Greta Cottage Limited

# Greta Cottage

## Inspection report

Greta Cottage
Greta Street
Saltburn By The Sea
Cleveland
TS12 1LS

Tel: 01287622498

Date of inspection visit:
11 January 2017
12 January 2017

Date of publication:
23 February 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 inspection took place on 11 January 2017 was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 12 January 2017, and was announced. The service was last inspected in July 2015 and was meeting the regulations we inspected at that time.

Greta Cottage provides care and accommodation for a maximum of 29 older people, including older people living with a dementia. Greta Cottage is a converted Victorian House in a residential area of Saltburn by the Sea. Accommodation is provided over two floors. At the time of our inspection 29 people were using the service.

The service had a registered manager. 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.

People and their relatives told us the service kept people safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Plans were in place to help keep people safe in emergency situations. Accidents and incidents were monitored.

Policies and procedures were in place to protect people from abuse. People's medicines were managed safely. Staffing levels were monitored by the registered manager to ensure they were safe and recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Staff received the training they needed to support people effectively. Staff spoke positively about the training they received, and felt confident to request any additional training they felt would make them more effective. Staff were supported through regular supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to protect people's rights. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People and their relatives spoke positively about the care and support they received. Staff treated people with dignity and respect and were friendly but professional when delivering support. Throughout the inspection we saw numerous examples of kind and caring support being delivered. People were supported to access advocacy services where appropriate.

Care was planned and delivered on the basis of people's assessed needs and preferences. People and their relatives told us people received the support they wanted. People were supported to take part in activities they enjoyed, both at the service and in the local area. The service had a complaints policy and people and

their relatives told us they knew how to complain and would be confident to do so if any issues arose.

Staff spoke positively about the culture and values of the service and were supported with regular staff meetings. The registered manager and trainee manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives through an annual questionnaire and resident and family meetings. Where issues were raised they were acted on. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

## 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.

Risks to people using the service were assessed and addressed.

Policies and procedures were in place to protect people from abuse.

People's medicines were managed safely.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

### Is the service effective?

Good

The service was effective.

Staff received the training they needed to support people effectively.

Staff were supported through regular supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to protect people's rights.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

### Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect.

Throughout the inspection we saw kind and caring support being delivered.

People were supported to access advocacy services where appropriate.

## Is the service responsive?

Good

The service was responsive.

Care planning and delivery was person-centred.

People were supported to take part in activities they enjoyed, both at the service and in the local area.

The service had a complaints policy and people and their relatives said they would use it.

## Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service.

The registered manager and trainee manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

# Greta Cottage

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 11 January 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 12 January 2017, and was announced. The inspection team consisted of one adult social care inspector 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Greta Cottage. We did not receive any feedback.

During the inspection we spoke with five people who used the service and four relatives of people using the service. People using the service were not always able to share their experiences with us so we also carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager, the trainee manager, and care staff. We also spoke with two external professionals who were visiting the service. We looked at four staff files, which included

recruitment records.

Good

# Is the service safe?

## Our findings

People and their relatives told us the service kept people safe. One person we spoke with told us, "I was worried about things before I came here. You hear such dreadful stories about other places, but I have no concerns. I would say if I did." One relative said, "[Named person] is safe here. It is a safe home in every sense."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service their needs were assessed in a number of areas, including moving and handling, nutrition, pressure areas and choking. Risks arising from people's pre-existing medical conditions were also assessed. Where a risk to the person was identified a care plan was developed to help keep the person safe. For example, one person was identified as being at risk of developing pressure ulcers. Remedial action was taken to address this, including arranging appropriate cushions for the person to use during the day and an airflow mattress to sleep on. Another person was identified as at risk of falls, and appropriate protective equipment had been provided for them. Risk assessments were regularly reviewed to ensure they reflected people's current support needs and risk levels.

Regular checks were made to ensure the service premises and equipment were safe to use. These included checks of firefighting equipment, water temperatures and radiator guards. Throughout the inspection we saw staff ensuring that equipment was securely stored and that communal areas were free of trip hazards. Required test and maintenance certificates were in place in areas such as gas and electrical safety, hoists, emergency lighting and firefighting equipment.

Plans were in place to help keep people safe in emergency situations. Each person had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The service also had a business continuity plan. This provided guidance to staff on how to provide a continuity of care in a range of emergency situations that might disrupt the service. Regular fire drills were carried out to ensure staff knew how to keep people safe in emergency situations. The trainee manager told us the service had recently had a routine inspection from the fire service and no issues had been raised.

Accidents and incidents were monitored. Records confirmed that where these occurred they were investigated by the trainee manager for any lessons that could be learned to help keep people safe. The trainee manager gave us examples of people who had been referred to the falls team for additional support following accidents.

