

# The Orders Of St. John Care Trust

## Grace Care Centre

### Inspection report

Whitebridge Gardens  
Thornbury  
Bristol  
Avon  
BS35 2FR

Date of inspection visit:  
28 January 2019

Date of publication:  
21 February 2019

Tel: 07824695098  
Website: [www.osjct.co.uk](http://www.osjct.co.uk)

### 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

What life is like for people using this service: We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from people and relatives was good. Staff we met and spoke with were happy and proud; they were loyal and fully committed and this was reflected in their attitudes and integrity during the inspection. All staff on duty were excited about the inspection and wanted to be part of it.

Satisfaction and views around feeling safe included, "The carers here are very good and I feel very well looked after. There is plenty of staff to look after you here", "There is always plenty of staff around and I believe my wife is very safe here" and "I feel that all the staff here are great with my father and I feel he is very safe here".

All staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures. One relative told us, "I visit every day, the place is very clean and tidy and the rooms are spotless".

The service was effective in meeting people's needs. One relative told us, "I have no concerns about training of staff who have demonstrated great empathy and are very good at building relationships with residents". Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were provided a healthy, nutritious, balanced diet whilst promoting and respecting choice. One person told us, "The food here really is quite good, not bad at all. They serve nice casseroles which I enjoy and the desserts are things like trifles and fresh fruits".

Everyone we spoke with agreed that staff were caring and kind. Comments included, "Staff make time to interact, even the non-caring staff such as the handyman and the reception staff. I really like the whole organisation's approach to care", "It is different to being in my own home but I like living here because they look after you like family" and "The home offers a good level of care to mum and all of the people here are lovely and look after mum very well".

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. There was some lovely work being undertaken by the activity co-ordinators to enhance this knowledge so that people's life experiences

remained meaningful. One person told us, "I particularly enjoy the flower arranging and the Scottish dancing but there are always lots of activities here". One relative told us, "My father gets on well with the staff here and is always helping out where he can with meals, activities etc and that keeps him busy". People who lived at Grace Care Centre had access to several lounges and dining areas, a café, a cinema, salon and a large activity room.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. One person told us, "The home is very well led I have had no occasion to question anything here". Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection: This was the home's first inspection since their registration in February 2018

About the service: Grace Care Centre is a care home providing personal care and accommodation for up to 51 people. At the time of the inspection there were 23 people living at the service.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was caring.

Details are in our Responsive findings below.

**Good** ●

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

The service was Well Led.

Details are in our Caring findings below.

**Good** ●

# Grace Care Centre

## Detailed findings

### Background to this inspection

**The 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.

**Inspection team:** The inspection was carried out by a lead 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.

**Service and service type:** Grace Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The interim manager had a good knowledge of the service since its opening in February 2018 in a previous role. They had applied to become the permanent manager and subsequently to register with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**What we did:** Before the inspection, we had asked the provider to complete 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 improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection. We also looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

During our visit we spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke individually with eight people. Five families were happy to speak with us and share their thoughts about the home. We spent time with the, area manager, manager, deputy, head of dementia and customer services manager. We spoke individually with 11 staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

People and relatives told us they felt safe and in 'good hands'. Comments included, "I feel very safe here and I am well looked after, the staff do a good job night and day" and "I feel mum is very safe here. There are people around her 24 hours a day which is good. I go to bed at night with no worries".

### Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.
- Emergency plans were in place to ensure people were supported in the event of a fire.

### Staffing levels

- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.
- People, relatives and staff confirmed there were sufficient numbers of staff on duty. Comments from people and staff included, "I never feel rushed, I take my time and deliver care at the person's own pace", "Team work is key and how the shifts are run", "I have no worries about the staffing, the ratio appears about right".

### Systems and processes

- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.
- Staff understood the processes to follow to safeguard people in their care. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

### Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- The home's medicine champion had worked extensively with the providers quality monitoring team and a pharmacy auditor to ensure best practice was followed.
- Staff completed safe medicine administration training before they could support people with their

medicines. Practical competency reviews were completed with all staff.

#### Preventing and controlling infection

- The home was exceptionally clean, homely and free from any unpleasant odour. The head of housekeeping told us she was proud of her team and how hard they worked to maintain high standards of cleanliness.
- The provider had infection prevention and control policies in place and staff had received training and had access to the equipment they needed to prevent and control infection including, disposable gloves, aprons, sluicing facilities, and cleaning materials.

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken.
- There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

# Is the service effective?

## Our findings

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were always completed for those who were considering moving into the home. The information was detailed and supported the manager and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.

- Care and support was reviewed and evaluated so that people received support that was responsive, person centred and based on best practice.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "All the staff here are well trained and experienced in my opinion", "I am completely satisfied. The staff are always available and efficient" and "I feel the staff definitely know what they are doing".

- Staff received a comprehensive induction. Training was planned and was appropriate to staff roles and responsibilities.

- Staff received supervision and felt they were supported daily by the manager, deputy and colleagues. Comments included, "I feel very supported by the manager, he is very approachable", "I feel supported by everyone, every time I am on duty", and "Supervision is so important, we need to listen to staff and support them".

