

Gratia Residential Care Home Limited

# Gratia Residential Care Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gratia Residential Care Limited is a residential care service providing personal care and accommodation to people. At the time of the inspection the provider confirmed the service was providing personal care to 20 older adults.

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

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements within the service. However, evidence of action was absent to show that the provider always acted to make improvements to the service.

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe.

Care plans provided guidance for staff to follow, though not all staff had read the care plans. Staff went through a recruitment process so that the provider only employed suitable staff.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. We saw staff respecting people's privacy and dignity. Staff supported people to be independent.

People were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

People and a relative knew how to raise any concerns or make a complaint. The provider responded to complaints by investigation and solutions to put things right. The complaints policy provided information about how these would be managed and responded to.

People, relatives and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had built good relationships with them.

The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 2 December 2016 rated the service as good.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Caring findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive 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 ●

# Gratia Residential Care Limited

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a residential home. It provides personal care and accommodation to people with learning disabilities, mental health needs, physical disabilities, people living with dementia and older people.

The service had two managers who were registered with the Care Quality Commission. This means that when a manager is registered, 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

The inspection was unannounced.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the home, and one relative about their experience of the care provided. We also spoke with two members of staff, the provider and two team leaders who were managing the service as the registered manager was on holiday.

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

#### After the inspection

The provider sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for the home. This was comprehensive and included a plan to evacuate safely in the event of fire.
- The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist people to eat to prevent the risk of choking and how to take steps to prevent people having falls.

Systems and processes to safeguard people from the risk of abuse.

- People and a relative confirmed that people felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- A whistleblowing procedure was in place for staff to report to outside agencies if they were not confident that management would deal with the incident properly. This did not include the names and contact details of agencies to report to. The registered manager included these details in the amended procedure they sent us after the inspection.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work, this included Disclosure and Barring Service (DBS) checks. DBS allows providers to check the criminal history of anyone applying for a job in a care setting.
- There were enough staff to meet people's needs. People and a relative said that staff had always been available to provide support.
- Staff said there were enough staff to keep people safe.

Using medicines safely

- People said staff gave them their medicines. Records showed people had received their medicines at prescribed times. Medicines were administered correctly by staff when we observed this.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people. Staff competence was assessed before staff were able to supply medicines to people.

- A medicine audit checked that medicine had been supplied to people as prescribed.

#### Preventing and controlling infection

- Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

#### Learning lessons when things go wrong

- The team leader said that they were aware of the need to learn if situations had gone wrong. For example, to check the competence of agency staff at the same time as organising this cover, as there had been an incident where an agency staff had significant gaps in their training.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans helped them to provide care that met people's needs, though not all staff had read all of the care plans, which meant there was a risk that appropriate care and support would not be provided. The registered manager stated in the action plan sent to us after the inspection visit that this would happen.
- People and a relative said people's needs were fully met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People and a relative said staff had been well trained to do their jobs. A relative said, "Staff definitely know what they are doing and they are so friendly in the help they give."
- People were supported by staff who had received ongoing relevant training. Staff said if they requested more training, management would arrange this for them. Some training on health conditions people had such as stroke care and brain injury had not been provided, which meant there was a risk that staff wouldn't fully understand these conditions. The registered manager stated in the action plan sent to us after the inspection visit that training would take place.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People and a relative told us that staff provided food of people's choice, which usually they enjoyed. We received comments from people saying that they would like to have other food such as pork chops and more fresh fruit and fresh vegetables. The team leader said they would speak to the registered manager about this provision.
- Staff had information about people's needs to ensure that the food was safe for people to eat and drink. Drinks were provided to people throughout the day to ensure they did not become dehydrated.
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- If people had an accident staff knew they had to call emergency services to obtain healthcare support.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was reported to their relative.
- People's health and wellbeing was supported by staff. Records of people's care showed this happened.
- Information was quickly available to staff if people had to go to hospital for treatment.

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

- The premises had a homely feel.
- People were able to personalise their rooms with their own belongings.
- Some signs were available to orientate people around the home. The registered manager stated in the action plan sent to us after the inspection visit that more signs would be displayed to provide better support for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. 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. We found this to be the case.

