Minster Care Management Limited

Grays Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Grays Court provides accommodation, personal care and nursing care for up to 87 older people and people living with dementia. At the time of our inspection there was 77 people using the service. The service split over two floors and with the nursing and dementia units on the ground floor and two residential units on the first floor.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers and GPs to implement care and support plans.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. However, slight improvements were needed to the way this was documented and recorded. The manager was aware and working on this actively and assured us that this would be addressed as a matter of priority.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person-centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. A complaints procedure was in place and had been implemented appropriately by the management team.

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**

Grays Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 September 2018 and was unannounced. The inspection team consisted of one inspector, a bank inspector and a specialist nurse advisor on the 10 September 2018. The Specialist nurse advisor whose specialism related to the management of pressure ulcers and nursing care. On the 11 September 2018 inspection was carried out by one inspector and a bank inspector.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications and action plans sent in by the provider and manager. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We used this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met. We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to five people, three sets of relatives, the registered manager, provider, cook and eight staff members including the Clinical lead (Deputy Manager).

Good

Is the service safe?

Our findings

People living in the service told us they felt safe. Staff informed us that this helped them to have a good understanding of the types of abuse. Staff felt reassured that the management team would act appropriately in the event of any concerns. Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC), social services and the police.

Support plans and risk assessments had been reviewed and contained current knowledge of people, for example the type of equipment staff were to use when assisting people to transfer or mobilise. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. One person told us, "There is always care staff around to look after us and we never have to wait long if I need help." This was confirmed by the registered manager, staff and records we reviewed.

Medication was securely stored, and the service had a procedure in place for the safe disposal of medication. We reviewed 20 people's medication administration records (MARs) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were cared for in a safe environment. The service employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use.

Prior to the inspection we were made aware of two safeguarding incidents. However, no-one was harmed as a result. We found that as a result of the incidents and learning that had taken place, the service had put appropriate measures in place to ensure this incident would not reoccur. This included robust safety checks at appropriate intervals. Records we reviewed confirmed this. The registered manager informed us this has helped to educate all staff on how important it is to monitor and keep of all people at all times.

Good

Is the service effective?

Our findings

Staff told us they had attended training when they first started work and they also attended refresher courses as and when required. The registered manager and administrator kept a record to ensure all staff kept up to date with their training and that they understood their role and could care for people safely. Where staff required refresher training and some areas had lapsed, this had already been identified by the manager and staff were booked in for refresher training as required.

Staff received regular supervision from the unit leads and in turn the registered manager held supervision with each of the lead on a regular basis. Staff informed that they held several informal conversations with the provider and at present this gave them the support and assurance they needed. We did however note that the registered manager had not received recorded supervision. This was discussed with the registered manager and provider who both informed us they held regular informal supervision but acknowledged that in future these needed to be recorded. Staff also added that several team meetings had been held with the new manager and this gave them the opportunity to air their views.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings. The service had assessed people's ability to make an informed decision. However, slight improvements were needed to the way this was documented and recorded. The manager was aware and working on this actively and assured us that this would be addressed as a matter of priority.

People said they had enough food and drink and were always given choice about what they liked to eat. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met.

Good

Is the service caring?

Our findings

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives we spoke to informed us that the care provided in the home was very good and all the staff and managers were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision. An advocate is a person who represents another person's interests.

Good

Is the service responsive?

Our findings

We found people's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The registered manager informed us that the service held a number of meetings with health professionals to plan and discuss people's care and ensure that they would be able to meet their needs. During the inspection we had the opportunity to speak to a visiting doctor who informed, " The home always calls us to discuss people's health and wellbeing which enables us to act promptly and this can only benefit people using the service."

Each person had a support plan in place. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified, and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager or person in charge, to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

People using the service had appropriate end of life arrangements in place which had been discussed with people and they relatives. This included funeral arrangements and their preferred place to end their last days.

Good

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in their absence the clinical lead, unit leads, and administrator looked after the service and kept the manager up-dated on their return. The registered manager had a very good knowledge of people living in the service and their relatives. People and relative informed that they were very approachable and could speak to them at any time.

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 benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Whilst we noted that monitoring systems were in place, we found that the registered manager needed to be better organised; it took a long time for them to find information we requested, This was fed back to the manager who informed that they were looking at archiving several of the documents but at present it was proving difficult due to limited amount of storage.

The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation.