

Grace Manor Care Limited

Grace Manor Care Centre

Inspection report

348 Grange Road
Gillingham
Kent
ME7 2UD

Tel: 08444725170
Website: www.foresthc.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 16 May 2017. Our inspection was unannounced.

Grace Manor Care Centre is a care home which is registered to provide accommodation, personal and nursing care for up to 60 people. The home is a listed building which has been extended. The home had two wings which had been named Medway view and Abbey suite. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were 56 people living at the home, including a married couple who moved to the home on the day of the inspection. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

The service had a registered manager. 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 2014 and associated Regulations about how the service is run.

At our previous inspection on 09 and 11 February 2016 we found breaches of Regulation 9 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service. Records were not accurate and complete. The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. We also made a number of recommendations. We asked the provider to take action in relation to the breaches of regulations.

The provider sent us an action plan on 09 June 2016 which stated that they would comply with the regulations by 01 July 2016.

At this inspection we found there had been improvements to the home. People told us they received safe, effective care.

The home was in the process of being redecorated. The Abbey suite area of the home had been decorated to help people living with dementia orientate in their environment. Some people with dementia were living in the Medway View part of the home which had not been decorated in a manner to help them orientate. The provider told us that this was because people and their relatives living in this part of the home had chosen not to have a dementia friendly theme. However, some people were confused about their environment. People reported that other people often wandered in to their room at night and during the day. We made a recommendation about this.

The premises were well maintained, clean and tidy. The home smelled fresh.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support because employment checks and references had been gained before staff started their roles.

The safety of people was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. Staff, including the registered manager, had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's and staff member's safety both internally and externally had been assessed and recorded, with measures put into place to manage any hazards identified.

Staffing levels were kept under review to ensure staff were available to meet people's assessed needs.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same staff who knew them well. Staff were trained to meet people's needs. Robust induction procedures were in place to ensure staff were able and confident to meet people's needs. The provider encouraged staff to undertake additional qualifications to develop their skills.

Medicines were well managed. Medicines were stored and administered appropriately. Some medicines were prescribed on a 'when required' basis. There was guidance in place for each person's when required medicine.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. Feedback from healthcare professionals was positive.

People had positive relationships with the staff. People were treated with dignity and respect by staff who also maintained people's privacy. Staff were kind and caring and enabled people to participate in various activities they enjoyed within the home and in the local community.

People's views and experiences were sought through surveys and meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

The provider and registered manager were committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and others was continually sought and used as an opportunity for improve the service people received.

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.

Staff had a good knowledge of how to keep people safe from abuse.

The home was clean and tidy and had been appropriately maintained. Effective infection control systems were in place.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The home was being redecorated. Parts of the environment did not meet the needs of those people living with dementia.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy and dignity were maintained whilst promoting people's independence.

People received consistent care and support from staff they knew very well. Staff were aware of people's personal preferences and life histories.

Relatives were able to visit their family members at any reasonable time and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to give their views on the service they received. The complaints procedure was available.

People were supported to maintain and develop their social activities. People received care which met their needs.

Is the service well-led?

Good ●

The service was well led.

The management team and provider carried out regular checks on the quality of the service.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff were positive about the support they received from the management team.

Grace Manor Care Centre

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 16 May 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a nurse with expertise in general nursing, and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, the provider's action plan and notifications. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 15 people. Some people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We also spoke with seven relatives. Three further relatives telephoned CQC to provide feedback after the inspection. We also spoke with 14 staff including the cook, handyperson, care staff, nurses, the deputy manager and registered manager. We also spoke with the Chief Compliance Officer and the provider's tissue viability nurse who was visiting the home.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included five people's care records, risk assessments, four weeks of staff rotas, five staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records. We attended a planned meeting with the local authority, other health professionals and the provider during the inspection.

We asked the provider to send additional information after the inspection visit, including training records and some quality assurance records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 09 and 11 February 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made accurate and complete records in relation to recruitment records. We asked the provider to take action to make improvements. The provider sent us an action plan on 09 June 2016 which stated they would meet the regulation by 01 July 2016. We also made two recommendations in relation to; safety and infection control measures to ensure that risks to people and staff were minimised and updating policies and procedures.

At this inspection we found that there had been improvements to records relating to recruitment.

People gave us mixed views about being safe. Comments included, "I worry at night. People come in my room, residents wander in when I am in bed. I can lock my door and I have a key but I like to sleep with the door ajar and it gets very hot in my room with the door shut. They gave me a key as I've had belongings go missing recently and in the past money has been taken from my room. I don't feel safe at night"; "I have no problems here. I do feel safe. They look after me"; "I am not worried about anything here"; "I am safe and they look after everything very well" and "I feel safe apart from tree branches tap on my window, I get worried it will break it". We reported the concerns people had about their safety to the registered manager who agreed to look into this as a matter of urgency.

Relatives told us their family members were safe and well looked after. Comments included, "I don't worry at all. They are doing a very good job with him and they work hard"; "I don't have any concerns here. She seems happy and healthy and cared for well"; "Things are very good. It's turned around. One of the best things that is happening is residents have got the same team looking after them"; "They are always checking on her as she can't use the call bell" and "I feel she is safe, it was a worry when she was at home".

