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

The inspection was completed on 25 January 2016 and 26 January 2016 and there were 75 people living at the service when we inspected.

Grays Court provides accommodation, personal care and nursing care for up to 87 older people and people living with dementia.

A registered manager was in post. 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 told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

Care plans accurately reflect people's care and support needs. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

The provider's arrangements to manage people's medicines were suitable and safe.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and skilled to meet people's needs and were suitably supported to undertake their role.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Is the service well-led?

Good

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other senior members of staff.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

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 25 January 2016 and 26 January 2016 and was unannounced.

The inspection team consisted of one inspector on 25 January 2016 and 26 January 2016, two specialist advisors on 25 January 2016, whose specialism related to the management of pressure ulcers, nursing care and end of life care and; an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with 22 people who used the service, six relatives, 12 members of care staff including three senior members of care staff and two registered nurses, and the registered manager. In addition, we spoke with two healthcare professionals to seek their views about the quality of the service provided.

We reviewed 12 people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I feel very safe living here. I have no worries or concerns." Another person told us, "Safe, yes I think so."

We found that people were protected from the risk of abuse. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the registered manager, deputy manager and senior members of staff would act appropriately on people's behalf. The registered manager and senior members of staff were able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. However, staff's practice did not always reflect that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

Several people were assessed as at medium or high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating further and found that three out of six people's equipment was incorrectly set in relation to the person's weight. This meant that the amount of support the person received through their pressure mattress was incorrect. We found that records to confirm that people's pressure relieving equipment was monitored and correctly set each day according to their weight was not recorded. We discussed this with the registered manager on the first day of inspection. An assurance was provided that all pressure relieving equipment would be reset and discussions with staff held so as to ensure that newly implemented monitoring forms were completed each day in the future. Evidence on the second day of inspection showed that the registered manager had been proactive and the latter had been actioned.

On the first day of inspection we found that several people using the service did not have the means to summon assistance as their call alarm facility was missing. We discussed this with staff and despite a search; people's call alarm cords were not easily located. We discussed this with the registered manager and by the second day of inspection they had ordered new call alarm cords. This showed that the registered manager had taken our concerns seriously and had acted swiftly so as to ensure people's safety and wellbeing. Environmental risks, such as, those relating to the service's fire arrangements were in place. A fire risk assessment was in place to ensure the premises were safe.

Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. People's comments about staffing levels were variable. One person told us, "The do need more

staff in my opinion. Sometimes staff from the office come to help out." Another person told us, "They [staff] tell us they're short staffed, but I can see it. They're [staff] always rushing around." However, our observations during both days of the inspection indicated that the deployment of staff was suitable to meet people's needs. For example, where people were seen to ask staff for assistance with personal care or to request a drink, staff responded in a timely manner. In addition, communal lounge areas on most occasions were supported by staff or staff were available close by. The dependency needs of people using the service were assessed each month and there was evidence to show that the information was used to inform staffing levels and to ensure that these were appropriate to meet people's needs.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and administered to people. We looked at the records for 18 of the 75 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff. Observation of the medication round showed this was completed with due regard to people's dignity and personal choice.

Staff involved in the administration of medication had received appropriate training. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken.

Good

Is the service effective?

Our findings

Staff confirmed that they received regular training opportunities in a range of subjects. Staff told us that this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. One member of staff told us, "The training provided is very good and includes face-to-face training, e-learning and distance learning. This suits my learning needs very well. If I wanted additional training I would go to the deputy manager or registered manager. I am confident in what I do." The staff training matrix confirmed what staff told us and showed that the majority of staff had received up-to-date mandatory training in core subjects and training was already booked for the next 12 months.

The registered manager confirmed that newly employed staff received a comprehensive induction. Staff told us that in addition to their formal induction, they were given the opportunity to 'shadow' and work alongside more experienced members of staff. Additionally, staff were expected to complete the Care Certificate within the first 12 weeks of their employment. The induction records for two people showed that this had commenced, but not yet completed. One member of staff told us, "My induction was very helpful in learning the routines of the day and informative in relation to my role and responsibilities."

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Staff told us that they felt supported by the registered manager, deputy manager and senior members of staff. Records confirmed what staff had told us and showed that staff received formal supervision in line with the provider's policy and procedures.

