The Hospital of God at Greatham

Gretton Court

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?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 8 June 2016. The first day was unannounced. The second day was announced. We last inspected Gretton Court on 20 January 2014 and found it was meeting all legal requirements we inspected against.

Gretton Court is a purpose built single storey nursing home which can accommodate 37 people. There are secured gardens which people who live at Gretton Court can access freely.

At the time of the inspection there were 37 people using the service.

A registered manager was registered with the Care Quality Commission at the time of the inspection. 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's relatives told us they thought their family members were safe living at Gretton Court. One relative said, "[Family member] is very safe, you can't fault the care here, people are well looked after." Staff were knowledgeable about safeguarding people from harm and risk assessments were in place to manage risks to people's health, wellbeing and safety.

Medicines were managed in a safe way. Person centred care plans and as and when required medicine sheets detailed how people liked to take their medicine. Appropriate best interest decisions had been recorded for people who took their medicine covertly. This means their medicines were hidden in food or drinks to support them to take it appropriately.

Accidents and incidents were recorded and investigated with lessons learnt being documented and acted upon.

The registered manager told us they assessed each person living at Gretton Court as having high needs. This meant the service was permanently staff to the maximum level indicated by the dependency tool. This gave staff the time they needed to support people in an unhurried manner. They also had time to spend with people one to one chatting and offering comfort if they were upset or distressed. Staff treated people with care and respect. We observed the use of appropriate touch to comfort people, which was often reciprocated and initiated by people.

Staff were well trained and told us they were well supported. The nursing staff respected and valued how well the care staff knew the people living at Gretton Court.

Care plans were person centred and contained detail in relation to the communication needs of people.

One care plan lacked detail of how to support and care for the person, and one lacked up to date information from a dietitian. Other care plans were detailed and specific to the needs of the person.

Activities were arranged on a four weekly rota, and included outdoor and indoor activities. A weekend activity box was available for care staff to use when the activities co-ordinator was not at work.

All the people living at Gretton Court had authorised Deprivation of Liberty Safeguards (DoLS) in place and staff understood the restrictions this placed on people. There was importance placed upon people having as much freedom and fresh air as they wanted, so there were no locked doors within the service and people had free access to the secure gardens. The registered manager said, "The use of prn [as and when required medicines] has reduced since people had free access to the garden, it gives people the space and fresh air to calm and walk as they need to."

Staff and visitors told us the registered manager was approachable. We observed they were visible to people and knew people and staff. There was a definite team spirit and staff worked together to provide good quality care for people. There were a range of quality assurance processes in place to assess, monitor and improve the quality of the service, including audits completed by the registered manager, the care services manager and the board of trustees.

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 good.

Medicines were managed in a safe manner with personalised information recorded about how people liked to take their medicines.

Relatives told us they thought their family members were safe living at Gretton Court and staff understood how to safeguard people.

Staffing levels meant people's needs were met. Staff could spend time with people on a one to one basis offering support and companionship.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable, confident and well supported.

Training was delivered to ensure staff had the skills they needed to meet people's needs and support them appropriately.

Some environmental considerations, such as no locked doors within the building gave people living with dementia free access to secure gardens.

The Mental Capacity Act (2005) was understood and authorised Deprivation of Liberty Safeguards (DoLS) were in place.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were very caring. They also said communication was very good. One person said, "They tell me everything, it's always volunteered."

We observed warm, affectionate and considerate relationships between staff and the people living at Gretton Court.

One person had an advocate and there was information on display about advocacy and support available for people and relatives.

Is the service responsive?

Good

The service was responsive.

Activities were available on a daily basis, and included outdoor games, weekend activity boxes and visiting entertainers.

Complaints were well managed. One relative told us they knew how to complain but had never had reason to do so.

Care plans contained detailed information on how to communicate with people and were person centred, and specific to the person.

Is the service well-led?

Good

The service was well-led.

Staff and visitors told us the registered manager was approachable and committed to Gretton Court.

There was a team ethos with a focus on ensuring a good quality service. One staff member said, "It's the best home in Hartlepool."

A range of quality assurance systems were used to drive improvement, including audits by the registered manager, the care services manager and the board of trustees.

