Care Quality Commission

# Newton Chinneck Limited

# St George's Glatton Hall

## Inspection report

Glatton Ways
Glatton
Huntingdon
Cambridgeshire
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Tel: 01487 830085
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Date of inspection visit: 19 May 2015
Date of publication: 19/06/2015

## Ratings

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

## Overall summary

St Georges – Glatton Hall is registered to provide accommodation and non-nursing care for up to 29 older people. There were 25 people living at the home at the time of our inspection.

This unannounced inspection took place on 19 May 2015. At our previous inspection on 24 April 2014 we found the provider was meeting all the regulations that we looked at.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

We found that staff treated people in a way that they liked and that there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided.

Medicines were stored correctly and records showed that people had received their medicines as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these

Effective quality assurance systems were in place to monitor the home and people's views were sought and used to improve it. The registered manager had introduced changes to support staff with additional meetings to discuss care and support to ensure that people were receiving a good quality of care and support.

# Summary of findings

## 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.

Staff were aware of the actions to take to ensure that people living in the home were kept safe from harm

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

**Good**

**Is the service effective?**
The service was not always effective.

Some staff were not aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and did not understand the principles of assessing peoples capacity.

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

**Requires Improvement**

**Is the service caring?**
The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

**Good**

**Is the service responsive?**
The service was responsive.

People and or their relatives were involved with their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in an open and professional way.

**Good**

**Is the service well-led?**
The service was well led

**Good**

# Summary of findings

There were opportunities for people and staff to express their views about the service via regular meetings.

A number of effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

# 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 was planned to check whether the provider was 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.

The inspection took place on 19 May 2015 and was unannounced. It was undertaken by one inspector.

Before and after our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make. We also made contact with the local authority contracts team.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 14 people who used the service, four staff including, three care workers, one house keeper, and two visiting family members.

We also looked at three people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Good

# Is the service safe?

## Our findings

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: "The staff are great always and look after me very well. I feel very safe". Another person said: "I am well looked after and couldn't ask for better". One relative said: "Staff look after [family member] very well and I've never seen staff be impatient with residents".

Staff told us, and records confirmed that staff had recently received training in protecting people from harm. We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They knew how to report incidents both within the home and to agencies involved in protecting people outside the home. One staff member said: "I have received training in safeguarding and I would have no issue to report any concerns to the manager".

Care records showed that risk assessments were undertaken to assess any risks to each person who lived in the service and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

There were sufficient numbers of staff available to keep people safe because people received the care they needed. Call bells were answered in a timely manner and we observed that staff delivered care to people when they required it and they did not have to wait. One person said: "I can't say I have ever had to wait for them [the staff]. If I need a hand, they are there." A relative told us: "Whenever I come and visit, staff are always around. I never hear bells ringing for a long time. If people need help, the staff are there for them".

Staff told us that, although they were very busy, they still had time to care. One staff member said: "What I really like about working here are the relationships we develop with our residents, they are so positive". Another staff member said: "I try and spend time during my shift talking with my residents and listening to their stories".

One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Staff confirmed they had received training in medication administration. People we spoke with told us they received their medication regularly. One person told us: "The staff also ask if I require any pain relief".

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. A medication error had recently occurred and prompt action had been taken which resulted in the member of staff being unable to continue to administer medicines until they had received further training. This ensured that people remained as safe as possible.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke with reported that staff understood their needs well, and helped them improve their health. Staff we spoke with told us about the care they provided and one said: "Our residents come first. We try to offer choice in everything we do. This can be really little decisions about what to wear or what to eat but it really does matter". One staff member told us: "I have worked here for four years and get to know people well so I know how to meet their needs".

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Although staff told us they felt supported they had not received regularly supervision but received it as and when necessary. Staff told us and the training records we viewed showed that staff had received training in fire awareness, infection control and food safety.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. We spoke with staff and some did not all have a clear understanding of the principles of MCA and DoLS and their responsibilities; although a training programme was in place to ensure all staff receive the training to give them a better understanding and ensure they were complying with the legislation.

We saw that most people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, eat and drink. However, best interest assessments had not been instigated for everyone. Staff we spoke with were confident in discussing the importance of consent to care and told us they always ask people about what support they need before supporting them and giving them choices in what they would like to drink and what clothes they would like to wear..

We observed lunch being served to people. Everyone we spoke with commented on the high quality of food provided. One person told us: "I love the food I have no complaints." We saw that where people chose not to eat in the dining rooms, they were offered timely meals and refreshments in their rooms. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians and speech and language therapists had been consulted. This was to help ensure people ate and drank sufficient quantities. Comments made about the food included that it was, "Plentiful, lovely and always hot." People using the service were provided with the menu to be able to make a choice of food on offer each day.