Policies and procedures were in place to protect people from abuse. A safeguarding policy provided guidance to staff on the types of abuse that can occur in care settings and steps they should take to report it. Staff we spoke with said they would not hesitate to raise any concerns they had. One member of staff said, "I would report anything. It would get taken care of." Another member of staff told us, "I wouldn't let anything go unreported." They gave us us an example of something they had raised with the registered manager and

the action taken to deal with it. Records confirmed that where safeguarding issues were raised appropriate action was taken.

People's medicines were managed safely. People's medicine support needs were set out in their care records. Staff who had responsibility for administering people's medicines were knowledgeable about the medicines they took and what they were for. Staff said they received all the training they needed to manage people's medicines and would be confident to request more if they felt they needed it.

Each person had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's MARs contained their photograph and information on any known allergies or special administration instructions. This helped staff ensure the right people were receiving the correct medicines. Where people had 'as and when required' (PRN) medicines protocols were in place to guide staff on when they might be needed. We reviewed four people's MARs and saw there were no gaps in administration. Appropriate codes had been used to record when – and why – medicine had not been administered.

Medicines were safely and securely stored in a locked medicine trolley based in a locked office. Some medicines were stored in a fridge in the locked office, and the temperature of this was regularly reviewed to ensure it was within the appropriate range. We observed a medicine round taking place and saw that people were asked if they wanted their medicines and told what they were for. Regular checks of medicine stocks were made to ensure people always had access to the medicines they needed.

At the time of our inspection two people were prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. These were securely and appropriately stored and recorded.

Staffing levels were monitored by the registered manager to ensure they were safe. Day staffing levels were one senior carer and four care assistants working from 8am to 5pm. Between 5pm and 10pm they were one senior carer and three care assistants. Night staffing levels were one senior carer and one care assistant working from 8pm to 8am. The registered manager told us, "We have just increased back staff (staff working in the afternoon). We had a couple of hours that were manic so we put another care assistant on. We reviewed staffing after the last inspection and increased it." The registered manager went on to explain that an increase in people's dependency needs around mobility and needing the assistance of a hoist led to an increase in staffing. We reviewed staffing rotas and saw they matched the staffing levels we had been given. The registered manager said sickness and planned leave was covered by other staff at the service and the rotas we looked at confirmed this.

People told us the service had enough staff to keep them safe. One person said, "Always enough staff to go around. I never have to wait. I worry about falling so I always need support." From our observations we saw people were attended to quickly when they requested support. Staff had time to check communal areas to see if people were safe and needed assistance. Staff we spoke with told us enough staff were deployed to keep people safe. One member of staff said, "We cover all shifts. I'm covering sickness today. We have enough (staff) here." Another member of staff told us, "There are enough staff. Everyone chips in and everything gets covered."

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history and care experience, and to explain any gaps in their employment. Two references were obtained and checks made with the Disclosure and Barring service before new staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Good

# Is the service effective?

## Our findings

Staff received the training they needed to support people effectively. Mandatory training was provided in a number of areas, including first aid, medicines, moving and handling, infection control, dementia awareness and the Mental Capacity Act 2005. Mandatory training is training the registered provider thinks is necessary to support people safely. Mandatory training was refreshed to ensure it reflected current best practice. The registered manager and trainee manager monitored training on a training chart, and this showed staff training was either up-to-date or plans were in place to refresh it. Staff files contained certificates confirming training had taken place. Specialist training was provided where people had a specialist support need, for example in end of life care or behaviours that can challenge. The trainee manager told us, "We would always get specialist training for anyone (meaning people with specialist support needs) that needed it."

Staff spoke positively about the training they received, and felt confident to request any additional training they felt would make them more effective. One member of staff told us, "If we identify something we need we can always ask the registered manager if that's ok. We are told that no training is a waste of time." Another member of staff said, "The training is very good."

Newly recruited staff were required to complete an induction process based on the Care Certificate before they could provide support to people without supervision. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The induction consisted of an reviewing the service's policies and procedures, being introduced to people living at the service, shadowing more experience members of staff and carrying out supervised care tasks. This helped ensure staff had the training and confidence needed to support people effectively.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they were encouraged to raise any issues they had at these meetings, and that they found them useful. Records of supervisions and appraisals showed they were used to monitor staff knowledge and to review any training needs the member of staff had.

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 20 people were subject to DoLS authorisations. Clear records were kept of when these expired in order that they could

be reviewed or renewed in good time. Any conditions attached to people's DoLS were also recorded.

People's care plans contained detailed information on their mental capacity and how they could be supported to make decisions. Where people lacked capacity to make decisions for themselves best interest decisions had been made and recorded in their care plans.

Staff understood the principles of the MCA and in our observations throughout the inspection we saw them being applied. For example, staff asked people for permission before assisting them with support. Where people were living with a dementia and could not always make decisions about their care we saw that staff still asked for permission before helping them and explained what they were doing at every stage. Staff also encouraged people to make as many decisions for themselves as possible, such as where they wanted to sit or what they wanted to drink.

People were supported to maintain a healthy diet. Before people started using the service their nutritional needs and preferences were assessed and care plans drawn up to support them achieve this. For example, the care records for one person with osteoporosis set out how they needed a calcium, fibre and iron rich diet. People with diabetes also had care plans in place to help staff ensure they received appropriate foods and drinks. Where needed, people were weighed to monitor their nutritional health and recognised tools such as the Malnutrition Universal Screening Tool (MUST) were used. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

The cook was knowledgeable about people's dietary needs and preferences, and was able to tell us how people on specialist diets (for example, diabetic or pureed) were supported. This information was also displayed on a chart on the kitchen wall to help minimise the risk of people being given inappropriate food. There was a menu in place but people were free to choose items that were not on it if they preferred. The cook said, "We don't have a budget as such. People can have anything they want." During the inspection we saw the cook preparing cakes to help celebrate a person's birthday. Records confirmed that regular health and safety checks were carried out in the kitchen, for example of fridge temperatures and cleanliness.

The service had a communal dining room, which is where most people chose to eat their meals. However, people were free to eat in their rooms and we saw some people doing this. People spoke positively about food at the service, and there was a pleasant and relaxed atmosphere at mealtime. Where people needed help to eat we saw staff assisting discreetly and encouraging people to do as much as they could for themselves. One person we spoke with said, "The food is home cooked and we always have another choice or cook will do something different if we ask." A relative we spoke with said, "[Named person] loves the food and gets help with cutting it up and eating. [Named person] has put on weight since being here."

People were supported to access external professionals to maintain and promote their health. People's care record contained evidence of the involvement of professionals such as GPs, district nurses, dieticians and the memory clinic. For example, the service had consulted the dietician in relation to one person who had recently lost weight. This led to a dietician review of the person and some additional support being put in place for the person. We spoke with two external professionals who visited the service during our inspection, and they told us staff were knowledgeable about people's health needs. We also saw a member of staff consulting with a GP on the telephone in relation to a person at the service. The member of staff was able to describe in detail how the person was presenting and the assistance they might need. This meant people were supported to access healthcare support when they needed it.

Good

# Is the service caring?

## Our findings

People and their relatives spoke positively about the care and support they received. One person told us, "I am lucky to be here and looked after so well. I used to visit friends here before I needed care and always thought this would be a great place to end up." Another person praised staff at the service. They told us, "Nice young ladies who will always give you a wave or stop and chat and ask if everything is ok." A relative we spoke with said, "It's excellent. I wouldn't want [the person] anywhere else." Another person said, "Trust me this is really excellent. I wouldn't want [named person] anywhere else. If it wasn't good they wouldn't be here."

Staff treated people with dignity and respect. One person told us that if they needed support staff took them somewhere quiet to ask how they could help, and we saw this happening throughout our inspection. Staff addressed people by their preferred names and always asked for permission to assist before doing so. In one example, we saw a member of staff assisting a person and deciding they needed a colleague to help. Before asking for a colleague they first checked with the person that this was okay. One person we spoke with told us, "Nothing happens here unless you want it to."

Though people and staff had friendly and personal interactions we saw that staff were professional at all times. The registered manager showed us around the service, and when we got to people's rooms told us we could not go in without people's permission. One person we spoke with said, "No one comes into my room without knocking, just as it should be." This showed that staff at the service respected people's privacy.

People using the service were not always able to share their experiences with us so we also carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

We saw that staff took time to stop and chat with people as they moved around the service, and that they clearly knew people very well. For example, staff were able to talk with people about their family background, relatives and things of interest to them. On several occasions we saw this leading to conversations people clearly enjoyed. People were happy sitting in communal areas and interacting with staff and other people using the service.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. For example, we saw staff offering reassurance to a person who had accidentally kicked a bin over and looked upset as a result. Staff joked with the person to lighten their mood, saying, "We'll get over it. We have fun wrecking the place, don't we?" We saw this led to the person laughing and responding, "We have a damn good try!" In another example we saw staff offering kind reassurance to a person who became distressed when using some mobility equipment. A relative we spoke with said their relative had previously been scared of using a hoist for mobility but that staff had taken time to explain what they were doing and to work at a pace the person was comfortable with. The relatives said, "This meant a lot to [named person]."

