

Grace Manor Care Limited

Grace Manor Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grace Manor Care Centre is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people, some of whom have age related conditions and frailties, some people were living with dementia. At the time of our inspection there were 53 people using the service.

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

People's health conditions were not always assessed, and risks were not always mitigated. Where people had pressure damage to their skin, support provided by staff did not always reflect their assessed need. Staff did not always follow care plans in respect of assisting people to change their position to minimise their skin becoming sore. Staff did not always follow guidance where people had catheters in place.

People were not always supported safely with their medicines. One person who experienced anxieties was prescribed medicines to relieve their symptoms, however, guidance was not in place to help staff recognise when medicines were required.

People's care records were not always person-centred and were inconsistent at times. Quality assurance processes did not identify the shortfalls in care documentation. Where people had communication needs, care plans did not always detail how staff could support them.

People's relatives told us they had not been involved with the planning of their loved one's care. One relative told us, "I haven't heard anything about a care plan." People's relatives told us they felt the management and staff communication needed to be improved. The registered manager had attempted contact with relatives; however, the method of communication had not always been effective.

People were supported to access healthcare services for example dentists and chiropractors. We received mixed feedback from visiting health and social care professionals. Feedback included, "I get the distinct impression that all staff and managers in the home are struggling with the workload that they face. This I don't think is aided by external pressures such as referral waiting times etc." And, "They seem fine with following up our plans and they're caring towards residents. They look overwhelmed by workload and they're lacking communication as they're never aware of us going in."

People told us they were supported by enough staff who were caring and met their needs. One person said, "You don't need to wait they seem to know what you want before you even want it, I could be sitting here one moment thinking about a cup of tea and the next minute I have one in front of me." Another person told us, "I've got to know some of the staff quite well, one young carer in particular is very helpful, but they all are really. I just have to tell them how much help I need, and they help me."

People were protected from the risk of infections; staff wore appropriate personal protective equipment. Infection prevention and control policies were in place and followed by staff. The service was clean and tidy.

One person commented, "It's spotless you could eat your dinner off the floor, the staff work tirelessly to keep this place clean for us." Staff and the management team understood their responsibilities to safeguard people and responded to concerns appropriately.

People and staff spoke highly of the registered manager. One person said, "I give this place 100 percent, the person that runs it is quite nice, as if they're your own family." One staff member told us, "I love it here I have worked in other care homes; people here get a lot of choices. Their opinion really matters."

The registered manager was keen to continually learn to improve the service for people. Where complaints were received or incidents occurred, the registered manager learned from them and ensured staff had learning opportunities to prevent reoccurrence.

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

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 12 November 2021).

Why we inspected

We received concerns in relation to risk management and safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace Manor Care Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessing risks and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grace Manor 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 (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 two 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

Grace Manor Care Centre 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. Grace Manor Care Centre 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 July 2022 and ended on 15 July 2022. We visited the location's service on 7 July 2022.

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 sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

During the inspection we observed the care and support people received throughout the day. We spoke with seven people who used the service about their experience of the care provided and 10 relatives of people who use the service. We spoke with five health and social care professionals who regularly visited the service. We spoke with 10 members of staff including the registered manager, operations manager, deputy manager, registered nurses, team leaders, care staff, the chef and activity co-ordinator.