People's health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: "The staff arrange for me to see the doctor when needed". We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted all of this advice and information had been incorporated into people's care plans. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

Good

# Is the service caring?

## Our findings

People were happy with the care provided in the home and told us that they received a good standard of care. One person said: "I can't fault it here. All the staff are wonderful and help me when I need it".

Relatives were confident in the care people received. One said: "I am very happy with the care [family member] receives here. I am able to come whenever I want, people who live here are well cared for by caring and supportive staff".

There was a homely and welcoming atmosphere within the home which was reflected in the comments we received from people, their families, and staff. One relative said: "I always get a warm welcome and a cuppa when I come and I can pop in whenever I want to". A member of staff said: "I like working here, we are like a family. We all get on great together".

Staff treated people with respect and in a kind and caring way. Staff referred to people by their preferred names. Relationships between people who lived in the home and staff were positive. One person said: "You can have a laugh with the staff and I like that." We saw staff supporting people in a patient and encouraging manner when they were moving around the home. We observed a member of staff support someone to walk down to the dining room for lunch using their zimmer frame, allowing them to walk at their own pace.

Staff sat with people and chatted whilst they ate their food. The staff member working in the kitchen came out to check everyone was enjoying their meal and if they needed anything else. We saw good examples of staff taking time to speak to people as they supported them. When a person found it difficult to hear the staff member would go closer to the person to repeat the question and check they had understood them.

Staff were aware of the likes, dislikes and care needs of the people living in the home. One staff member told us: "My resident likes to hold hands when we talk to them. It reassures them that we are there and that we care". We looked at the person's care records and saw that this intervention was clearly recorded. We saw in another person's care records that their life history and experiences were documented. This showed us that staff had taken the time to listen to people and their relatives

All of the people had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to and we saw that people had their wishes respected.

The registered manager was aware that local advocacy services were available to support people if they required assistance; however, there was no one in the service which required this support at the moment. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

People had been asked about the arrangements they wanted to be made for them at the end of their life. This included details about funeral arrangements and the involvement of family members. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.

Good

# Is the service responsive?

## Our findings

Staff told us that there was sufficient detail in the care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified. Records showed that when people's needs had changed, staff had made appropriate referrals for example to the dietician, dentist and or opticians and had updated the care plans accordingly.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. We saw very personal details in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. This allowed staff to start conversations with people about their lives and interests.

A member of staff had been appointed to co-ordinate a range of activities, hobbies, interests and events for people to participate in. A member of staff we spoke with showed us photographs from a range of events they had organised for people, including parties and craft activities. We noted that forthcoming activities were well advertised around the home. These included arts and crafts, cooking, bingo and sing-a-longs, which people told us they enjoyed. We saw that books and craft materials were available so that people could have easy access to them. One person said: "There is always something going on if you want to join in. There is never any pressure to do so and enjoy a good game of bingo".

We looked at the minutes of the most recent residents' meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about outings and several actions had been implemented. There was a monthly newsletter which provided information of past and future events. This included a short history on a person's life and there was a space for welcome new people and saying goodbye to others.

There was a copy of the complaints procedure available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. We looked at the last two formal written complaint made to the registered manager and found that these had been investigated and responded to in line with the provider's policy. This meant that people could be assured that their concerns and complaints would be managed in line with the provider's policy.

People using the service were positive about their views being acted on by staff and the registered manager. One person said: "I have raised issues if I have needed to and I am always listened to". Another person said: "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it".

Good

# Is the service well-led?

## Our findings

The home had a registered manager in post. There were clear management arrangements in the home so that staff knew who to escalate any concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They worked alongside staff to check on working practice and provide support as appropriate.

People said that they knew who the manager was and that they were helpful. One person said: "Oh yes, I know [the registered manager]. Always here, always smiling." Another person said: "A very cheerful person and always coming and having a chat with us".

The registered manager talked with people who used the service, staff and visitors throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provided leadership for staff.

We received many positive comments about the registered manager from staff who told us that they were approachable, fair and communicated well with them. One staff member commented: "They [registered manager] are good; they work on the floor to see what's going on". Another commented: "They listen and ensure we are told things that are important". Another staff member said: "Staff morale is really good and we work well as a team. It is brilliant working here".

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were held by the registered manager to gather people's views and concerns. This showed that people were kept informed of important information about the home and had a chance to express their views.

The registered manager had established some community links which included the local school. Members of the local churches were regular visitors to the home.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the provider which reviewed quality indicators. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.