

# The Christian Care Trust

# Grace House

## Inspection report

110 Nether Street  
Finchley  
London  
N12 8EY

Tel: 02084455628  
Website: [www.christiancaretrust.org](http://www.christiancaretrust.org)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

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

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

People received care and support from staff that demonstrated compassion and kindness. People and their relatives praised the service and spoke of a warm and homely service with dedicated staff and management team. People were encouraged to make decisions about their care.

Improvements had been made to how medicines were managed. There were enough numbers of suitable staff employed to keep people safe. People were supported by trained staff who followed the government COVID-19 guidance.

People and their relatives told us the service was safe, people were protected against the risk of harm and abuse as staff had received safeguarding training and knew the provider's safeguarding procedure.

People's care was tailored to their individual needs. People were aware of how to raise their concerns and were confident these would be managed well. Activities provided ensured people were not socially isolated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A new registered manager had implemented improvements across the service and were well supported by the provider. People, staff and relatives told us the service had improved. The registered manager was working with the provider to implement further improvements to the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 November 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced inspection of this service on 30 September 2020. A breach of legal requirements was found in relation to medicines management. The provider completed an action plan after

the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which were previously rated as requires improvement and contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service.

## 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 responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below

**Good** ●

# Grace House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector. They were supported by an Expert by Experience who made telephone calls to relatives for feedback on their experiences of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Grace House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan submitted by the provider. 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 this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, care workers, administrator and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six relatives about their experience of care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection, procedures were not in place to ensure medicines were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, the provider and new registered manager reviewed and improved their medicines management procedures.
- A new and well organised medicines storage room had been created where medicines, including Controlled Drugs were stored securely.
- Medicines Administration Records showed that people received their medicines as prescribed.
- People who received their medicines covertly, which is where medicines are disguised in food or crushed, had documentation in place to evidence that this decision was in their best interests and signed by the appropriate health professionals.
- Staff administering medicines had received training and were assessed as competent to administer medicines by the registered manager.
- The registered manager carried out regular checks of medicines stocks to ensure that medicines were administered as prescribed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things went wrong

- People were protected from the risk of abuse and there was a safeguarding lead in place at the service. Policies and guidance were available, and training had been provided.
- People and their families told us they were safe living at Grace House. One person told us, "I can't fault the place." Relatives told us, "It is absolutely safe. No doubts about that" and "My [relative] has been there a few months now and it is great. It feels a safe space to live in."
- The registered manager knew the actions to take to report unsafe practice and they had confidence staff were providing safe care.
- The provider had a system in place to analyse incidents and accidents which helped ensure they were able to learn any lessons and adapt practice.

## Assessing risk, safety monitoring and management

- People and their families told us they felt that risks and safety was well managed at the service. One relative told us, "The staff seem to manage transfers/handling [person] very well" and "They have given [person] a pendant in case he needs to call for help."
- Risk assessments were in place to provide staff with guidance on how to keep people safe from known risks associated with their care in areas such as nutrition, pressure care, falls and moving and handling. The registered manager told us that they were prioritising review and update of people's care plans and risk assessments to ensure they were up to date and reflective of current best practice.
- Staff we spoke with were knowledgeable about the risks to the people they supported and how they could keep them safe from harm
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example fire bells, fridge/freezer and hot water temperatures had taken place.
- We noted that there was a fire risk assessment in place which had been completed by the registered manager. We discussed and provided information relating to ensuring the person completing fire risk assessments was competent to do so. Following the inspection, the registered manager advised that they would hire a professional fire risk assessor to review the fire safety procedures in place at Grace House.
- At the last inspection, we found that there was no legionella risk assessment in place. The registered manager completed this as a priority after they commenced employment at Grace House.

## Staffing and recruitment

- Staffing levels met people's needs. During our visit we saw staff supporting people in an unrushed manner and they were able to respond to requests for support.
- People and relatives told us that there were enough staff available to support people. One person told us, "If there is anything I want, they go to no end of trouble to accommodate me." Relatives told us, "The staffing levels seem to be adequate; around four staff on duty to ten residents" and "There always seem to be plenty of staff around when I visit."
- The registered manager told that they had reviewed and amended the staff rota to make it more organised. They also promoted some staff to senior and team leader roles with additional responsibilities which meant that there were improvements to ways people's needs were met, for example, around arranging for medical advice and appointments.
- Staff and residents told us that this was working well. One resident told us, "There are three senior carers here now and they have the hang of it." One staff member told us, "Now we are given responsibilities. It feels more like we are a part of the team. We have been given delegated tasks to do."
- Staff had been recruited safely, however for one staff file we checked; references had not been obtained prior to the staff member commencing employment. The registered manager told us references had been requested but not received. Shortly after the inspection, appropriate employment references had been obtained. The registered manager told us that they would ensure this would not happen again.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service responsive?

