The Christian Care Trust

Grace House

Inspection report

110 Nether Street
Finchley
London
N12 8EY

Tel: 02084455628
Website: www.christiancaretrust.org

Date of inspection visit:
11 January 2019
23 January 2019

Date of publication:
19 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 and 23 January 2019 and was unannounced.

Grace House is a care home for up to ten people that specialises in the care and support of older people and people living with dementia. There were nine people using the service at the start of our inspection visits.

The accommodation is purpose-adapted with passenger lift access to both residential floors. People living in this care home receive accommodation along with personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two registered managers at the time of this 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.

At our last inspection in September 2017 we rated the service good. At this inspection we found the evidence supported a rating of requires improvement. This was primarily because a number of recruitment checks of newer staff had not been completed, to make sure they were of good character and safe to be working with people. We also found the service's own fire safety checks had seldom been recorded as occurring in recent months, albeit this was restarting as a result of the inspection. These factors put people at risk of receiving an unsafe service. We also found the provider's governance processes had not identified and addressed these concerns.

Nonetheless, there was much evidence available which demonstrated that the service was providing people with individualised care that was meeting their needs. For example, people and their representatives praised the service. A typical comment was, "It's excellent here, it's more like lodging with somebody than a care home."

We found that the service was caring and respectful. The atmosphere was homely, welcoming and calm. Staff provided support in a kind, professional and attentive way. They had time for people, and responded well to them.

People's independence was promoted, but within a safe context. They 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's health needs were monitored and addressed by the service and through liaison with community healthcare professionals. The service provided nutritious home-cooked meals. Medicines were properly and safely managed. The service protected people by the prevention and control of infection.

There were enough staff working at the service, some of whom had been working there many years and so knew people using the service very well. Staff had the skills, knowledge and experience to deliver effective care and support. They were supported in their roles, for example, through developmental supervision, training, and direct guidance.

The service promoted a positive and inclusive culture that achieved good outcomes for people. People's concerns were responded to, and used to improve the quality of care.

Some systems at the service enabled sustainability and supported continuous learning and improvement. For example, there was ongoing work to improve care records, expand staff knowledge, and develop health and safety standards.

This is the second time the service has been rated Requires Improvement. We found one breach of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to requires improvement. The service's recruitment checks were not making sure prospective new staff were of good character and safe to be working with people. We also found the service's own fire safety checks had seldom been recorded as occurring in recent months.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement as the provider's governance processes had not identified and addressed the concerns we found in respect of fire safety and staff recruitment checks.

Grace House

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 comprehensive inspection took place on 11 and 23 January 2019, was unannounced, and was undertaken by one adult social care inspector.

The provider completed a Provider Information Return (PIR) in advance of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

During the visit, we spoke with four people using the service, two people's visitors, three staff members, the care manager, the two registered managers, and a representative of the Trust. We also received feedback from four community professionals. We observed support being provided in communal areas of the service, and looked around parts of the premises.

We looked at care and medicines records for three people using the service and a range of management records such as quality audits and staffing rosters. In-between and following our visits, the management team sent us some further information relating to our findings.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe as we found it was not undertaking necessary recruitment checks according to records for three newer members of staff. Written references had not been acquired or reasonably sought for these three staff before they began employment. This spanned a period of up to six months of employment. The management team told us of requests being made for references, but did not provide written evidence of this. They said they would need to chase for the references. We also noted that employment histories were not available for these staff, so it was not clear whether they had previous care employment, for which references must be sought as priority.

On our first day of visiting, a Disclosure and Barring Service (DBS) check was not in place for one of these staff members. A DBS checks police records and a list of people legally recorded as unsafe to provide care to adults. The service had not addressed this risk by preventing the person from working until the DBS check was acquired. The check was completed shortly after our first visit.

The paperwork in two of these newer staff files did not include required checks of identification and right to work in the UK. This also put people using the service at unnecessary safety risk. The service's recruitment checks therefore demonstrated several failures to ensure all reasonable steps were taken to make sure prospective new staff were of good character and safe to be working with people.

At the end of our second visit, we asked the management team to provide us with evidence of addressing or mitigating these concerns. At the time of drafting this report, nothing further had been provided. The above evidence is therefore a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed fire safety risks at the service had not been consistently well managed. On our first day of visiting, there had been only one test of the fire alarm warning system by anyone employed at the service in the previous six months, and none in the last four weeks. The fire authority's guidance recommended this to take place weekly. There were also no records in that period for regular visual inspections of fire extinguishers or checks that emergency lights were working. At our second visit, these tests had been restarted. However, these safety checks may not have restarted without our intervention.