There were enough staff deployed on shift to keep people safe. We observed that staff responded quickly to people's call bells. Some people were unable to use call bells. Where this was the case, care plans and risk assessments clearly identified why they couldn't and staff checked the person at least hourly when they were in their bedroom. The registered manager had recruited staff into vacant posts and had decreased the use of agency staff. Agency staff were now only used to cover short notice sickness. One relative told us, "They use less agency staff now. I am now on first name terms with staff as we see them so often". The home used a dependency rating tool to assess the level of staffing required for each person living in home. However each person's dependency rating was not then used by the management team to assess and review staffing levels to ensure it met people's needs. We spoke with the registered manager about this who confirmed that this had not happened. They explained that they did vary the staffing levels dependent on numbers of people living in the home. The registered manager agreed that they would review the dependency levels and monitor these when people's needs changed. Activities staff assisted people at meal times.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. People and their relatives were encouraged to be involved in this process. Risk assessments included a list of

assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, a person who had a pressure ulcer had a corresponding risk assessment detailing what staff needed to do to reduce the risk and detailed any equipment required. Those people at risk of falling out of bed had been assessed and bed rails were in place to reduce the risk. Risk assessments and care plans had been reviewed monthly or more frequently if people's circumstances changed.

Some risks to people had not been assessed. One person had a bedroom on the upper floor which had sky lights fitted into the ceiling. We noted that the person's room was very bright and hot. The person's bed was positioned under the sky lights, there were no blinds fitted which meant the person was lying in full sun. The bed was not able to be moved due to the layout of the room. The person was also at risk of being woken early in the summer months with the sun streaming into their eyes. We reported this to the deputy manager and action was taken immediately to order blinds for the person's room. A relative raised a concern to us during the inspection that a door in the Abbey suite opened outwards onto the corridor. There was a high risk of knocking people over when opening the door as it was not possible to see who was walking in the corridor. We reported this to the registered manager. Staff were able to provide care which was safe and met each person's needs. Accidents and incidents had been appropriately reported by staff. Relevant action had been taken by the registered manager when these had occurred.

At our last inspection we reported that the kitchen was unattended during the inspection and could be easily accessed by any person living in the home. People who actively walked around the home had access to potentially dangerous equipment and thickening powder which is used to thicken fluids to aid people's swallowing. At this inspection we found that the kitchen was closed off when not in use. Thickening powder was no longer stored in the kitchen. Nursing staff confirmed this was stored in people's own bedrooms, they confirmed that it was not locked away which increased the risk of people ingesting the powder. Prescribed thickeners should be kept locked away to prevent accidental ingestion of the powder. A patient safety alert had been cascaded by NHS England in February 2015 which warned care providers to the dangers of ingesting thickener. The home did not know about this safety alert and had not kept the thickener out of reach. Immediate action was taken to move the thickener to a locked drawer in each person's room.

Recruitment practices were safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed. Staff employment files showed that references had been checked.

Staff we spoke with understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had confidence in the management team taking appropriate action if they reported any concerns. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

The home was clean, smelt fresh and was suitable to meet people's needs. Bins in bathrooms, toilets and sluice rooms were appropriate to minimise the risk of cross infection. Staff had access to gloves and aprons to enable them to safely carry out personal care.

The premises were well maintained and suitable for people's needs. People's bedrooms had been redecorated with an addition of feature walls. Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. Staff confirmed that these were done weekly. An external company had completed a thorough health and safety audit which had identified areas for improvement, which included installation of evacuation devices to aid the evacuation of people who lived on the upper floor during a fire. The registered manager had worked to complete actions and had ordered the equipment required. Records showed that emergency lighting had also been tested regularly. Any repairs required were generally completed quickly. Gas and electric installations had been checked. Hoists, slings and lifts had been serviced. Water testing had been carried out as well as regular legionella testing.

Each person had been assessed to see what care and support they needed to evacuate the home in an emergency. This meant in an emergency, staff and the emergency services had all of the information they needed to keep people safe.

During our inspection we looked at the arrangements for managing medicines (including obtaining, recording, handling, storing, security and disposal) and found that processes kept people safe.

Medicines were supplied by a community pharmacy. The community pharmacist had carried out a medicines audit in December 2016 and given advice to the home. Staff had acted on this advice to improve the safety of medicines. Medicines audits were carried out on a monthly basis. Medicines were administered by registered nurses. Staff told us that they had completed medicines training, including specialised training for certain medicines. Training records confirmed this. Staff were assessed annually to ensure they were competent to administer medicines.

We observed medicines being administered by a trained nurse on the Abbey suite. The nurse encouraged people to take their medicines and we found the process to be safe and hygienic. Medicines were signed for after they were given and there were no missed doses seen on medicine administration records (MARs). Each person had an individual medication profile that gave details of any administration difficulties; for example problems swallowing. Some medicines were prescribed on a 'when required' basis, for example for pain relief. There was guidance in place for each person's when required medicine.

