

Minster Care Management Limited

Grays Court

Inspection report

Church Street
Grays
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grays Court is a 87 bedded residential service located in the town of Grays. The service provides accommodation, personal care and nursing care for older people and people living with dementia. The service is split over 2 floors, with the nursing and dementia units on the ground floor and 2 residential units on the first floor. At the time of our inspection there were 75 people using the service.

People's experience of using this service and what we found

We received positive feedback about the service. A relative told us, "Staff are excellent. They have genuine concern for the residents well being. The manager is approachable, and I have no concerns."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infections. There were safe medicine procedures for staff to follow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe.

The provider had monitoring systems to ensure they provided good care and these were kept under regular review.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 17 February 2022).

Why we inspected

We received concerns in relation to the management of consent to care and people's healthcare needs. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Grays Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors 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

Grays Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grays Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one week and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 June 2023 and ended on 12 June 2023. We visited the service on 5 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 16 relatives about their experience of the care provided. We spoke with 5 members of staff, including the manager, a team leader and maintenance staff.

We reviewed a range of records. This included 7 people's care records and 5 people's medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaint and compliment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [relative] is safe and we have never seen [relative] in distress."
- The manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. Assessments included people's healthcare needs, how people moved around the service, skin integrity, choking and risks associated with nutritional and fluid intake. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely. The manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The manager assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. There were regular checks and services of all equipment and the building.
- 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.

Staffing and recruitment

- There were enough staff to support people's needs. A relative told us, "Whenever I have been there, there is always at least one member of staff available. Never been there and struggled to find anyone."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "There are a lot of staff here and they all know exactly what they are doing."
- Staff recruitment and induction training processes promoted safety. The manager told us, "We have a good induction in place and then staff shadow until they are confident to work independently." Staff confirmed the induction had been extensive and offered an opportunity for shadowing until they were confident which prepared them for their job.
- Staff were subject to Disclosure and Barring checks (DBS). These checks provide information including

details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training, and medicine competency assessments were seen on file.
- People had care plans and risk assessments in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- Medicines including controlled drugs were stored securely and within the appropriate temperature range. There was a keypad on the door of the medicines room to prevent any unauthorised access.
- Senior staff completed regular audits of people's medicines.

Preventing and controlling infection

- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Observations showed staff wore the correct PPE when supporting people.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks can be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The manager carried out audits of infection control and cleanliness. The management team met to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.

Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place. A relative told us "We can visit whenever we want to. There is an open-door policy. We don't have to tell them we are coming to visit [relative]. I come and visit all the time."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the managers investigated and took action. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care. The manager told us, "I speak to staff during team meeting and supervisions and discuss any issues or incidents to share information with them."
- We reviewed one incident following a complaint. A relative had raised a complaint about vaccines and consent. The management met with families and the GP to discuss the concerns and we saw actions taken and information shared with other organisations including the local authority.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Care and support plans were personalised and reflected a good understanding of people's needs. People's likes, dislikes and interests were listed and there was detailed guidance for staff on how to support people when they are distressed and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Care plans and risk assessments were reviewed regularly. For example, staff identified changes in a person's behaviour, and this was reflected in an updated behavioural risk assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and all restrictive interventions. A relative told us, "I think staff have all the skills and training they need."
- The provider had sought support from external sources to arrange face to face training for staff in relation to understanding people's health needs. Staff completed practical moving and handling training and the management team carried out competency checks with staff to ensure they supported people appropriately with their mobility needs.
- Staff were supported with a full induction when they first started working at the service. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision from senior staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food and planning their meals.
- People's comments about the food they received were positive. Comments included, "The food is nice, I like it" And, "Yes, the food is good, there is always plenty and I can always ask for more."
- The dining experience for people was positive. People were not rushed to eat their meals and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities, looked appetising and reflected their individual choices and preferences.
- A pictorial menu was seen in the kitchen and communal dining area.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and

appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have their healthcare needs met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative told us, "The manager immediately calls us if they need to, and we are in regular contact about any health appointments. The GP also visits the home every week and we are kept updated regularly"
- The provider communicated well with other professionals and made timely referrals when people needed additional support and when they noticed a change in people's health or conditions.
- People's oral healthcare needs were assessed and planned for.

Adapting service, design, decoration to meet people's

- The environment and equipment was suitable to meet people's needs. However, some of the bedroom cupboards were not fixed to the wall which meant there was a potential risk of the cupboard falling. The manager acted immediately, and the maintenance team attached each cupboard to the wall whilst we were there.
- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them. A relative told us, "The home is decorated well. [Relative's] bedroom looks like a bedroom rather than a care home room."
- People had access to comfortable communal facilities. There were various different communal areas across the service that people regularly used throughout the day. All areas were accessible by a lift to both floors.
- Adaptations and equipment were in place in order to meet peoples assessed needs. One of the units had recently been renovated and further improvements were being made throughout the service.
- People who required specialist equipment, such as adjustable beds and hoists were provided with these. The service used call alarm bells throughout the service and sensor mats to help keep people safe and alert the staff to people in need.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

- People had capacity to make day-to-day decisions. We found staff practice reflected the principles of the MCA. People were encouraged to make their own decisions, while still minimising risk. For example, we saw a person had given consent to having the COVID-19 vaccine but refused on the day. This was recorded in their care plan and the person did not have the vaccine.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the area manager had been appointed as the new manager of the service. They were clear about their role and had already been regularly working with the provider and staff to address previous issues identified at the service.
- The manager had the skills, knowledge, and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service. There was an effective quality audit system including a medicine audit which correlated to medicine records.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The manager had regular contact with health professionals and updated support plans accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had sent people and relatives surveys for feedback on the service they received. The service used this information to implement action plans and make improvements. One relative told us, "I am really impressed with the new manager and feel very optimistic about all the changes and improvements."
- Staff received regular supervision to discuss their support needs and any practice issues. There were also regular staff meetings. One member of staff said, "We use our supervisions to discuss residents' wellbeing, the running of the service and how staff are progressing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was aware of their responsibilities in relation to the duty of candour. This requires providers to be open and transparent with people who use their services and others acting lawfully on their behalf.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of any important reportable events. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC. Statutory notifications had been submitted to CQC when needed.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "I enjoy working here. We work well together as a team. I get a lot of support from the management."
- People we spoke with were complimentary of the service and staff. One person said, "I have not met the

new manager but [manager] gave me a courtesy call and I have confidence in them." Another relative told us, "My [relative] is well cared for and I always get informed if they are not feeling well or anything has changed. We have a good relationship with the home."

- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt.

Continuous learning and improving care; Working in partnership with others

- The manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- The service worked closely alongside an external quality team in order to drive continuous learning and improvement in the service.

- The manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.

- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse.

- The pharmacist was at the home on the day of the inspection arranging additional medication training for staff.