Gretton Court

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 6 and 8 June 2016. Day one of the inspection was unannounced; this meant the provider did not know we would be visiting. Day two was announced so the provider knew we would be returning.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also 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 what improvements they plan to make.

We contacted the local authority commissioning team, clinical commissioning group (CCG), the safeguarding adults team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted healthcare professionals, such as the medicine optimisation team, the local infection prevention and control nurse and a community matron. We did not receive any concerns from the people we contacted.

During the inspection we spent time with three people living at the service and we spoke with five relatives. We also spoke with the registered manager, four care staff, three nurses, the clinical lead, the cook, the handyman and two domestic staff. We also spoke with the director and the care services manager.

We reviewed three people's care records and four staff files including recruitment, supervision and training information. We reviewed four people's medicine records, as well as records relating to the management of

the service.

We looked around the building and spent time with people in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We asked visiting relatives if they thought their family member was safe living at Gretton Court. One relative said, "[Family member] is very safe, you can't fault the care here, people are well looked after." Another said, "I have peace of mind knowing [family member] is here." Due to the complex needs of people living at Gretton Court they we were not always able to gain their views verbally. One person said, "It's lovely living here." All our observations were that people seemed relaxed and at ease in the environment and with the staff.

Staff were knowledgeable about safeguarding and had attended training. One care staff member said, "It's about abuse, people are vulnerable, so we look at how they react to people. It could be mental, physical, verbal, financial. If I was concerned I'd go to the nurse in charge or [registered manager]." Another staff member said, "I would observe and monitor, use diversion and report it and try and keep the people safe."

Any concerns were recorded and alerted to the local authority and the Commission as required. Action taken was recorded as was any future action that was needed, with timeframes, who was responsible for completion and the completion date.

Risk assessments specific to people's assessed needs were in place. These included control measures to minimise the risk as well as any further action that staff needed to take. Areas of risk included falls, manual handling, choking and behaviour that may challenge others. Risk assessments for people living with diabetes were not in place however care plans for medicines included specific detail on diabetes management. The registered manager said, "All the detail is in the care plan and we have the medicines risk assessments but we can put them in place."

One person had a risk assessment for choking which stated they required, 'two scoops of nutilis' which is a food thickener, this did not correspond with the information in the care plan or SALT assessment from speech and language therapist (SALT) which stated they required one scoop. We spoke with the person's named nurse who confirmed they were receiving one scoop. The registered manager said the risk assessment would be updated.

A range of environmental and health and safety related risk assessments were available as a resource. The templates were used as required by the registered manager and were personalised to the specific situation at Gretton Court.

Health and safety checks of the building and equipment were completed regularly and the handyman was knowledgeable about frequency of checks and what was needed. They said, "We do keep a good eye on the building, it's well maintained, [director] likes the checklists as its shows things are getting done." Appropriate certificates were in place such as gas and electrical safety, portable appliance testing, service of the fire alarm and emergency lighting.

There were plans in place for staff to follow in emergency situations. A contingency box was kept near the

fire panel which contained a torch and a copy of the emergency contingency plan, which included action to take in the event of gas failure, extreme weather, missing person, and power failure. There were detailed progressive horizontal evacuation plans, for day time and night time.

Personal emergency evacuation plans (PEEPs) were in place. We saw they were kept near the fire panel, in people's care files and in health and safety files. Those kept within the health and safety files were not up to date. The registered manager said, "We need to move them from there, they aren't really needed in there." The PEEPs that were near the fire panel were current and up to date, they contained detailed information on the person's needs should there be a requirement to evacuate.

Staff were able to describe the procedure to follow if the fire alarms went off. One staff member said, "We go to the fire panel, see if it's a drill or real. If it's a drill it's recorded who attended. If it's real we ring 999 and evacuate dependent on were the fire is. We would use our training. All the doors are fire doors and close automatically so it gives people extra protection." Fire drills were recorded.

Incident and accident reports were completed and investigated. Incident reports included a description of the incident, any precipitating factors, and the action taken at the time. Some incidents also included action plans which were reviewed appropriately and showed the necessary action had been taken. For instance, increased observations and referral to other professionals for specific support.