We 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health were not always assessed and managed safely. This inspection was prompted in part due to concerns about risk management. A person who required assistance with their moving and positioning did not have consistent assessments and care plans in place to guide staff on how to safely meet their needs. One person's functional assessment stated, 'eyesight satisfactory,' their falls screening assessment was scored 'no hearing and vision impairment.' However, the care plan documented '[person] experiences poor vision and poor hearing.' Without accurate and consistent assessments, people could not be assured staff were aware of their needs and how to safely support them.
- Some people had catheters in place, we observed one person's urine to be dark and contained sediment. The catheter night bag was attached to the day bag, but the tube was knotted which prevented urine draining. This posed a risk of infection which had not been identified by staff until a member of the inspection team highlighted the concern and staff responded to the issue. We observed another person's catheter bag contained dark and concentrated urine. A relative told us they were concerned about the frequency of their loved one's catheter care as the bag had been full of dark urine upon a visit.
- Some people were at risk of developing pressure damage to their skin. Appropriate care plans and risk assessments were in place; however, staff did not always follow the guidance. One person had a pressure wound; their plan of care included two hourly position changes from their left to right side only; this was to relieve pressure on their sacral area. Care records showed gaps of over five hours between position changes; some records confirmed the person was repositioned on their back; other records showed the person was repositioned on the same side consecutively. Care records of another person who was assessed to require repositioning showed a gap of 10 hours between position changes. Inconsistent changes in the person's position could lead to further pressure damage or worsening of the wound.
- Other care records varied, for example, one person's nutrition care plan advised they were able to eat normal food, independently. Their care plan review said they remained at a high risk of choking. A review one month later did not include choking risks; it was unclear whether the person was at risk of choking and how much assistance they required from staff to safely eat. Without this information, people could be at risk of being provided with inappropriate meals and support which could lead to choking incidents.
- Some medicines were held in anticipation of people requiring end of life care. A healthcare professional gave an example of one person who did not receive their anticipatory medicines in a timely way. The medicines had been ordered and delivered; however, they had not been booked in or stored correctly which led to a delay in administering pain relief to the person. The registered manager told us this was due to a pharmacy error due to labelling. However, there was a delay in staff retrieving these medicines.
- Some people were prescribed medicines on a 'when required' (PRN) basis such as pain relief and medicines for anxiety. There was guidance for staff about when to give the medicines for pain, however,

there was no information on when to give PRN medicines to a person when they were distressed or anxious. There was no guidance on how often to take the medicine and what action to take if the medicines had not been effective. Following the inspection, the provider submitted a copy of the person's care plan and had drawn up PRN guidance, the doses and frequencies of the medicines differed in both records. Without clear information, there was a risk people would receive these medicines inconsistently as the service employed agency nurses who did not always know people well.

There was a failure to ensure care and treatment was provided in a safe way or risks to people had been mitigated. There was a failure to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to our concerns and planned to hold an in-depth review of people's care plans and risk assessments.

- The registered manager gave an example of improvements made to a person's health and well-being since moving into the service. The person's quality of life had been enhanced.
- People told us they felt their medicines were managed appropriately. One person said, "The nurses give me my medication I'm quite confident they know what they're doing they are nurses after all, I believe they are always on time and I am given the right pills."
- Medicines administration records (MAR) were complete with no gaps or errors in recording. Staff received training in the safe management of medicines, and this was refreshed every 12 months. Staff competencies in giving people their medicines were regularly checked.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. The inspection was in part, prompted due to a number of safeguarding concerns. People told us they felt safe. One person said, "I do feel very safe here I have some problems with my walking at the moment and staff are able to help me as needed." Another person said, "It's the staff they make me feel safe and at ease if I didn't have them, I don't know what I would do."
- Staff received training and were aware of their safeguarding responsibilities. Staff understood how to recognise and report concerns. Staff told us, "I am confident the manager would listen to me, when I was interviewed (for the job), safeguarding was an area they highlighted and asked about." And, "I have confidence they would deal with my worries. I was given a handbook when I started, and the (safeguarding) policy is in there."
- The registered manager demonstrated their knowledge of safeguarding; we saw referrals had been escalated to the local authority appropriately. Safeguarding concerns were investigated, and plans were implemented where required.
- A person told us that they had raised concerns about how they were not happy with the support they had received. The registered manager took action to make sure they received the care and support they needed in a safe way.
- Lessons were learned when things went wrong. The registered manager analysed safeguarding concerns, accidents and incidents, and arranged training for staff to mitigate reoccurrence. Where required, the registered manager arranged additional training and completed additional spot checks on staff to ensure they implemented what had been learned.
- The registered manager had identified problems with obtaining medicines in a timely way, they had initiated discussions with the local GP practice and pharmacy to try and resolve the issues. A new pharmacy was engaged following a further problem; the registered manager told us they had several meetings with the new pharmacy to ensure the service was right for the home.

