

Grace Manor Care Limited

Grace Manor Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grace Manor Care Centre is a residential care home providing nursing and personal care for up to 60 older people. People were living with a range of needs associated with older age and some people were living with dementia. There were 49 people living at the service on the day of our inspection.

People's experience of using this service

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them.

Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "I was told that [my relative] did not have long left, but he has been here for a long time now and that is because of the good care he receives. I couldn't wish for better care for him."

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.

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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this.

People received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

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 Requires Improvement (published 13 May 2020).

Why we inspected

We received concerns in relation to unsafe care practices, staffing levels, neglect of people living at the service and the management of the service not acting on concerns raised. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the key questions of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Grace Manor Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which 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 care plans, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider.

We spoke with two people living at the service and three visiting relatives. We also spoke with six members of staff, including the regional manager, the registered manager, a registered nurse and care staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection, this key question was rated as Requires Improvement. This key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At the last inspection, we identified areas needing improvement. This was because medicines were not always well managed. Medicines stock did not always tally with records, and records did not always detail when people had been administered medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Registered nurses and care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

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

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. A relative told us, "I can't wish for better staff taking care of [my relative], I know he is safe here."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's

safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.

- People and staff told us the service had enough staff to keep people safe. A relative told us, "[My relative] can't use the buzzer, but whenever I ring it, they are always here in a reasonable time." A member of staff said, "It is busy, but we have enough staff. We use agency staff as well, but to be honest, they are really good, and it feels like they work here permanently."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. For example, some people were at risk of falls. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their mobility.
- Assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- 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.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to 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 are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection, we identified an area requiring improvement. This was because systems in place to check the quality of the service were not always robust and had not recognised issues and concerns. We saw that improvements had been made.
- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "I was told that [my relative] did not have long left, but he has been here for a long time now and that is because of the good care he receives. I couldn't wish for better care for him."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. A member of staff told us, "Happy staff, happy residents, happy home. We want to build a community here where everyone is cared for as if they were our own relatives."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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

- People and staff were actively involved in developing the service. For example, people had influenced food

choices and activities. A relative told us, "The manager or carers always ring me and give me an update on [my relative's] health and how he is feeling."

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We all work well together and [registered manager] is good. She doesn't just tell us what to do, she involves us in decisions."
- Up to date sector specific information was made available for staff including details of specific topics, such as COVID-19 and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; 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 service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.