It was positive to note that staff had received recent training on fire safety and there had been two fire drills in the last year, to help ensure safe responses should a fire occur. A recent fire safety risk assessment had taken place. We also saw up-to-date professional safety check certificates for some aspects of the premises, such as the fire alarm systems and extinguishers, and for gas safety.

People using the service and their visitors told us they had no concerns about safety. Feedback and observations showed that staff knew how to support people to safely move around. There had been few falls at the service and no significant injuries since our last inspection. Staff were proud of this. Accident and incident records were kept, to review what occurred and adjust care and support accordingly.

Each person had individual risk assessments in place, for example, around mobility, choking, and medicines. This helped guide staff on how best to support each person safely but in a way that promoted their independence where possible.

There were safeguarding procedures in place at the service. Records showed that new staff learnt about safeguarding and whistle-blowing in their induction process, and that established staff had recently received further safeguarding training. Staff knew what constituted abuse and could tell us of procedures to follow if they were required to report any concerns. The management team told us of making safeguarding referrals to the local authority when appropriate.

Staff could tell us of agreed and individualised responses when anyone's behaviour challenged the service. If people showed signs of anxiety or distress, staff tried to support them. Records showed recent training for staff in this area. A visitor told us staff kept calm in such situations and did not mistreat people. Someone using the service said, "Staff treat me well regardless."

There were enough suitable staff working at the service to keep people safe and meet their needs. People's feedback and our observations showed there were always enough staff working. Staffing rosters showed three care staff were on duty during the day and one at night. The service was using occasional agency staff. The numbers of staff on shift during the inspection matched those on the staff rota. This supported staff to meet people's needs in a safe and unhurried way. We also noted many staff had been working at the service a while. This consistency helped people receive safer care as staff knew them well.

The service supported people to take their medicines correctly. People told us of good medicines support. One person said, "I'm confident staff are getting medicines right. They double-check it as far as I can make out." Records showed staff had periodic medicines training. There were detailed guidelines and medicines records for each person. Medicines were securely stored. The service made sure people did not run out of prescribed medicines. We saw people being given their medicines as prescribed. This included for medicines needed at a specific time due to the person's medical conditions.

The service's pharmacist had audited medicines in January 2019 with good standards reported. This included for ordering, receiving and recording people's medicines, and ensuring unused or excess medicines were returned. Records and staff feedback showed that the few recommendations from the audit were being addressed. This included making sure there was a clear medicines profile for each person.

The service protected people by the prevention and control of infection. People and their visitors had no concerns about cleanliness. One visitor told us, "It's so clean and does not smell." We saw that the premises were clean throughout our visit. Care staff had responsibilities for maintaining these standards. We saw people being encouraged and supported to wash their hands before meals. Staff had easy access to personal protective equipment, by which to help control infection risk when supporting people with personal care. We noted that the kitchen and food hygiene systems received the highest rating from the Food Standards authority in June 2018.

Good

Is the service effective?

Our findings

People told us they were happy with the service. One person described the service as "marvellous." Visitors also praised the service. One said, "If I had to go into a home, I'd come here." A community professional told us people and their families had made favourable comments about the service, particularly citing the service's Christian beliefs and values that were very important to those people. We also noted a recent online review stated the service was "wonderful."

The service supported people to maintain a nutritious and balanced diet which reflected their individual needs and preferences. People were happy with the food and drink provided. One person told us, "The food is excellent." They added they could have meals and snack when and where they wanted. A visitor told us, "The food is really good, home-made and cooked fresh." They also praised that staff supported people to eat when needed.

We saw that people received a three-course home-cooked lunch and could access drinks and snacks throughout the day. Prayers were offered before meals in line with the service's ethos, which a visitor confirmed always took place. The management team gave us examples of the specific foods people liked to eat, which they said were accommodated. Records were kept of what people ate and drank, which showed nutritional variety. People's care files included individual nutritional support guidance which we saw staff following.