Staffing and recruitment

- There were enough staff to meet people's every day care needs. Where people required two care staff to support them, we saw this had been planned for. The registered manager block booked agency staff to ensure a consistent staff team. One agency staff member told us, "I work here a lot it's very good, it's very nice working here."
- We received mixed feedback from people, their relatives, professionals and staff about staffing levels. Comments included, "I do ring my bell if I need any help, it doesn't take the staff too long to get to me. Sometimes if they're busy they'll say they'll come back unless obviously I need help straight away then they help me, I think there are enough staff." And, "The staff used to be up-beat but they have had a high turnover of staff, 15 to 20 have left and this has impacted on morale."
- On the day of the inspection staff did not appear rushed, they had time to chat and speak with people in a kind and respectful way. Some people were engaged in the 'chocolate day' that had been organised. Call bells were answered efficiently.
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and qualifications. Checks on people's suitability to work in a care setting were undertaken, such as references, and Disclosure and Barring Service check before staff were deployed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- 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. Conditions relating to DoLS authorisations were being met, for example, six monthly reviews were held for people prescribed certain medicines.
- Some people needed support to stay safe when they were sitting. Some people had special reclining chairs and were kept secure with a lap strap. These restrictions had been assessed under the MCA and best interest meetings had taken place to ensure that this was the least restrictive option to keep people safe.
- Staff understood their responsibility to support people to make their own decisions. Staff described how they supported people to choose their own clothes. We observed people being asked what they would like to eat or how they wanted to spend their time. One person told us, "If I want to make any changes, I feel I could do that all I need to do is ask."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Professionals were requested to show proof of their lateral flow device (LFD) test results prior to entering the service.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were seen to be wearing PPE appropriately throughout the inspection. One person told us, "They've been wearing masks for quite a long time now I feel sorry for them when it's hot but they're doing this to

protect us, they also wear gloves and aprons."

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean; housekeeping staff were observed to be sanitising high touch points regularly.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. Staff told us they had been kept up to date with changes to policy.
- Measures were in place to enable people to see their friends and family safely. People could receive visits in their bedrooms or the garden in the warmer weather.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The culture in the service was not always inclusive. There was a lack of clear and direct communication between the management team, relatives and visiting professionals which impacted on the care people received. A healthcare professional told us they did not always wish to raise concerns with the management due to potential repercussions of people not being referred to them in the future. Another visiting healthcare professional told us, "I am aware of instances where patients' needs, or best interests haven't necessarily been met. A patient has been bedbound for some time. It would have taken a small addition of moving and handling equipment to be purchased to move this patient from bed to chair (which is their only goal) this has taken several months for them to acquire."
- Further feedback from social care professionals included a lack of staff availability during care reviews at the service. A relative told us the same and said, "Weeks after [person] arrived, we had a meeting arranged at the home with a social worker and someone from the home to conduct an assessment. The home knew the meeting was happening, but they did not turn up. The social worker had to do the assessment without any input from the home." We raised these concerns with the registered manager, who explained one instance where a registered nurse attended an emergency during a review. However, the feedback we received was this situation had occurred on multiple occasions. Feedback from professionals included, "The concerns begin from trying to book appointments, it is awfully difficult to get someone on the phone to book an appointment. They hardly pick the phones; families have also raised this."
- Relatives gave mixed feedback about the home's communication. Comments included, "I have asked for a meeting with the Manager. I sent an email last week as I want to discuss [person's] care plan and some of the problems we have had. I haven't had a reply yet. You don't always get replies to the emails." And, "I haven't actually spoken to the Manager, I have sent a few emails which they answered, eventually."
- Relatives had not always been encouraged to be involved in their loved one's care. Comments included, "I haven't been shown [person's] care plan nor had any involvement. I am surprised it hasn't been discussed with me." And, "I have asked to see my relative's care plan several times. I am told it is on the system and they will have to get it sorted but they still haven't let me see it." Communication with relatives was not always robust. The registered manager told us they had sent emails to contact people's relatives, however, this method of communication had sometimes been ineffective.

