care. Action was taken to access advocacy support for people who needed it.

Is the service responsive?

Good

The service was responsive.

Care records contained information about each person, their individual needs, wishes and preferences.

People were supported to remain independent and were able to spend their time how they wished.

There was a clear complaints procedure and people told us they felt able to discuss any concerns with the registered manager and general manager.

Is the service well-led?

Good

The service was well-led.

Quality assurance mechanisms were in place which had helped to drive improvements at the service.

People and staff were involved in developing the service. The management team were visible and knew people and staff well.

There was an open and transparent culture at the service. Staff told us they felt supported by the management team and enjoyed working at the service.

Germaina 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 registered 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.

Before the inspection we reviewed all of the information we held about the service. The information included notifications that we had received from the service. We also contacted Redcar and Cleveland local authority commissioning team.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

One adult social care inspector and one expert by experience carried out this inspection on 8 May 2017. One adult social care inspector returned for a second day of inspection on 15 May 2017. The expert by experience involved in this inspection had experience of working with adults and older people.

We spoke with nine people during our visit to the service. We also spoke with the registered manager, general manager, senior lead, three care staff, the maintenance member of staff and a member of domestic staff.

We reviewed two care records in detail and the supplementary records (medicine administration records, topical cream records, food and fluid balance records and personal emergency evacuation records) of a further five people. We reviewed three staff recruitment and induction records, the training summary records for all staff and five staff supervision and appraisal records as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice and conducted a short observational framework for inspection (SOFI) to capture the experiences of people who may not be able to express themselves.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. They had confidence in the staff team to keep them safe.

Staff understood their roles and responsibilities to protect people from harm and abuse. All staff had received up to date training in safeguarding adults and understood the procedure which they needed to follow to raise a safeguarding concern. During the last year, the service had only needed to raise one safeguarding concern; records showed the reason for the alert, the action taken by the service and the outcome. We could see staff had acted quickly to reduce the risk of harm to this person. The general manager told us staff had acted quickly to respond to this situation and stayed with the person involved to ensure they remained safe.

The registered manager was responsible for completing a consideration log each month as part of their contractual arrangements with the local authority. This meant the service was required to record any incidents relating to abuse, injury or falls. We could see that the service provided detailed records about all relevant incidents and carried out analysis of these to look for any patterns and trends.

Risk assessments for the day to day running of the service and for people's individual needs were in place and had been regularly reviewed. Risk assessments were used to identify the action staff needed to take to reduce risks whilst supporting people to be independent, and still take part in their daily routines and activities. These included risk assessments for falls, pressure area care, nutrition and incontinence. People's risks were also documented in their care plans.

One staff member told us about one person who was a risk of falls and told us about the importance of them having their walking frame at all times because without it they would experience a fall. This meant staff understood individual risks to people and we could see they took the action needed to ensure they had access to equipment and support from staff to minimise the risk of harm.

Each person had a personal emergency evacuation plan (PEEP) in place. These detailed records provided information about important health conditions, any difficulties with mobility and the assistance required by staff to safely evacuate the service. We saw each record included a route from each person's room to the nearest fire exit.

Health and safety checks of the building had been carried out to ensure that it remained safe for people using the service and staff. This included a gas safety certificate, checks of stair lifts and portable appliance testing. Fire safety checks were up to date and we saw staff had participated in regular fire drills. These planned fire drills took place in different areas of the service and people were invited to participate.

We looked at three staff recruitment files in detail. We saw that each of these had a record of the recruitment process. We saw potential staff had completed a job application form where they were asked about their previous employment history and the reasons for any gaps in their employment. This meant the registered provider could see what experience applicants had before their interview. Two checked references for each

person had been obtained and a Disclosure and Barring Services (DBS) check carried out staff started working at the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. This meant people who used services were protected by people of good character employed by the registered provider.

We reviewed staff rotas and could see there were enough staff on duty during the day and at night. People told us there were always staff available and staff responded quickly to their needs. One person told us, "Yes, there are enough staff. They are friendly and helpful. I think the home is well run, there is nothing I would change." During inspection, we could see staff had the time they needed to provide assistance to people and also to spend time chatting to people. One staff member told us, "We always have enough staff. We are a happy family and have time to spend with people."

Good systems were in place for managing people's prescribed medicines. We could see people had their medicines in adequate quantities. Medicine administration records had been fully completed.