We spoke to staff about the staffing levels at Gretton Court. The registered manager said, "We do use a dependency tool, I assess everyone as having high needs so we are always at maximum staffing. This gives us two nurses and seven care staff during the day and one nurse and three care staff at night." They added, "If we feel the need for one to one support I can put it in." There were two or three domestic staff on shift, dependent on the time of day. One domestic said, "I've done all the same training as the care staff, so I can help out at meal times or busy times, the nurses and [registered manager] help as well if needed."

Everyone we spoke with said there were enough staff to meet people's needs, one nurse said, "I'm very impressed with staffing levels, night shift is a priority for staffing as we need to move away from agency nurses." Another nurse said, "We tend to use the same two agency nurses so there is still consistency for people. The manager has led a huge recruitment campaign, it's been in the nursing times, not just the local paper." One domestic staff member said, "Staff retention is really good, people stay because of the clients; we really care about people." One staff member said, "To be honest at times there are too many staff," this meant staffing levels were well resourced by the provider. Another member of the care staff said, "Yes, there's enough staff, we can spend time one to one with people, mainly on an afternoon as mornings are busy." We observed staff spending time with people at all times of the day. Staff were not rushed and happily chatted with people.

Staff files evidenced appropriate recruitment procedures were followed. Pre-employment checks included the receipt of two satisfactory references and the completion of an enhanced disclosure and barring service (DBS) check. DBS checks are used to support providers to make safe recruitment decisions about staff who will be working with vulnerable adults. DBS checks were renewed every three years which is good practice.

We spoke with the clinical lead about medicines management. They said, "[Nurse] is our medicine champion and is doing a brilliant job, I've never seen such as good system." There was involvement from the medicine optimisation team who confirmed medicines were stored and administered in a safe way. We observed a nurse whilst they administered medicines. They treated people with respect and chatted with them before offering them their medicines. The nurse was encouraging of people and provided physical support in a discrete and respectful manner when needed.

We did not see any gaps or errors on the MAR charts we reviewed. Medicine audits were completed regularly. The nurse said, "In practice they are done fortnightly but we aim for weekly." We saw detail was recorded on any errors or areas of good practice and any action taken.

Medicines were stored securely and liquid medicines had a recorded opened and dispose by date on them. This meant people would not receive medicines after the expiry date as they would be disposed of. Medicines were stored at the correct temperature.

Medicine profiles included people's photographs, allergies and any special requirements about how they liked to take their medicines. For one person who had their medicines prescribed covertly, there were specific instructions that milk should not be used for the administration of medicines. It included information that the person liked to take their medicine in a small amount of juice in a cup as they did not understand if they received it in a medicine pot. There was a person centred approach to the administration of medicines. Best interest decisions had been recorded in relation to the covert administration of medicines. Covert medicines are administered in food or drinks without the person's knowledge.

Protocols were in place for the administration of as and when required medicines (PRN). They included information on why the medicine had been prescribed, how to recognise if the person might need their medicine, such as grimacing or shuffling as a sign the person was in pain. The maximum dose the person should have in a 24 hour period, and how and when the medicine should be administered.

Good

Is the service effective?

Our findings

We spoke with staff about the support and training they received. One newly appointed staff member said, "Induction is excellent, there's shadowing and I was given all the policies before I was in post so I could read them. It's a very enthusiastic, caring establishment, willing to invest [in staff]."

The care services manager said, "The induction process is competency based and linked to the Care Certificate." The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The care services manager explained how they had bought licenses for the Care Certificate up front so when new staff started they could enrol straight away without having to wait for a license to be issued.

Care staff were confident with the training they received. One staff member said, "I've done safeguarding, moving and handling, fire, mental capacity, end of life, dementia, Parkinson's disease." A nurse said, "People would need to be trained, if for instance someone needed support with specialised feeding. We would make sure staff were trained and we could meet the person's needs." The registered manager said they had signed up for staff to complete distance learning on dignity, end of life, equality and diversity, safeguarding and dementia. They said, "As we have a long standing staff team and retain our staff it's about updating their knowledge." Training was also delivered face and face.

A training matrix was in place and showed a comprehensive list of training had been delivered for both nurses and care staff. We saw training was up to date and had been booked for the new members of staff.

Staff told us they felt well supported and had regular supervision, team meetings and an annual appraisal. One nurse said, "There's good support, brilliant support, we can say what we need and why and we generally get it."