- Staff were trained to understand the MCA. Some people, who had restrictions placed on them, had authorisations from the DoLS team in place to show this was being done lawfully. However, not all staff were aware of these conditions. The team leader said this would be reiterated to staff so that they understood how to work with people with these conditions.
- People were able to consent to their care. People told us that staff asked their consent to agree to personal care.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and a relative said staff were kind and caring. A person said, "Staff are nice. They always chat to you." A relative staff, "They couldn't be more helpful." We saw staff assisting people, being friendly and caring and reassuring people. There was only one incident where this did not happen when a person was assisted to move without the staff member explaining why or asking the person's consent. The team leader said this would be followed up with staff as this was not in line with expected staff practice.
- People and the relative said staff listened to what people said, and that people's wishes were respected.
- The service statement of purpose stated staff should treat people equally whatever their backgrounds. There was a statement about non-tolerance for any discrimination against people whatever their race, gender or religion. This did not include sexual orientation. The registered manager amended the procedure to include this issue.

Supporting people to express their views and be involved in making decisions about their care

- People and the relative said they had been involved in care planning. This was shown in records.
- People and the relative said management always checked that they were satisfied with the service they received.
- Reviews of people's care had taken place. There was evidence that people and their representatives had been consulted about whether care provided still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and the relative said staff respected people's privacy and dignity. A person told us about staff, "They [staff] are always careful when they help me with my personal care." We saw one incident where a staff member asked a person about personal care in a communal area which could have been overheard by other people. The team leader said this issue would be taken up with staff to ensure people's dignity was always respected. This was also confirmed by the registered manager after the inspection visit.
- People and the relative said staff ensured people always choose their lifestyles, such as choices for food, drinks and clothes choices. Care plans had information about people's preferences.
- People and the relative said staff supported people's independence to be able to do the things that they could do.
- A staff member described how people were encouraged to do things for themselves that they could do, such as washing areas that they were able to reach. A care plan explicitly stated that a person should be able

to be as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said there were usually enough staff to provide people with care when they needed it, though one person wanted more help with exercises. The team leader said this would be reviewed as the person did receive help with exercises. People said staff supplied good support to them. A relative said they were very satisfied with how staff always supported their family member.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had comprehensive information to assist them to provide people with all their individual needs.
- Staff members were aware of people's important routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs. Easy read documents were available for people with reading difficulties. There was a plan to train staff in communication methods such as Makaton.
- People had 'communication passports' which explained to staff how to best communicate with people. For example, using short, clear sentences, using photos and objects of reference.

Improving care quality in response to complaints or concerns

- A small number of complaints had been received since the last inspection. These had been investigated and a response provided to the complainant. Records indicated complainants were satisfied with responses to complaints.
- People and the relative told us they had no complaints about the service. They were confident that management would sort any issues out if there were any. This gave reassurance that swift action would be taken as needed.
- There was a complaint policy and procedure in the service user's guide. The procedure implied that complainants could go to CQC to have their complaint investigated. CQC does not have the legal power to do this. The procedure for complainants to refer to the local government ombudsman was also missing. The registered manager sent us the amended procedure after the inspection visit.

#### End of life care and support

- End of life care and support was assessed as part of people's care plans.
- There was no one receiving end of life care at the time of the inspection. A care plan contained information about an aspect of a person's end-of-life wishes. There were no other details about the person's individual wishes and preferences, though the plan did direct staff to speak to the person's relative who was recorded as being aware of the person's wishes. The team leader said they would ask the registered manager to follow up this issue.
- Staff training had been carried out or was being planned for end-of-life care. A

# 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 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.

At the last inspection, there was insufficient auditing of staffing levels at peak times, completion of mental capacity assessments, condition of the premises and furniture, some odours and actions identified not being followed up. These issues had been acted on apart from some identified issues not having evidence of follow-up.

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

- People and their representatives had opportunities to share their views about the service through reviews and surveys provided to them. However, for suggestions that were made in meetings, there was no evidence to support that they had been taken up. There was no action plan in place to do this.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service. However, comments made in a staff survey by one staff member had no evidence that they were considered.
- Management staff promoted positive team working. Staff were thanked for their work. One staff member told us, "This is an excellent home and I get support from management. They always have time for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered managers were in post.
- Quality audits were carried out to drive continuous improvement of the service. However, some aspects of the service had not been audited such as staff training and staffing levels.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and a relative told us people received individual care based around their needs and preferences.
- Management staff worked closely with healthcare professionals to improve people's health.
- The team leader was clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- The CQC rating for the home was displayed.

#### Continuous learning and improving care

- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the care they needed.

#### Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this is what they wanted.