Newton Chinneck Limited

St George's Glatton Hall

Inspection report

Glatton Ways
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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

St George's – Glatton Hall is a care home providing accommodation for up to 29 older people, some of whom live with dementia. It is not registered to provide nursing care. 23 people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 19 May 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and with their medicines.

There was sufficient numbers of staff on duty who had received training to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

There was a variety of activities and interests available for people to take part in so they did not become socially isolated.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. We observed staff supporting people in a respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted

about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St George's Glatton Hall

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 May 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with 11 people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.
We also spoke with two relatives, a healthcare professional and a contracts monitoring manager from the local authority to obtain their views about the service provided at St George's – Glatton Hall.

We looked at records in relation to two people's care. We spoke with the registered manager, the provider, three care staff, a senior care worker and the cook. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at St George's – Glatton Hall. One person said, "I feel very safe here. I love my room and the little patio. My doors are locked." Another person told us, "It's definitely a safe place. The carers [staff] are all so kind. I feel at peace." A third person said, "We feel safe. There's always someone around at night." Observations we made showed that staff assisted people safely. For example, when assisting with a person's mobility staff gave them clear instructions so they could safely use their frame. The relatives we spoke with told us that they felt their [family members] were safely supported by the staff.

Safeguarding processes and reporting procedures were in place and easily accessible to staff and visitors. Staff demonstrated to us they knew how to recognise and report any suspicions of harm or poor care. They were also aware that they could report any concerns they might have to external agencies. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were aware of potential risks to people including assisting people safely with their mobility and assistance with medicines. Risk assessments had been reviewed regularly to ensure they continued to meet people's needs.

Staff files examined confirmed a robust recruitment and selection process was in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us that usually there were enough staff. There had been occasions where they had used agency staff to cover the shortfalls. People commented, "It's just first thing in mornings that they're very busy so I have to wait a little bit." And one person said "It can vary. They may be very quick or can be tied up with someone else. They pop in and say they'll be back as soon as they can, maybe 20 minutes wait. There's been a lot of agency recently but they don't know us and we have to tell them what to do for us." A relative also said, "The girls [staff] are wonderful. I know they have been a bit short staffed lately. But everyone gets their needs met. Couldn't ask for better they are wonderful and always cheerful." There were systems in place to ensure that there were enough staff to meet the needs of people and ensure that they remained safe. The registered manager told us that staffing levels were kept under continuous review to ensure to the service met people's needs. They also told us that they had had to use agency recently to cover the staff vacancies. One person said, "They're all the time popping in to make sure I'm ok. They peep in at night too."

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed annually. Medicine Administration Records showed that medicines were administered as prescribed and stored at the recommended temperatures. One person said, "I know what my tablets are for. The girl [staff] waits beside

me [whilst I take my medicine]. Another person said, "I can have painkillers if I need for my [medical condition]." A third person said, "I have tiny pills so I put them on a spoon with my porridge to take."

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current on-going issues identified. Personal evacuation plans were in place for each person in the event of an emergency occurring.

Good

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. One person said, "They know me and my needs well." Another person said "They're [staff] so supportive of me and helpful." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's needs, and examples included; first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLs.

Staff received regular supervision and appraisal where they had the opportunity to discuss the support they needed and to discuss their work practice, training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of promoting people's rights, choices and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People's dietary and food preferences were recorded in care plans. The registered manager told us that nutritional advice from dieticians was sought whenever necessary. The cook told us about the special diets people required, including meals for people with particular dietary needs. People told us that the cook regularly spoke with them to gather their views about the meals and to ensure that their preferences and favourites were included. One person said, "On the whole the food is good. We get two choices or can ask for anything else. We've put on weight here so that's good." Another person told us, "I like my meals as we get a lot of vegetables. I don't like gravy so I don't get any. We can ask for fruit or a snack anytime and family can bring us treats in too."

We saw that drinks were readily available, both with meals and at other times during the day. One person said, "We get a glass of water in the lounge and the usual hot drinks." We saw that the lunch was a sociable occasion with most people eating together in the dining area. People could choose to have their meals in their own room. One person told us, "I eat meals in my room and can't believe how well they look after us. I ask for a small portion and get it." Where people needed assistance with their meal staff were on hand to provide the help that was required.

People had access to a range of health services. There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. One person said, "I've had the dentist come here, and the optician and chiropodist are marvellous. "Another person said, "The doctor comes for regular checks on us. We see the optician and got new glasses here. The NHS podiatrist comes."

Good

Is the service caring?

Our findings

We observed that the interactions between staff and people using the service were kind, caring and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. We saw that staff spoke to people and supported them in a kind, unhurried and dignified manner at all times. One person told us, "I feel very happy with everyone – they're lovely girls and boys [staff]." Another person said, "They're very good to us and know how we like things done." A third person told us, "It's a wonderful place and every morning I wake up and thank God that I'm here. A superb home." Relatives that we spoke with were very positive about the care their family member received and one relative told us that, "My [family member] is really happy living here. Their health has much improved as the staff are very observant and sort out any health issues straight away. They are well looked after." This showed that staff were able to respond and act upon people's care and support needs.