Staff attended regular supervision meetings with a named supervisor. Supervision is used for staff to discuss their performance, training needs and any concerns. We saw staff had discussed, safeguarding, people's care and training needs. Annual appraisals had been held which included the staff member's achievements, any areas for development, future goals, training and development needs.

Staff meetings were held regularly and were often chaired by the registered manager and the director who had an active presence in the home. Staff told us they were able to add items to the agenda or could raise things during the meetings. Agenda items included a policy of the month such as infection control and moving and handling, and the agenda included specific areas of care such as specialist equipment, as well as safeguarding and the mental capacity act.

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 so that they can 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. Capacity annual assessments were completed and linked to care plans. We asked about the process for this, the registered manager said, "If a specific decision was needed to be made we would do a mental capacity assessment and best interest decision."

The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. The registered manager had followed the requirements and applications under DoLS had been authorised. The registered manager was complying with conditions applied to the authorisations and relevant care plans were in place. Care staff had received training in the Mental Capacity Act and DoLS.

Where people's family member's held lasting power of attorney for finances and/or health and welfare copies of the documentation were available or the registered manager was aware of any conditions applied. DoLS care plans included information about lasting powers of attorney.

One care staff member said, "It's about can the person retain a conversation and relay it back to us to make a decision they understand. Decisions need to be made in people's best interest with the GP, relative and lasting power of attorney." They added, "We make day to day decisions in people's best interests."

A document titled restraint policy was completed for people who were at risk of falls. This considered the implications of using restrictive devices such as bed rails and bumpers and wheelchair lap belts. There was evidence of consultation with the person and next of kin by way of a recorded best interest decision.

The staff were knowledgeable about the needs of people living with dementia and how this might influence their behaviour. Staff were conscious that this may include people expressing themselves by using offensive language and staff approach was non-judgemental and accepting. A language policy was in place which promoted the appropriate use of language and terminology.

It was also accepted that at times people may present with distressed behaviour resulting in agitation or aggression, again staff were non-judgemental and strategies were in place to support the management of the behaviour to keep everyone safe. Considerations in relation to the building and the use of the space had included how best to support people living with dementia.

A new extension to the building had a specifically designed acoustic ceiling and glass skylight. The registered manager said, "This provides a really quiet space with natural lighting for people to sit and relax." This area of the building also had four bedrooms with ensuite bathrooms and over tracking to support people living with complex physical needs.

All other bedrooms had washbasins and access to bathrooms and shower rooms. Two bathrooms were equipped with bath hoists and raised baths to ensure staff could support people with personal care at eye level.

There was a sheltered courtyard and a secure garden which people enjoyed free access to. The garden included a meandering path, a cottage garden, a herb garden, a green house in which people were growing tomatoes and a beach hut. The registered manager said, "The use of prn [as and when required medicines] has reduced since people had free access to the garden, it gives people the space and fresh air to calm and walk as they need to."

There were three units within Gretton Court and people had free access to the whole of the home, so could spend time in the two lounges or the quieter areas where there was a sensory bubble tube and views to the garden. The director said, "Freedom and freedom of movement is very important alongside the management of risk."

There were two kitchen assistants and one cook who made freshly cooked meals for people on a daily basis. The cook said, "The care staff support people to choose a meal but if they don't want it there's always omelettes or sandwiches or egg and chips, whatever people want." The registered manager said, "We do a morning choice with people and we understand people's preferences, so we do a visual check at meal times. If someone wants something else it's no bother, we have a good budget for meals. Yesterday we had salmon and asparagus." We saw the meals were freshly made, well balanced and nutritious with a variety of options for people to choose from. One person told us, "Ooh, I had a lovely lunch."

One person had finger food, and people had access to specialised crockery and cutlery to support them to eat their meals independently. Specific crockery was used for people who needed specific diets, as recommended by dietitians or speech and language therapy (SALT). The cook and kitchen staff had copies of people's dietary notification sheets and personal preferences so they were aware of, and able to cater for people's needs.

A four week menu was displayed on the notice board but it was not clear from this which week of the menu was being provided without cross checking to the day's menu which was written on a white board. People living with dementia may not have been able to make an informed choice from the written menu. We raised this with the registered manager, who said, "We are looking at a pictorial menu."