Some people required controlled drugs. These are drugs which are liable to misuse. Regular checks of these drugs had been carried out and records completed when these drugs were dispensed to people. One person was prescribed medicine administered through a transdermal patch. This meant the medicine was applied to their skin and it is absorbed over time. A body map was in place which showed that staff had varied the location of the patch. This showed staff understood the instructions for the application of this patch.

The general manager and senior lead had reviewed people's medicines and noted that it had been some time since people had received a medicines review from their local surgery. They took action to address this and planned dates for people's reviews had been put in place.

Staff demonstrated good knowledge of people and could tell us when people required their 'as and when' (PRN) medicines. We noted that some PRN protocols lacked the detail needed, especially for people who did not have capacity to take their own medicines. We asked the senior lead to take action to address this and this had been carried out by the second day of inspection. We noted PRN protocols included information about when these medicines were needed and the action staff needed to take if they felt these medicines needed review.

The application of people's prescribed topical creams had been recorded on a topical cream record which included a body map, showing the area affected and the type of topical medicine prescribed, including the frequency of the application. We found that topical creams in use had dates of opening recorded on them.

Staff routinely recorded the temperature in the treatment room where medicines were stored and understood that the high temperatures may reduce the effectiveness of some medications. We saw the medicine fridge daily temperature record. All temperatures were recorded within safe temperature limits.

Good

Is the service effective?

Our findings

We asked people if staff had the right knowledge, skills and experience to provide safe care and support to them. People were very complimentary about staff and told us they were looked after well. One person told us, "I am looked after very well." Another person told us, "The girls [staff] look after me. I can't complain." Staff told us they enjoyed working at the service. One staff member told us, "I enjoy giving back to people, looking after people who need assistance."

All staff were supported through their induction, which included shadowing more experienced staff, undertaking training and becoming familiar with people and the day to day running of the service.

Staff told us they felt supported to carry out their roles and had received regular supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. From the staff records reviewed, we could see these were within keeping with the registered provider's policy.

Staff also told us they had participated in regular training which had helped them to feel confident about carrying out the role they were employed to do. All staff participated in mandatory training. This is training which the registered provider deems necessary for staff to carry out their role. At this service, this included first aid, health and safety, safeguarding adults, fire safety, dignity, infection prevention and control and the Mental Capacity Act 2005. One staff member told us, "The people movement [moving and handling] training was really good. I didn't know how to use the equipment when I started here." The registered manager had introduced extra training for staff which they deemed important to their roles and staff had already started to undertake training in dementia awareness, diabetes, falls, incontinence and Parkinson's disease. Not all staff had completed this training; however planned dates were in place. One staff member had requested training in wound care and the registered manager was in the process of sourcing this training. The service manager told us staff would be participating in further training in falls, stroke, mental health, learning disabilities, stoma care and catheter care during the next year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection, there were eight people who had a DoLS restriction in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. The registered manager had a tracker in place which showed when each person's DOLS

restriction had been granted and when it was due to expire. This prompted the service to make sure that a review of these deprivations took place prior to the expiry of the restriction.

We reviewed one person's records and found that they were required to wear a lap belt whilst in their wheelchair to maintain their safety. This meant the person could not leave the wheelchair of their own accord because the lap belt prevented them from doing so. We could see that the person had a valid DoLS in place and although a best interest's decision had taken place, it had not been recorded. We asked the senior lead and general manager to take immediate action to address this, which they did. We could see they had followed advice from health professionals and the lap belt was in use to prevent the person falling from their wheelchair. On the second day of inspection a best interest's decision for this lap belt had been recorded.

People told us they received enough to eat and drink and choices were always available. We noted records were in place to show people's menu choices, their likes and dislikes. People told us they could eat and drink at any time. During inspection, we observed on person enjoying a late breakfast and another person was offered a late lunch because they had been asleep at lunchtime.

People received appropriate assistance to eat and had a choice of whether to eat their meals in the dining room, lounge or their bedroom. People who required specialist cups and cutlery had them in place. We saw people were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining rooms were set out well and consideration was given as to where people preferred to sit. We found that during the meals, the atmosphere was calm and staff were alert to people who became distracted and were not eating.