Supporting people to eat and drink enough with choice in a balanced diet

- People received a healthy balanced, nutritious diet. The chef was accommodating and respected choice and preferences at mealtimes. One relative told us, "The chef will always make mum a poached egg which she likes".

- People enjoyed freshly prepared meals and told us they were, most enjoyable, tasty and there was plenty to choose from. One person told us, "There is plenty to eat here and I can help myself to drinks as often as I like".

- Dining room assistants helped support people at every meal time. One of their key responsibilities was to help ensure people were eating and drinking enough.

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

- The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.

- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

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

- The home was purpose built and was suitable in design as a care home. Plans were ongoing to further develop areas that would support people with dementia.

- There were signs around the home to support people to locate different rooms, such as the activities room

and bathrooms.

- Furniture had been sourced where edges were curved in design to help prevent injury to people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together. They chose to spend time in the lounges, the dining room, café, activity room and their own rooms.
- The service had submitted DoLS applications for people that were waiting to be processed by the local authority.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect, and involved as partners in their care.

### Ensuring people are well treated and supported

- People had good relationships with staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles.
- We received some lovely compliments from people and their relatives about the staff. This included, "The attitude of the staff is excellent. They show great empathy and care, which was a deciding factor in mum remaining here", "I think the care is faultless here. I am able to sleep at night without worrying", "Staff are always willing to sit down and talk to mum even though mum cannot make proper conversation".
- Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. They had built up good relationships with people and their families.
- During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining.
- People's birthdays and other significant dates were celebrated. One person was celebrating a birthday on the day of our visit. Their daughter told us, "The staff are lovely, and they look after mum. They have gone to a lot of effort today, which is a good example of how much they care. She has had her hair washed how she likes it and one of the residents has helped to bake a cake for her and a party has been arranged for her. The staff go out of their way to make mum feel special".

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

- Two people had decided to have a lie in bed that day. Staff respected this decision and periodically went to see if they were ok and if they required anything. One person told us, "The staff here are very kind. They will help you to do anything you want".

### Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained.
- We saw do not disturb signs people could hang on their bedrooms doors should they want some quiet time.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to weekly visits with the home's hair dresser.
- Independence was always promoted. We saw people had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were very knowledgeable about people and how they wished to be supported. Care documentation helped ensure care was received that respected people's preferences.
- The home's approach to care was person centred and holistic, capturing the support people required for their physical, emotional and social well-being.
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required.
- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- New initiatives for this year included developing a sensory garden. People had expressed a wish to grow their own fruit, vegetables and flowers. It was intended that these would be utilised within the home to increase a sense of wellbeing and value to people.
- One gentleman had recently been supported to watch and support a local football club he used to be manager of. Staff had also arranged for him to meet a famous football celebrity who was visiting a local village for an event.
- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The daily presence of the manager, deputy and care leads meant people were seen every day and asked how they were. This had helped form relationships with people where they felt confident to express their views.
- People told us they were listened to and concerns were taken seriously and acted upon.

End of life care and support

- People were cared for when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- Staff told us they felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written comments from relatives when they had lost a loved one. One family wrote, "Thank you very much for all the love, care and patience, your endless dedication will never be forgotten".

# Is the service well-led?

## Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promotion of person centred, high quality care and good outcomes for people.

- The management and staff team maintained a clear focus on continually seeking to improve the service people received. Considering the length of the time the service had been registered they were a good, cohesive group who worked well as a team.
- The manager led by example and was caring, kind and respected. People and staff spoke well about him. Comments from people and relatives included, "It is well run. I would recommend anyone to come and have a look and see if they like it", "It is a very good home and I would recommend to anyone", "The home is very well led I would definitely recommend anyone to come here first, the location the building and the staff are very friendly caring and experienced" and "When we came to look it just felt right and we have not been disappointed".
- Staff were equally complimentary about the manager and it was evident that he had built positive, trusting relationships with them. Comments from staff included, "I am amazed how things have improved in a short space of time", "I hope he becomes the permanent manager, I have a lot of time for him" and "He is very approachable. We are listened to and we feel valued".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

Engaging and involving people using the service, the public and staff

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- The manager was in the process of sending surveys to people, family, staff and health and social care professionals to gain personal experience and views of the service.

#### Continuous learning and improving care

- We read a lovely piece of work that all staff had been involved with. They had been creating their very own visions and values on how they will support and treat everyone and put people at the centre of the service. These objectives were to be discussed at staff meetings and supervisions.
- Staff had expressed a wish to develop in extended roles and become the home's champions. This included champions in infection control, medicines, dignity and falls prevention. These roles were intended to support the management team in driving high standards.
- The head of dementia care was currently working towards the home's dementia accreditation.

#### Working in partnership with others

- The home had a customer relations manager. Their role was to work closely within the community to set up links, forge relationships and raise awareness. The provider information return stated, "We strive for Grace to be a part of the local community. We believe in inviting the community in, not just taking residents out".
- Good progress had been made to date, including community coffee mornings, children from a local school visiting once a week to take part in activities with people, volunteers brought in their dogs for pet therapy and visits from different church denominations. Other plans included raising awareness in dementia and what care home settings can do to help those who may require residential care.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.