People had the involvement of external health care professionals such as community psychiatric nurses, tissue viability nurses, doctors and speech and language therapy. The registered manager and one of the nursing staff explained they supported people if they were admitted into hospital. They also explained they worked to support safe and appropriate discharge back to Gretton Court so people did not spend an inappropriate amount of time in hospital. Nursing staff explained they have challenged the views of doctors and other professionals and felt their views were listened to and respected.

Good

Is the service caring?

Our findings

We spoke with people and visitors about the care provided by Gretton Court. One person told us, "It's a lovely place here, she's lovely she is," as she pointed to a member of staff. One staff member from another care agency who works with a person living at Gretton Court said, "The staff are lovely." A relative said, "I know they are taken care of." Another relative said, "The care is very good, the lasses are hardworking and put themselves out for you."

Another relative said, "I'm very happy, couldn't fault this place at all. It's not just the care there's a relaxed atmosphere, the care is second to none." They added, "It's what caring for the resident does for the family, the family also feel cared for. They tell me everything, it's always volunteered and they say what's happened. Nothing could be done better."

One relative said, "I'm happy with the staff who are caring, lovely and friendly. They sit with people and have one to one time with them, they are very approachable."

One ancillary staff member said, "The team understand people's needs and don't take things personally. Family can find it difficult so we all try and support family members with changes in people. We try to make people laugh, and build a warm relationship with people, get to know them and know if we can or can't joke with them."

We saw photograph albums with events that had celebrated at Gretton Court, such as the renewal of wedding vows, anniversaries and special occasions. People had been supported to attend parties and special events outside of Gretton Court. The registered manager had also arranged for people to continue their hobbies and interests when they moved into Gretton Court.

During the inspection we observed people were treated with kindness and compassion. People were frequently engaged with staff, for example one person was having their hair done by staff, whilst another staff member played dominoes with people, and another was doing a jigsaw. Staff were attentive to people's needs and chatted with people freely. We observed a lot of smiles, laughter and affection between staff and the people living at Gretton Court.

Appropriate touch was very evident with staff knowing people well enough to judge when they would benefit from physical contact by way of hand holding, or a soothing hand on the back. People instigated contact with staff and were often seen initiating a hug which was appropriately reciprocated. We observed one person seeking reassurance and asking staff, "You're going to stay with me, you're going to stay with me." The staff response was to kneel next to the person, hold the persons hand, stroke their back and use a gentle, reassurance tone of voice, saying, "Of course I am, you're alright," until the person settled. One nurse said, "It's about getting to know people, touch is very important for people."

One staff member said, "We enjoy what we do, we have a good rapport with families and residents so they respond to us." One nurse said, "The staff are happy and the residents are happy, it's always been like that.

The care staff are really good, there's respect to and from the nurses. We work together and trust the care staff. They know the residents well and will say if there are any concerns about people, there's really good communication." One relative said, "We are very involved, we can read everything and anything that's written about [person]."

One care staff member said, "I feel like I'm doing something better with my life by working with people and improving their lives."

Residents and relatives meetings were held four times a year. The registered manager said, "They are not well attended." They went on to say, "At the last one we talked about end of life and preferred priorities for care. Relatives visit on a regular basis so we catch up all the time." One relative said, "I went to the relatives meeting, there's another one on June 15. We can raise anything at the meetings." They went on to say staff had spoken to them about the end of life wishes of their family member so staff could ensure the person's choices and wishes were respected. They went on to say, "I really appreciated that as no one else had bothered to do it. [Family member] had been nursed in bed in their previous home but here they got [family member] up straight away and bring them to the lounge to mix with people their own age. Me and the family are over the moon with the care."

Mealtimes were relaxed and sociable. There were staff in the dining room sitting chatting with people and supporting on a one to one basis whilst staff supported people who chose to eat in their rooms or the other smaller dining area.

We observed all the people in the dining room were supported to wear a plastic apron which was removed immediately after they had finished a meal. Whilst no one objected to this the registered manager and director did acknowledge that aprons could have been more personalised.

Staff were engaging and interacted with people, offering discreet support as needed. We observed staff were observant when physically supporting people with meals, and waited until people had finished eating before offering more food or asking people if they needed a drink.

One person had an advocate, the registered manager said, "They come in and chat with [the person] and they feed back to us and we record it in the daily records." Information was on display around the home for advocacy services, how to raise a complaint, concern, suggestion or compliment. There were also dementia information sheets available.