People who were at risk of losing weight had weekly or monthly assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST) was used to monitor whether people's weight was within healthy ranges; we noted they were being accurately completed. When people had lost weight staff had contacted their GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

When we spoke to people, they told us about the health and social care professionals in their role. We spoke to one person about a wound to their foot. The person told us about the treatment they had been receiving and that they needed to have their foot elevated. The person told us they were satisfied with the care they had received. Details of this wound and the treatment the person had been receiving had been documented in their care records.

The service manager told us people were involved with their GP, district nurse, dietician, Parkinson's nurse, social workers, physiotherapist, chiropodist, dentist and memory nurse. During inspection, we observed district nurses and GPs visiting the service. Care records also confirmed the professionals involved in people's care and staff had updated people's care records following these visits.

During inspection, we observed staff contacting an optician on behalf of one person because they had informed staff that their glasses felt loose and they did not feel they could see as well as they used to. This showed staff had responded quickly to decrease any deterioration people experienced in their health and well-being.

The service helped people to remain as independent as possible. There were some adaptations in place to make the environment dementia-friendly which included photographs of people on their bedroom doors at eye level, signage for toilets and quiet areas for people who may be feeling anxious. Outside there were a

variety of seating areas and a small fish pond and water feature. The general manager told us that plans to further improve the facilities for people living with dementia were being considered which included changes to the décor of the home and crockery.

Good

Is the service caring?

Our findings

People who used the service spoke positively about staff and about the care and support they received from them. One person told us, "It's very good, always nice and clean. Staff are good, they treat me well." Another person told us, "It's quite comfortable, staff are very friendly." And a third person told us, "I couldn't complain about anything. The staff are nice. We have a good laugh and a joke."

People told us they enjoyed living at the service and enjoyed the company of staff and one another. One person told us, "It's a nice atmosphere, everyone is pleasant, easy to get on with", said another.

We observed staff who were caring. People were spoken to in and kind and caring manner. We observed staff talking to people, asking questions and laughing and joking with people. From their conversations, we could see that staff knew people well. Staff were also able to provide us with details about people's health conditions, personal preferences, and when and how they liked care to support to be provided. Throughout the inspection, we saw that staff consistently demonstrated dignity and respect at all times.

Staff told us they held good relationships with people's relatives. One staff member told us, "We speak to and reassure relatives about how they are feeling. They enjoy the feedback we give them about their relatives. That they are eating well and participating in activities."

Staff sought people's permission before any care and support was carried out. We observed staff asking people, 'Are you Okay?' 'Would you like some help with that?' and 'Do you need anything?' We saw staff responded quickly to people and we could see staff anticipated people's needs quickly. We observed staff providing reassurance to people when they became anxious or distressed.

People told us their privacy and dignity was respected and maintained by staff. We saw staff knocking on people's doors and bedroom and bathroom doors were closed when staff were supporting people. People told us staff gave them the time they needed and they never felt rushed.

People were involved in making decisions about their care and care plans reflected people's personal preferences which staff were aware of when we spoke with them. We could see that staff had taken action to involve local advocacy services for people who needed support with decision making. This is a means of accessing independent advice and support and to aide with decision making.

At the time of inspection, there was no-one who was receiving end of life care. The general manager told us they were looking into training for staff in this area and had been looking at the Gold standards framework for end of life care. This is an evidenced based approach to optimising care for people approaching the end of life.

Good

Is the service responsive?

Our findings

People had a range of care plans in place which outlined the care and support needed which had been regularly reviewed. This included people's needs, wishes and preferences and what was important to them such as religious visits, contact with family and friends as well as hobbies and interests.

Staff used person centred planning to show how they planned to support people to remain independent. These care plans were updated when people's needs changes. For example, a care plan for medication was recently updated for one person after a medication incident. The care plan included the newly identified risks and the action staff needed to take to ensure this person took their medication. There was also guidance for staff to follow if this medication was refused and how to provide reassurance if the person became distressed.

Care plans also contained information about how to support people and the techniques which they found people responded to well. A staff member told us about one person who often wanted to go home. They said this person could become distressed about this and told us about the different techniques which they used to reassure this person, the activities they could involve them in or when PRN medication was needed.

Where people were at risk, there were written assessments in place which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage. Risks to people were therefore reduced. We saw one person had recently experienced a deterioration in their health condition which meant their mobility was affected. Staff updated the person's records in line with recommendations from the person's GP and the person's wishes. Staff also took action to move this person to a room on the ground floor.