Staff knocked on the doors to people's rooms and waited for a response before entering. Staff then checked and asked for the person's permission to enter. Staff gave people choices and listened for the responses people gave before carrying out individual requests and wishes. We observed that staff checked and asked people for their consent before providing them with personal care or assistance. Staff explained the support they were going to provide before giving it and people were reassured through knowing what was happening. We also saw staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. One person said, "They [staff] do everything the way I like it and have such a caring attitude. Every job the staff do here is extra special and the chiropodist is marvellous". Another person said, "I ask the girls [staff] to shut the curtains as they're so big and I can't manage them. They always knock and know I like my door closed when I'm in here." A third person told us, "They [staff] always knock and will draw the blinds if it's for something personal."

Throughout the day and at lunchtime people were supported to be as independent as possible. People had access to aids such as straws to help them to drink and equipment to help them with their mobility. During lunch staff regularly checked that people were enjoying their meals and offered additional help whenever they felt this might be needed. If people had chosen not to be assisted their wishes were fully respected. People were not hurried with their meals and people were offered their desserts once they had finished their main meal. People could choose to have their meals in their rooms and had access to utensils and condiments to help them eat and drink independently. Staff provided people with simple instructions when they were mobilising around the home to ensure their safety and independence.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

There were various activities available in the home and examples included gardening, a BBQ, baking, pampering, a film afternoon, bingo as well as coffee mornings and afternoon tea events. One-to-one time was also timetabled. The activity coordinator told us this gave people some individual time as they had difficulty joining in due to their communication difficulties and ensured they were not 'socially isolated'. One person said, "I don't have enough time for it [activities] all in a day I have my talking books and the TV. Most days there's an activity on, we get a sheet showing things [activities]. I like to sit on my patio with the birds and get taken for a walk sometimes. I'm told they do trips out in the summer. We have a monthly church service too and communion." There is a club meeting once a month. A lady fetches me or I use the minibus they send. I have the large print TV pages from them." Another person said, "We do quite a lot, like bingo a few times a week, exercises, gardening and cookery. There's usually plenty to do." A third person told us, "There's enough to do as you can sit and watch the birds outside or the TV and I write letters to my family. I like a nice singer. I'm not bothered about bingo though. I've been to the seaside from here on a trip last year. Ice cream, sand and fish and chips!" A third person told us, "I do a lot of reading and watch my TV. I'm dying to get out in the garden when it's fine – they're planning for me to do some planting." We saw posters publicised forthcoming events by a visiting singer. A monthly church service is held in the home including communion.

People's needs were assessed, planned and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People told us, and we found from records reviewed, that an assessment of their care and support needs was completed. This ensured as much as possible that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, My [family member] has power of attorney {This is a legal document which allows a person to make decisions and act on the persons behalf as his proxy decision maker if they should lose mental capacity one day}. but lives overseas. [Name of registered manager] has been so good with me. She asks me if I'm happy and if I need anything. She's so receptive to my needs." Another person said, "The [registered] manager and owner do meetings with my family on my behalf."

People's care plans were reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. An example of this included changes to a person's mobility and assistance they required. Daily records were completed detailing the care that had been provided. Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

Feedback from care professionals was positive and that there were regular contact/discussions regarding the care and changing needs of people and how their needs could be best met. The registered manager told us that they were in regular contact with a variety of care professionals. Examples included contact with GPs. district nurse and occupational therapists to assist with people's particular care needs.

People had access to the complaints process. Staff confirmed they were aware of the complaints policy and

knew the process to respond to any complaints made. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider. One person said, "Touch wood, I never have complained. It's always been A1." Another person told us, "I can't think of anything we've had to mention. We'd see the [registered] manager if we did though." A third person said, "Absolutely no complaints." A relative said, "There is nothing to complain about the [registered] manager and her staff are wonderful. If I was concerned the staff and [registered] manager would deal with it straight away." This showed people were listened to and their concerns were swiftly and promptly responded to.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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, relatives and staff told us the registered manager was approachable and listened to what they had to say. One person said, "She's always around to ask a question. She's lovely and we get on very well." Another person told us, "She's done quite a bit for us and worries about us if anything's wrong. She's been very helpful in getting appointments booked." Other comments included, "I find the [registered] manager is lovely". "She's a good [registered] manager. No-one could do better." "Without [name of registered manager] I'd be lost. She's so hardworking and been wonderful to me. Even when she brings her dogs in, they come upstairs specially to see me."

The registered manager and staff were dedicated in providing a good service and were positive and enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open and friendly and that people were treated with dignity and respect. The registered manager worked alongside staff to monitor the care and support, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity at all times throughout the inspection.

Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. One member of staff said "[Name of registered manager] regularly works alongside us so knows what's going on." Another member of staff told us "She [registered manager] is a very good listener and works to making the lives better for the people living her."

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

Minutes of the 'residents' meetings were available on the notice board and people told us they were asked their views. One person said, "I think I did a form with family help a while ago and I said what wonderful service we got here and how excellent the chiropodist is compared to the one I had at home. I sit in on the meeting here every month and we say if we like things or what needs improving and they seem to take note." Another person said, "We've been to one or two of the meetings and we see what they do afterwards, like planning an extra bingo each week." A third person told us, "We just complained about the food at the last meeting. They [management] listen and things change for the better. We've a better menu now"