Good

Is the service responsive?

Our findings

We spoke with relatives about how well staff knew their family member. One relative said, "It's absolutely wonderful, they [staff] take an interest and know [family member's] ways."

One staff member said, "The staff are relaxed so the residents are relaxed. Staff care and people can see it." They added, "We know the residents well and can see any changes in their needs."

The registered manager told us, "Family members are involved and share people's preferences with us, some people will say what they want and what they like." We saw family members had been included in, and had often completed, 'All about me' documents which provided staff with a brief history of the person, including their preferences, work and family history. People also had one page profiles which included the things that were important to the person, such as family, having a laugh and singing. There was also a summary of how best to support the person, comments here included, 'needs careful reassurance and kind words,' and 'likes to relax by sitting quietly.'

One person had a care plan in relation to support that needed to be offered whilst they were lying on the bed. The care plan specified why support should be provided on the bed but did not contain the detail of how to support the person. The registered manager said, "Yes, I understand." On the second day of inspection the persons named nurse told us they had updated the care plan. A nutritional action plan provided by one person's dietitian had not led to the information being included in the care plan, but the information was readily available in the nutrition section of the care record.

Other care plans were specific to the person and detailed how best to support and communicate with the person. One care plan contained detail in relation to the tone of voice staff should use and whether or not to maintain eye contact. Other care plans recorded diversion and distraction techniques, such as meaningful activity, listening to the radio, watching game shows and colouring in. One person's nutrition care plan contained detail about the person's ability to swallow, how they would present if they were choking and the action that staff should take if they observed the person to be choking.

Another person's medicine care plan included detail in relation to diabetes management, including what action to take in the event of the person experiencing hyperglycaemia and hypoglycaemia. This is good practice.

We asked relatives if they knew about the complaints procedure. One relative said, "I know how to complain but if I saw anything I wasn't happy with I'd say it to their face, I would raise it with the person concerned." Another relative explained they knew how to complain but had never had reason to do so. When a complaint had been made they were recorded and investigated. Acknowledgement letters were sent to complainants as well as investigation outcome letters. There was a record of whether complainants were happy with the outcome of the complaint and the action taken by the registered manager. Lessons learnt included improved communication and additional training for staff such as end of life care, diversity and equality and dementia awareness.

There were numerous thank you cards and letters which were very complimentary and included comments like, 'Thank you isn't enough,' 'We were treated with dignity and respect by all,' 'We couldn't have wished for a better place,' and 'Thank you for your dedication.' We also saw staff received thank you letters from the director and the board of trustees. The registered manager said, "All the thank you cards go up in the staff room so staff can see them."

Admission questionnaires were sent to relatives when their family member moved into the home, ensuring they knew about care reviews, and who their family members named nurse was. Surveys were also sent to relatives and professionals and feedback was provided by letter to from the registered managers so relatives and professionals knew what actions would be taken in response to the feedback. The registered manager, care services manager and director were all visible within the home and available for staff to speak with as needed.

An activities co-ordinator was in post, and the registered manager said, "[Handyman] also does activities during the afternoons. They tend to be more energetic such as bowls, golf and things outside." We observed people enjoying garden bowls in the sunshine with their relatives during the inspection. People also played croquet in the gardens and were often joined by people from the adjoining day service which gave the opportunity for socialisation.

A four week activity plan was on display which detailed a range of daily activities for people to join in with. We noted there was no information to indicate which day within the activity plan we were currently on. We raised this and the care services manager said, "Oh yes, you've got a point there, we'll have a look at it."

A well-equipped hairdresser's salon was available on site and could be used by relatives who wished to support their family member. There was also a visiting hairdresser once a week, who was very popular with people.

An activities box was available for care staff to use during weekends, as well as an activities room equipped with a cooker, bar and pool table, as well as arts and crafts, games, DVDs and CDs. Games were available in different formats, in order to support people to engage. This included pictorial dominoes, large print dominoes, musical and tactile bingo.

The registered manager explained that music was a very important part of Gretton Court, and included regular visits from a harpist who brought a small harp for people to play; an accordionist, and a jazz session. There were also trips out during the summer which family members were invited to join in with, such as visits to the local pub for a game of pool, darts, and a beverage.