Staff were alert to ways they could help people as they moved around the building. For example, we saw a staff member walk through the communal lounge and notice the sun was shining in someone's eyes. They asked the person if they would like to move chairs, which they did and became more comfortable.

At the time of our inspection two people were supported by an advocate. Advocates help to ensure that people's views and preferences are heard. The trainee manager told us about the procedures in place to support people access advocacy services should this be needed.

Good

# Is the service responsive?

## Our findings

Care was planned and delivered on the basis of people's assessed needs and preferences. People and their relatives told us people received the support they wanted. A relative said, "I always make the time to be involved and I am encouraged to give my input." Another relative said, "[Named person] came from another home to be here. Oh my, what a difference in them and their wellbeing. They (staff) really understand [named person's] needs."

Before people started using the service their support needs were assessed in a number of areas, including personal care, mobility, mental health, medicines, continence, skin care, food and nutrition and social activities. Where a support need was identified a care plan was developed setting out how the person wished to be supported. Care plans were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, the mental health care plan of a person living with a dementia guided staff on how their condition affected their ability to communicate and ways staff should respond to this. Another person's nutrition care plan set out how staff should help them to maintain a healthy diet and respond to some recent weight loss. Where people had a specialist support need we also saw that plans were in place to manage these, for example osteoporosis or kidney disease. Care plans were regularly reviewed to ensure they reflected people's current support needs.

Care plans also contained a 'My Life' section. This had information on the person's and family background, their likes and dislikes and things that were important to them. This helped staff who had not worked with the person before to find out important things about them before they supported them.

Throughout the day we saw staff discussing and recording people's support needs, any assistance given and other information relevant to their care. This helped ensure staff had the latest information on people and the care they wanted and needed.

People were supported to take part in activities they enjoyed. During our inspection we saw a hand massaging session taking place, which people enjoyed. Some people asked a member of staff for a particular CD to be played so they could sing along to it. The member of staff found this and played it, which people clearly enjoyed.

Activities were displayed on the wall so people could see what was happening, and people spoke positively about the activities on offer. One person we spoke with said. "The hairdresser comes every week, which is nice." Another person told us, "We have a Christian service every week, which makes us feel part of the community." Staff told us that over Christmas people had enjoyed a carol concert and Christmas party. The service had access to a minibus, which was used to take people on regular trips around the local area.

The service had a complaints policy, which people and their relatives were made aware of when they started using the service. This contained details of how to submit concerns and set out how they would be investigated and the timeframes for doing so. The service had not received any complaints since our last

inspection in July 2015. People and their relatives told us they knew how to complain and would be confident to do so if any issues arose.

Good

# Is the service well-led?

## Our findings

Staff spoke positively about the culture and values of the service, describing it as "homely" and "caring." They said they liked working at the service and felt valued and supported by the registered manager. One member of staff said, "I love it here. It's the best place I've ever worked" and went on to say "[The registered manager] is approachable."

Staff were supported with regular staff meetings and were encouraged to raise any issues they had. Staff spoke positively about these meetings and said action was taken if they raised concerns. For example, minutes from one meeting showed some staff had requested additional first aid training and we saw records of the steps taken to arrange this.

The registered manager and trainee manager carried out a range of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager was responsible for these, but was training the trainee manager to carry some of them out. Regular audits were carried out of care plans, medicines, catering, cleaning, health and safety and dementia care. Where issues were identified there were records of the remedial action taken. For example, a health and safety audit in December 2016 identified that some maintenance issues had not been notified to maintenance staff. A note was sent to all staff reminding them of the correct procedure. In another example, a recent dementia care audit had identified that communal areas were not always welcoming to people living with a dementia due to noise levels. Staff were issued with guidance on how to help reduce noise levels. The trainee manager said they felt supported by the registered manager in learning about - and assisting with – the quality assurance processes.

Daily checks of the premises and environment were also carried out. The registered manager told us, "On a Monday we (the trainee manager and registered manager ) go around the building and look for any faults. We're checking that everything is clean and just right. If we see something we're not happy with we issue a note to staff to resolve it." We saw records of these notes and how they had been used to take remedial action. For example, a note of 14 November 2016 identified that some plastic gloves had been left in a person's room and a wheelchair left out in a communal corridor. The registered manager had checked at the end of that day to ensure the issues had been addressed.

Feedback was sought from people using the service and their relatives through an annual questionnaire and resident and family meetings. The most recent survey took place in 2016, and we saw from an analysis of results (that was shared with people and their relatives) that the feedback was largely positive. Two negative comments had been received, and the trainee manager told us what steps had been taken to address the issues raised. Resident meetings took place every month, and minutes of these showed they were used to discuss menus, activities, laundry, complaints and any other issues people wanted to raise.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.