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 Act 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. 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 told us that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The majority of staff were able to demonstrate that they were knowledgeable and had a good understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities. One person told us, "I can choose how I spend my day. Staff always offer me choices, I choose what I want and that is supported by the staff here."

Comments about the quality of the meals and flexibility of meals provided were positive. One person told us, "The food is very good and I like it very much." Another person told us, "I have no complaints about the meals provided. If I don't like what's on offer, I can have something else. It only happens occasionally." A third person told us, "Sometimes in the evening I feel a bit peckish. I've only got to tell one of the girls and they'll bring me in here [dining room] and tell me what's in the fridge or cupboards. They'll [staff] always find me something, and they do it quite happily." Although people made their meal choices the day before, staff told us that this was used as a guideline and that there was always sufficient food available if someone changed their mind.

The dining experience for people within the service was observed to be positive and there were sufficient staff available to provide assistance at mealtimes. Where people required support from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. This ensured that people received sufficient nutrition and hydration.

Staff had a good understanding of each person's nutritional needs and how these were to be met. Staff were aware of people's specific dietary needs, such as, those people who were diabetic and the people who required their meals to be fortified as they were at risk of poor nutrition and hydration. One person told us, "I have to have my food pureed. I can't cope with any bits at all. Staff know that, and they prepare my food very well. They [staff] don't forget." People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's day-to-day dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to suitable healthcare professional services, for example, dietician or Speech and Language Therapy Team to ensure and maintain the person's health and wellbeing.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Healthcare professionals were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide interventions if a person was deemed at risk, for example, relating to poor nutrition, falls or at risk of developing pressure ulcers.

Good

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "I think it is terrific here. The staff here are very approachable; I don't know how they do it. They [staff] have so much patience." Another person told us, "Sometimes I am unable to sleep because my legs itch. I call for help and they [staff] come and wash my legs. It makes such a difference and they [staff] do not seem to mind. They are very good girls to us." A relative told us how much they valued the way in which their member of family was cared for. They told us, "Staff here are always very calm and relaxed. They [staff] spend time talking to people and never seem flustered." Where people were transferred from one unit to another as a result of their needs changing, relatives told us that staff took great care to help them to settle within the new unit. Where this happened one relative told us that a member of ancillary staff had been asked to sit with their member of family and to have a chat so that they would have a familiar face. They told us, "I thought that was so wonderful."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter. Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. Staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. It was also noticeable from our observations and following discussions with staff and people's relatives, that staff clearly knew the needs of the people they supported. For example, we were advised by a relative that their member of family liked to have a good conversation with others living at the service. They told us that there were not many people on the unit who could talk with them. As a result of this, their relative was taken to another unit where there were more able people available. The relative confirmed that staff knew their member of family's needs very well and this was a positive experience.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support. One person told us that they were able to live quite independently. They stated, "I get myself up, and I go to bed when I want to. Nobody tells me what to do."

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provide. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. We saw that people were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were seen to wear makeup and jewellery. Additionally, people were seen to wear their watch, hearing aids and glasses. One member of staff told us, "It's very important that glasses and hearing aids are worn. It can make such a difference to

someone when they need them. Imagine not being able to see or hear." People were also supported to wear the clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted. The registered manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes. Information about local advocacy services were available.

The registered manager confirmed that there were no people using the service who required palliative or end of life care. The registered manager and staff confirmed that end of life care was determined by the local GP surgery with little initial contribution from the management team or staff. However, the registered manager told us that once indicated by the GP surgery that someone was requiring palliative care or end of life care, an end of life care plan was developed. The registered manager advised that the involvement of appropriate healthcare professionals, such as, the local Palliative Care Team were available as and when required. Although the provider's own policy and procedure made reference to guidelines issued by the National Institute for Health and Care Excellence [NICE], it made no reference to the Gold Standard Framework in End of Life Care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan. Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Staff told us that there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had the information required to support the person appropriately. We discussed this with the registered manager and an assurance was provided that these would be reviewed and updated accordingly. On Seashore unit we observed that one person during the afternoon became anxious and distressed and started to undress. Staff noticed this immediately and spoke to the person very quietly and in a clam manner. The person visibly relaxed and staff remained very alert and engaged the person in diversionary conversation which stopped the situation from escalating. The outcomes for this person was positive and ensured that others were not affected by the emerging situation. This showed that although minor improvements in record keeping were required, staff were responsive and aware of the person's needs and how to support them.

Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings, discussions with the qualified nurses, senior staff and the senior management team. Staff told us that they knew when to refer to another person for advice and support to ensure people received appropriate care. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

The registered manager told us that relatives had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

People told us that those responsible for providing social activities at the service were good and that they were happy with the activities provided. People told us they had the choice as to whether or not they joined in with social activities and some people confirmed that they preferred to spend time in their room or chatting with others in the communal lounge. Three people were responsible for providing activities throughout the week Monday to Friday. Our observations showed that there were opportunities provided for people to join in with social activities. Social activity profiles were completed for each person detailing their

specific social care needs and preferences and a record was maintained detailing the activities undertaken, such as, external entertainers, board games, arts and crafts, cooking and film afternoons.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any worries or concerns they would discuss these with the management team and staff on duty. One person told us, "I go to see the manager if I have any concerns." They further stated that bedclothes kept going missing and although staff told them that these items would turn up, they never did. They told us that they spoke to the manager and following this discussion, an hour later they were given three new sets of bedding. They told us, "I can always go and speak to the manager. You don't need an appointment and they'll always listen. I think that's very reassuring."

Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. A record was maintained of each complaint and this included the details of the investigation and action taken. There was also evidence to show where appropriate meetings had been held with the complainant. A record of compliments was available to capture the service's achievements.

Good

Is the service well-led?

Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits at regular intervals. These were detailed and provided a good basis for using the information gathered to analyse and identify risks to people's health and welfare, to recognise where the service was compliant and where there was a risk of non-compliance. For example, the service's monthly falls analysis looked at potential trends such as the incidence of falls, staff on duty, the times of falls and whether or not the Care Quality Commission or RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 1995 needed to be notified. The registered manager confirmed that a 'weekly manager's report' was completed and this included statistical data which was forwarded to the area manager. Furthermore; the provider had commissioned an independent quality assurance audit in March 2015. The latter detailed that the service's overall rating at that time was 'Requires Improvement.' An action plan had been completed and this showed that all areas highlighted for corrective action had been addressed. In January 2016 the provider conducted its own internal quality audit which had been revised in line with our new approach to inspecting adult social care services introduced in October 2014. This showed that they had achieved an overall rating of 'Good.'

Relatives and staff had positive comments about the management of the service. One relative told us, "The management team here are very good. I have nothing but praise for the work they and the staff do." Another Relative told us, "The staff and management are very friendly and caring. I'm really pleased with the home, the way it is managed and the general feel of the place." Staff were clear about the registered manager's and provider's expectations of them and staff told us they were well supported. Comments from a new member of staff included, "Staff here have been really helpful, much better than in my previous home. They [staff] are supportive and kind. I don't mind asking questions, because they don't rush me, or make me feel stupid for not knowing things." Another staff member told us, "The manager's door is always open, and we are encouraged to go and speak to them about anything that troubles us. They are very good and they will always listen." The registered manager holds a weekly surgery in the evening so as to enable people who cannot visit the service during the day the opportunity to meet with them.

Staff told us that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was good. Staff confirmed that there were regular handovers each day to discuss issues relating to the wellbeing and safety of people using the service and to convey essential information. This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

People living at the service, their relatives and those acting on their behalf had completed satisfaction surveys in April 2015. Although 70 satisfaction surveys were sent out only 26 completed forms were returned. These showed that people who used the service and their relatives were satisfied with the overall quality of the service provided. Comments included, 'Grays Court staff should be very proud of the service they deliver to residents and their families. I have seen first-hand their dedication to constantly improve care for

residents.' Where areas for improvement were highlighted for corrective action, an action plan had been completed and this included the actions taken to make the necessary improvements. For example, a review of staffing levels had been undertaken and the use of volunteers had been considered and was in the process of being sourced.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where areas for improvement and corrective action were required and how this was to be achieved. In addition to this there were monthly relatives meetings and bi-monthly meetings for people using the service. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service.