Gretton Court also had a rabbit, a budgie and gold fish. Visitors were encouraged to bring their pet dogs in to the home when visiting family members.

Good

Is the service well-led?

Our findings

We asked staff and visitors if they thought Gretton Court was managed well. One relative said, "The manager is approachable." Another said, "[Family member] has been in two other homes, and this is the best." Another said, "[Registered manager] is present and involved, it's not 100% here, its 110%." One care worker said, "It's the best home in Hartlepool, the staff are brilliant." Another staff member said, "There's really good team work."

Staff told us they felt valued and appreciated, one care staff member said, "We got a pay rise, I feel real valued and important. We all got hampers after the extension was done to say thank you." Another staff member said, "The uniforms provided, DBS check is paid for, we even got cream eggs at Easter."

One ancillary staff member said, "[Registered manager] is approachable, we can suggest improvements and we are listened to." They went on to say, "We can request a meeting if we want one we don't need to wait. The manager always asks how we are and sometimes we don't have to say as they already know!"

The registered manager said, "The director is very supportive, if we can justify a need for something we generally get approval for it." Ancillary staff said, "We have everything we need." Nursing staff confirmed this and gave examples of raising the need for a specialised mattress which was provided the next day. New comfortable chairs for people had been ordered, and a new thermal thermometer which meant people's temperature could be taken without being invasive was being sourced.

Various champion roles were evident where staff had lead responsibility for a specific area of care such as medicines, dignity and safeguarding, end of life, infection control and health and safety. The role of the health and safety champion was to attend health and safety management group meetings as the staff representative. The information discussed included accidents, falls, alerts and research on health and safety matters. The staff representative provided feedback to the staff team at Gretton Court.

One nurse said, "I am impressed with [registered manager] and their enthusiasm which rubs off on the staff, they are well balanced and easy going. As a home there's transparency, and more staff than I've ever seen before." A visiting community matron told us, "From a leadership point of view the manager has approached me on many occasions to ask advice re training issues, up to date nursing/medical issues and seems up to date with the management of patients in their care."

Another nurse said, "Yes, we have staff meetings, we can bring up anything we want, if anything needs replaced or if there are any issues. We have time built into the shift for handovers, and regular breaks. The lasses [care staff] can go off the floor if they want to and it's fine as long as they let us know. They are busy days."

A range of quality assurance systems were used to ensure quality and drive improvements. These included bed and mattress monitoring, diet charts and audits. The registered manager told us, "A few care file audits are completed each month." The audit consisted of a list of the documents looked at. The registered

manager said, "I look at the quality of information and do random checks to see if information from the daily notes are in the evaluation record." Actions were recorded and marked as completed.

A care services management audit was completed regularly with the last one having been completed in April 2016. This audited had included speaking with people, their visitors and staff, completing observations around the home and looking at documentation. The audit had identified a falls risk assessment did not detail sufficiently robust control measures and the care plan needed more detailed. These actions had been addressed straight away.

The VIPS framework for person centred care was also completed by the care services manager. VIPS is a toolkit to help care homes improve the quality of their dementia care. The principles of VIPS are to value and promote the rights of the person; provide individualised care according to the persons specific needs; understand care from the perspective of the person living with dementia and to create a social environment which enables the person to remain in relationships and to feel socially confident. During our inspection we saw a lot of these principles were evident in the relationships staff had people, the care provided and recorded and the activities and environment.

We asked about lessons learnt and the care services manager said, "The management group analyse safeguarding's, complaints, accident and incidents, pressure management and nutrition. The health and safety management team analyse everything from all services from an organisational perspective." We saw that management team meetings were held regularly and minutes included discussions around lessons learnt and sharing best practice.

The director explained there was a board of trustees who had attended presentations and workshops on aspects of social care and dementia. Proprietor's visits were completed on a bi-monthly basis. The visits included speaking with people and staff and assessing the standards of the premises and significant events; there was a focus on the safety and wellbeing of people. Reports were responded to by the registered manager and reviewed by the director and board of trustees. This process ensured the trustees understood the systems that were in place or could ask questions and hold the management to account. They also said, "We are sure of our values as an organisation, [registered manager] is a fantastic leader, they live and breathe it. We have a cohesive nursing team and are moving away from agency nurses, a focus on belonging to an organisation."