The service supported people to have access to healthcare services and receive ongoing healthcare support. One person said that the incoming registered manager "drives me nearly everywhere, for example, to hospital, so long as I give them notice." A visitor told us of the service supporting people with exercises. Records and feedback showed people received health professional input for routine matters such as dentistry and medicines reviews, and for matters that were specific to their needs. This included for getting prompt medical advice where staff identified health concerns. Staff knew people's particular health needs and how to respond.

The service worked in co-operation with other organisations to deliver effective care and support. Community professionals generally told us this was the case. One said that any recommendations they had made in the past had been taken on board and were currently still in place. The management team told us of working with community professionals such as district nurses to support people's health needs.

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. This include through meeting with the person and their representatives. An individual plan of care was then set up based on this process.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that the service kept people's need for DoLS under review, and requested updates from independent community professionals in a timely manner. Records and a registered manager's feedback showed action had been recently taken in response to conditions arising from anyone's DoLS authorisations. This included informing staff of key points of those conditions, to help make sure staff understood their responsibilities arising from this.

We saw that people's care files included information on who had legal rights such as Power of Attorney status in relation to them. Their care plans included a section on the person's capacity to make decisions about their care, any DOLS status, and reminded staff to gain consent for care based on the person's individual communications and understanding.

The adaptation, design and decoration of premises supported people's individual needs to be met. Handrails for the stairs, a passenger lift, and Zimmer frames helped people to move around. There were restrictors in place to prevent windows opening too far, and covers for radiators so that people would not get scalded against them. People assessed as needing pressure care equipment had equipment in use. The building was being kept consistently warm, and people reported no concerns in this respect. A visitor told us, "It feels like living in a home, not all sanitised."

People and their visitors spoke of capable staff. A visitor told us they were pleased the service was providing staff with further training on people's health conditions such as Parkinson's disease. Staff told us of good training and support to do their job effectively. One told us of imminent training on oral healthcare. New staff members received induction training and spent time shadowing experienced staff to get to know the people they would be supporting and the service.

All staff received regular training and refresher sessions to maintain and develop their skills. Training was undertaken face-to-face with the use of a training resource pack. Records showed recent topics included dementia, health and safety, medicines and communication. A broad range of appropriate training had occurred across the last two years.

There was regular supervision for each staff member, to ensure they could discuss any concerns or development needs. This included the staff member filling in an advance record for the purposes of planning the supervision meeting. Each staff member received an appraisal of their role annually.

Good

Is the service caring?

Our findings

Everyone told us that they were supported by caring and respectful staff. One person said, "Staff treat me in friendly fashion." Another told us that staff were "the most helpful and loving people I've come across." Visitor's comments included, "Staff are always polite" and "The staff are all very pleasant." We also noted a recent online review that stated, "Warm and caring place and staff."

Throughout our visit staff interacted with people in a warm and friendly manner. They had time for people. One person said staff were "good listeners." People knew the staff that were caring for them, had built a good rapport with them, and so were comfortable in their presence. Staff members were also positive about the people they supported, and clearly knew them well. One said of people using the service, "At 11 we sit and have tea with them, which helps with bonding." We also noted a calm environment, which was a function of how staff at the service operated.

The service ensured people's privacy and dignity was respected and promoted. People and visitors confirmed this, one saying that staff are "very gentle." We saw staff treating people respectfully. For example, people were supported with their appearance where needed. They could access a hairdresser who visited weekly. Staff responded to people promptly and patiently, and knocked on doors to request to come into people's rooms. People who could manage had locks on their room doors for added privacy. Staff meeting records included reminders on respectful treatment such as though being aware of their body language when interacting.

People's autonomy and independence was valued at the service. For example, two people told us they had mobile phones by which they could call for staff assistance. We saw someone requesting and receiving a straw to help them drink. Staff told us of enabling people to do things the way the person wanted things done, if it was safe to do so. For example, around personal care tasks, and with people liking to arrange their rooms a certain way.

People and their representatives were involved in their care and support arrangements. Staff and the management team gave us examples of the different ways people using the service communicated in practice about the support they did or did not want. People's care plans provided staff with guidance on this, based on needs assessments about their routines and preferences.

The service supported people to develop and maintain relationships that mattered to them. People told us their visitors were always welcomed. People's representatives confirmed this. The service provided bible classes for people using the service and some visitors, in line with the Christian ethos of the service. A visitor told us this ethos was "one of the most important reasons" the person they were visiting had chosen this service. Another told us of monthly "little Sunday services" at which people using the service and visitors sang hymns and undertook readings. They added, "This place was set up as a Christian home and is run like that, but no-one's forced to be religious."