The provider failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and

improving such services. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received some positive feedback from visiting social care professionals. Comments included, "From working with Grace Manor, the individuals I support appear well looked after, with their care plans updated regularly. During my visits the staff are helpful with providing me information and showing me through the building." And, "For the most part, patients are treated with respect and dignity. When I'm walking around the building, I see lots of residents using communal areas. Many of them are happy. They also have functions and events such as games days, visiting singers and sometimes they even get takeaways for those residents who are able to tolerate solid foods."
- People were asked for feedback and contributed to the 'wish tree'. The management team worked hard to grant people's wishes. For example, one person wanted to go out for coffee and cake, we saw this had been accommodated by staff.
- People and their relatives told us they were confident the registered manager would deal with any complaints they had appropriately. One person told us, "If I wasn't happy, I would speak to the boss, I can't remember their name they never fail to listen to what you have to say." A relative told us, "I am confident that things get sorted. If I have a problem, we speak about it."
- The registered manager showed us they had made attempts to contact relatives by email to arrange one to one discussions about their loved one's care. Further invitations had been extended to relatives for a wine and cheese evening. There had been low uptake of relatives joining the evening. The provider showed us letters which had been sent to relatives to provide updates on the service. These included changes to visiting guidance and invitations to virtual meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff did not always carry out quality assurance processes effectively. Auditing of care plans and documentation did not identify the inconsistencies in recording found at our inspection. The electronic care management system (ECM) had been in place since February 2022. Staff were transferring information from the previous care planning system to the ECM. We raised our concerns about the inconsistencies recorded on the ECM regarding position changes for people with pressure damage with the registered manager. They told us they would reinstate the paper charts so nurses can easily monitor whether people's positions had been changed in line with their care plan.
- Reviews of care documentation did not always highlight inconsistencies or lack of person-centred support for people's needs. For example, one person was unable to verbalise their wishes; there was limited guidance to staff on how to support the person. Parts of the person's care plan stated they could be 'verbally aggressive' other areas of the care plan stated they were unable to speak. Another person's care plan documented they had anxieties and for staff to provide reassurance. There was no information about why the person may become anxious and no guidance on what kind of reassurances they required. We raised this with the registered manager who told us they planned to complete a full review of people's care plans and risk assessments with ongoing in-depth reviews using their 'resident of the day' programme.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager led the service and was supported by a deputy manager. Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. At staff

meetings topics like best practice, documentation and recording were discussed. Some staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling. Some staff had been appointed as 'champions'. One staff member was champion of 'health and well-being'. They made sure people had regular contact with their family. They supported people to attend hospital appointments and made sure people were appropriately dressed for the day to achieve a sense of pride.

- Staff told us the management of the service was good. They said they were able to discuss concerns with the registered manager or deputy. One staff member said, "The manager is straight. There is no beating about the bush. You know where you are and what is expected of you." The provider held a high emphasis on staff well-being, they had distributed a survey to gain feedback from staff and had arranged initiatives and a party for staff to promote staff morale.

- The management team strived to continually learn. The provider had proactively contacted health and social care professionals to gather feedback on how the service could improve. We saw there had been no response from the request. The registered manager had held a meeting with the local authority in respect of some safeguarding concerns. The meeting had a positive outcome where channels of communication were agreed between both parties. The registered manager gave examples where they had learned from complaints and responded to people's feedback. For example, a new telephone system had been installed following complaints from relatives.

- The registered manager learned from audits and put actions in place to ensure compliance with regulations. For example, the registered manager conducted a staff recruitment file audit, this was effective and shortfalls identified were actioned. The registered manager had oversight of safety checks within the service, such as, hoists and slings. Immediate actions were put in place in the event of any defects found.

- The registered manager was well supported by the provider and others within the provider's senior management team. They worked closely to develop a home improvement plan which was detailed and included timescales and who was responsible for the action points. We saw the home development plan was a working document and was being continually updated to reflect feedback, findings from audits and updated legislation.

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

- The registered manager understood their duty to be open and transparent when something went wrong. They described how they would provide an apology and make changes to avoid further incidents. The registered manager told us they would speak with all parties concerned and document actions taken.

- We saw examples of the registered manager carrying out their responsibilities under the duty of candour. The registered manager demonstrated openness throughout the inspection.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care and treatment was provided in a safe way or risks to people had been mitigated. The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. The provider failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.