Reviews of care plans had been carried out each month which included any changes to people's care following reviews with health and social care professionals. The general manager and senior lead had already identified that the care plans themselves did not always reflect the most up to date information contained in the care plan reviews and action was being taken to update all care plans.

Plans were in place to improve the provision of activities provided at the service. Two new members of staff had been receiving training in activities. There were a variety of games, films, music and books on display at the service for people to use. We also observed people and staff participating in a game of bingo. Some people actively participated and others observed, however all were involved. We observed people interacting with one another and people appeared to have enjoyed the activity.

Not everyone liked to join in activities, we found staff respected people's wishes and they told us they spent time chatting with people when they declined activities. We found that people could also enjoy the courtyard which included a water feature plus gardens to the front of the service. People were also invited to participate in meaningful activities at the service. One person we spoke with spend time participating in domestic chores such as washing pots and folding laundry.

People told us they did get to go out into their local community at times. This included walks close to the service and to the local park, as well as visits to church.

The service had links with the local community. This included local colleges, primary schools, rainbows and brownie groups. People living at the service also received visits from the local Catholic church, Mormon choir and Jehovah's witnesses.

There was a clear complaints process in place. People we spoke with during inspection were aware of how to make a complaint, however none wished to do so. No complaints had been received by the service since the last inspection; however staff told us that people could voice any concerns which they had at any time more informally if they wished to do so. People we spoke with confirmed this to be the case. One person told us, "If I had a problem, I know who to complain to, if needed."

The service had received compliments, by way of verbal feedback and 'thank you' cards which we reviewed. A DoLS assessor had said, "It was a pleasure reading care plans." One person had praised the service, stating, "I cannot thank you enough for all the help and support you have given me and my family." One relative had stated in a card, "Thank you from the bottom of my heart for watching over and caring so much for [person using the service]."

Good

Is the service well-led?

Our findings

Staff told us they enjoyed working at the service. One staff member told us, "I enjoy working here. I get on with everyone and the management is good. [General manager] and [senior lead] are always available when I need them." Another staff member told us, "Everything is good here. I enjoy looking after our residents and keeping them happy." Staff told us the management team were supportive and they had no hesitation in speaking with them about any concerns which they had. Staff also spoke positively about one another and told us they worked well together.

Staff worked closely with the local authority safeguarding and contracts and commissioning teams. When we spoke with these teams prior to inspection, no concerns were noted. Any information they requested was shared with them, for example, with local authority consideration logs or during investigations for safeguarding alerts.

The registered manager was aware of their roles and responsibilities. Notifications had been submitted to the Commission when required to do so. All staff were aware of their roles and responsibilities to keep people safe.

Quality assurance processes had improved since the last inspection. A falls analysis was completed each month. This identified the number of falls people had experienced and any injuries. This analysis helped to identify any patterns and trends in falls and meant staff could take prompt action to reduce the risk of future falls. All safeguarding concerns were shared with the local authority. A range of audits had been carried out which included care planning, personal emergency evacuation plans, deprivation of liberty safeguards, infection prevention and control, wheelchairs, first aid, nutrition and medicines. Audits had been carried out regularly and showed where actions had been identified.

The general manager told us there were further plans in place to improve quality assurance at the service. This included provider level audits of the service as a whole and a survey for people to complete.

Champions were in place for maintaining people's dignity, nutrition, infection prevention and control, activities and oral hygiene. Champions have specialist knowledge in a particular area and can provide support to other staff as well as sharing best practice in their particular area.

Meetings for people who used the service were held every three months and had resulted in small changes at the service. People were given choices about whether they wanted to celebrate specific events such as Easter or Christmas and what they would like to eat. People had chosen to eat roast lamb for Easter Sunday and each person was given an Easter egg by the registered manager. People had also been asked whether to replace a pet budgie.

People were also given the opportunity to give feedback about upcoming events, such as elections, participating in planned fire drills and twiddle muffs (a sensory comforter). People were encouraged to vote in a recent election for mayor and an officer from the local council visited people to explain the process and

help with postal votes.

Staff meetings had also been held regularly. This meant staff were kept informed about any changes at the service as well as upcoming events. These meetings were used to obtain feedback from staff.