Staff had received training in equality and diversity. They explained how the service could accommodate

people's different faiths and cultures, for example, around meals and prayers.

Good

Is the service responsive?

Our findings

The service enabled people to receive personalised care that was responsive to their needs. People told us of a responsive service. One person said, "They try very hard to get things right." We saw staff responding to people whenever requested. Two people told us that they could phone the office for support. We saw this occurring for someone requesting painkilling medicine.

A visitor told us staff continuity helped staff get to know the person they were visiting. A staff member confirmed how this was important, for example, in understanding how different people communicated. We found staff were aware of people's specific needs and how to respond appropriately.

People's care plans contained specific information about their needs and preferences. They included information on the person's communication abilities, health matters, personal care needs, emotional care and night needs. They guided staff on what the person could do themselves and what support they needed. There was an ongoing process of revising care plans to ensure they were up-to-date and more succinct. As part of this, 'care boards' had been set up for each person, briefly guiding new staff on the person's essential needs and routines. These could be taken to the person's room when providing care, and so helped to ensure a more personalised service.

The service supported people to follow their interests. People told us of receiving newspapers daily. We saw some people enjoying the company of the service's small dogs. A visitor spoke of a weekly visit by a pianist, and of "little get-togethers" in the service's out-house such as for bands to play at. They also praised the kindness of staff to find activities that interested the person they were visiting. Staff added that they supported people to play dominoes and board games, and to walk around the garden.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. People and their representatives knew how to complain if they were not happy. They felt that the management team would take appropriate action if they raised concerns. However, a typical comment was, "I've no complaints." The management team told us there had been no recent complaints at the service. Work was being undertaken to review the complaints policies and procedures, to ensure they were effective.

Requires Improvement

Is the service well-led?

Our findings

The service's long-standing registered manager told us they had now taken a step back from active roles in the service. The service's office manager had been recently registered as manager of the service, indicating appropriate capability, qualifications and experience. The service had also appointed a new care manager during the summer. The management team explained the role complimented the incoming registered manager. The role included staff training and development, making record-keeping more accurate and efficient, and improving health and safety. There was now an on-call system where a manager covered each weekend. This all helped to enable the service's sustainability and supported continuous learning and improvement.

People and their representatives praised the service's management. One person said, "The people who run it have a helpful knowledge of human nature." It was evident all members of the management team were well-known to people, their visitors and staff members.

Staff told us of good support and communication from the management team. They also referenced good team work, and that they would recommend the service to friends and family wanting care. As one staff member said, "It feels more homely here, rather than thinking you're in a hospital."

Quality assurance systems were in place to help drive improvements at the service. Staff told us a representative of the Trust worked at the home twice weekly. They told us this person "checks care is done as it should be." Records showed regular audits of health and safety matters. There had been a recent maintenance audit from which improvements were being gradually made. Staff meeting records demonstrated that the management team guided and trained staff on expected standards of care, and fed back on recent developments at the service. Quarterly reports to the provider covered what had happened at the service and plans for service development.

However, we identified a breach of regulations in this report in respect of staff recruitment checks. Auditing processes had not identified and addressed the matters causing this breach, nor that the service's own fire safety checks had not been occurring as planned. This demonstrated weaknesses in the effective operation of governance processes at this service, meaning the service was not consistently well-led.

The provider engaged with and involved stakeholders in the development of the service. Alongside informal feedback processes, annual surveys gained the feedback of people's representatives on service standards. The last survey, from the Autumn of 2018, enabled recognition of service strengths such as how caring the service was. There was a small amount of suggestions for improvement across the service. A visitor we spoke with confirmed that their suggested improvements were being addressed. A similar process had been held for staff, which particularly praised how well-led the service was.

Feedback showed the service was developing partnership working with the local authority's quality in care homes team. For example, members of the management team had attended recent training provided by that team. This was then communicated to staff through training sessions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons failed to ensure persons employed for the purposes of carrying on the regulated activity were of good character, and failed to ensure the following were available before employing anyone to provide care: • Proof of identity including a recent photograph • A criminal record certificate • Satisfactory evidence of conduct in previous care-related employment • A full employment history, together with a satisfactory written explanation of any gaps in employment. Regulation 19(1)(a)(3)(a) Schedule 3 parts 1, 3, 4, 7.