## Our findings

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

At a previous inspection in February 2020 this key question was rated as requires improvement. At the last inspection in September 2020 this key question was not inspected. At this inspection this key question has now improved to good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the inspection in February 2020, we found that activities offered to people were not always person centred. At this inspection, we received positive feedback around activities and offering people choice around how they spent their time.
- Since the last inspection in September 2020, an additional living room was de-cluttered and used as an additional space for activities which was positively received. In line with government guidance, volunteers and external entertainers were used at the service to provide additional entertainment, exercise and activities for people.
- Feedback around this was positive with relatives telling us, "There are a lot more activities now we have the new manager. She has organised a new programme for the residents" and "There are activities, but the main thing is that [Person] has people to talk to and there are plenty of people to chat to at the home. She likes to read. There's an exercise class; the [volunteers] play board games with the residents. There was a bring and buy sale recently and there is a Christmas party this Sunday."
- People received personalised care respecting their choices and preferences. A person told us, "It's a personal service. Every day I'm asked what I want to do. I choose. It has the personal touch." Relatives told us, "I visited for the first time recently and my mum looks in great shape. She is obviously being well-cared for" and "The personal care is faultless. It is all done very well, and they have so much patience. They treat [Person] with dignity. They look after everyone really well. The staff are lovely." A staff member told us, "For the most part all of the residents seem really happy and comfortable. I know they are looked after well."
- The registered manager told us that they were planning on reviewing all care files and updating care plans to ensure they were reflective of people's current care needs. We found that one care plan required review and updating, which was provided after the inspection.

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.

- People's communication methods were recorded clearly within their care plans.
- Staff were aware of how people communicated issues such as pain and distress. One person told us how staff had recently been very helpful in sorting some issues with their hearing aid.

- Information was available in accessible formats, such as large print to ensure it was available to as many people as possible.

#### Improving care quality in response to complaints or concerns

- People and their families told us that if they had any concerns, they would have no hesitation in reporting these to care staff or the management team. One relative told us, "I would feel comfortable about making a complaint."
- The provider's complaints policy detailed how complaints would be managed. There had been no complaints received since the last inspection.

#### End of life care and support

- When necessary, end of life care was supported by doctors and relevant other professionals.
- Where people had been willing to discuss their end of life care wishes this was recorded.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we made a recommendation around oversight of medicines management. At this inspection, as described in the 'Is the service safe?' section of the report, improvements had been made to how medicines were managed which included auditing and oversight at management level.
- The registered manager commenced employment at Grace House in August 2021 and had implemented several improvements to the service which was confirmed by feedback from people, relatives and staff. Feedback included, "I have met the new manager and she seems very nice. She seems to be making changes for the better" and "The new manager is called [Name]. She is approachable. She has made some good changes to the home. There is now an extra room for activities, which has made a big difference. More space."
- Staff spoke positively of working at Grace House and the support they received from the management team. They told us, "Since new manager come in, a lot of change and a lot of improvements. Personally, it's been a big change but very good. The service has improved" and "I'm having a lovely time working here."
- The registered manager and nominated individual were very open with us about there being additional areas for improvement which included some additional re-decoration and refurbishment, reviewing and updating care files and staff training. The registered manager had prioritised improving medicines management, health and safety checks and improving the home environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their families were very exceptionally positive about Grace House. They were particularly complimentary about the caring and supportive staff, homely environment and the food choices on offer. People told us, "It's a 12 out of 10" and "The meals are very good here. It's always possible to have a word with the chef if I wanted something in particular."
- Relatives told us, "I don't know how they have done it but my [relative] is now eating. I think it might have something to do with eating together with other people. The food is all home cooked. [Person] is now putting on weight", "The staff know my [relative] really well. I know about person-centred care and Grace House provides this. They treat my [relative] with great dignity and kindness. The care is excellent" and "This is a fantastic home, fantastic care. My [relative] stayed at other homes before arriving at Grace House and there is no comparison. The care here is exemplary."
- Staff spoke knowing people well and building positive and friendly relationships. During the inspection we

observed staff and the registered manager speaking to people with kindness and compassion, there was a pleasant atmosphere where people appeared at ease with staff supporting them. One staff told us, "Best thing about Grace House, I think it's the small number of people. I like it as I am able to give personalised care and not rush."

- The management team promoted a positive person-centred culture, that was open and transparent. The registered manager was aware of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged well with people using the service, their relatives and staff. People told us they were involved in planning their days and how they wanted their care delivered. Relatives told us they observed people offered choices, especially around mealtimes and activities.

- There were regular resident's meetings where we saw people were kept informed about and asked for their opinions on future events and plans at Grace House. We could see from speaking to people and families that people were very much involved in the running of the service and showed pride in that.

- Regular meetings were held with the staff team, as well as individual supervisions to look at work issues, performance and to identify training needs. A staff member told us, "Communication is very much improved. Now when you walk in the house more communication on the walls, more memos on the fridge and memo boards."

- People's religious and cultural needs and preferences were met. Grace House is a care home based on a Christian ethos. People were supported to practice their faith safely throughout the COVID-19 pandemic. One relative told us, "Yes, my [relative] is a Christian and belongs to a church near to the home. They used to take her to church but since COVID it has been on Zoom. They join in on Zoom with their friends at the home."

- People received care and support from a service that worked in partnership with healthcare professionals and other stakeholders.