Medicines were checked and recorded when received in to the home. Medicines were stored safely and securely. The temperature of the room where medicines trolleys were stored was high and had exceeded the maximum temperature. Immediate action was taken to ensure the trollies were relocated to a clinical room which had an air conditioning unit. The registered manager arranged for the trolley store room to be altered so that it could benefit from air conditioning to keep the medicines at an appropriate temperature. Medicine fridge temperatures were monitored appropriately. Controlled drugs (CDs) which are medicines with potential for misuse, requiring special storage and closer monitoring were stored and recorded in line with legislation. Nurses carried out regular balance checks of CDs and we found these to be correct.

Is the service effective?

Our findings

At our last inspection on 09 and 11 February 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to meet people's nutritional and hydration needs. We asked the provider to take action to make improvements. The provider sent us an action plan on 09 June 2016 which stated they would meet the regulation by 01 July 2016. We also made a recommendation that the provider assesses and reviews the whole environment of Grace Manor to ensure that it is suitable for all people living with dementia.

At this inspection we found that there had been some improvements, people's nutrition and hydration needs had been assessed and were met. Areas of the home had been decorated to enable people living with dementia to orientate themselves. Further work was required to enable people to find their way around.

People told us they received effective care. People told us their health needs were well met. Comments included, "I have seen the others like optician and dentist here and they help me arrange appointments and we chat with my daughter about how to get there. A carer would come to an appointment with you if my daughter can't"; "I tell them if I feel ill and the nurse gives me some pills or calls the doctor"; "You might wait a day to see the doctor but that's the longest I've waited. It's all sorted out for me and they help by getting opticians and dentists to come here" and "I don't have to remember appointments because they do it for you".

Relatives told us their family members' health needs were well met. Comments included, "They call me if they have called the doctor. Everything is arranged and I don't think they wait too long for the doctor. They are here often. They arrange any other appointments like opticians coming and dentist and they let me know"; "They manage her health well, she went to hospital recently for two days following a chest infection, they keep us informed"; "On more than one occasion they've identified she has additional health needs, an ambulance has been called. They always let me know" and "It's been excellent, she came here from home, they got her more mobile immediately, got her eating and all pressure areas healed".

Kitchen staff were aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The kitchen staff were also aware of people's dietary requirements such as high calorie, low sugar and vegetarian diets. The cook told us they usually met with people within the first week of them living at the home to discuss their likes, dislikes and preferences. A range of fresh fruit, snacks, biscuits and cakes were available.

We carried out observations during lunchtime. Mealtimes were protected to ensure people did not have interruptions or distractions. There was a calm and relaxed environment with music appropriate to people's preferences playing in the background. People were offered a choice of meals. At lunchtime several people chose not to sit or wandered away from the table. However, good practice was evident on numerous occasions. We observed staff gently encouraging people to eat and trying different foods. Staff showed people what the meal looked like to help them decide what they wanted. Some people had chosen items not on the menu which the cook had made at their request. People who were cared for in bed were

supported appropriately to have their meals, however there was some delay to some people's meals being delivered which resulted in the food cooling down. People who regularly refused their meals were prescribed high calorie drinks to maintain their weight and health. Staff followed the advice given by dieticians and speech and language therapists (SaLT). For example, one person had been assessed as requiring less of their high calorie drink. The medicines records and feedback from nurses showed this drink had been reduced however the care plan had not been amended to detail that the person's needs had changed. We spoke with a nurse about this and they immediately altered the care plan to evidence what was happening in practice following the advice of healthcare professionals.

People gave us mainly good feedback about the food. Comments included; "It is a bit hit and miss and puddings are usually sponge and custard but it is okay. There could be more choice and they don't often have a choice if you change your mind. The food is good if [staff name] cooks. They come round in the morning to give choices for the day"; "Food is very nice indeed. I choose from different things before lunch in the morning. I don't need help but they ask"; "Very good, choices are okay. I like smaller meals and they do that"; "The food is very good. They offer help but I don't need it" and "The food is good, they ask me if I want more, they offer to cut it up. The girls [staff] offer tea and biscuits. There are plenty of snacks". A relative told us that staff supported their family member with their food and drinks as they were unable to do this for themselves. They said, "They give her a varied diet, she also has cake and custard. Her weight is a concern but they have the dieticians involved. She eats quite well, they feed her".

We observed that people had drinks in their bedrooms, most of which were in reach. We observed staff frequently topping these up. People were offered ice creams to keep themselves cool as the weather was hot. People told us "I have my own [drinks] in my room, my daughter brings them. I can reach them on this side but cannot get my wheelchair along the other side of my room"; "I have a jug in my room, I can reach it. They put it on my table at night" and "I can have drinks when I want to, you just have to ask".

People's weights had been recorded consistently. Action had been taken in a timely manner to address weight loss, such as referrals to dieticians and SaLT. Action taken had not always been recorded. We spoke with a nurse about this and they made amendments to people's records to show this had taken place.

Since our last inspection, the ground floor of the Abbey suite had been redecorated. Corridors were painted brightly, each person had a picture of themselves on their door, along with a room number and their name. Toilets and bathrooms were signposted. This enabled people to navigate around Abbey suite with greater ease. We noted during the inspection that signs in corridors from people's bedrooms did not detail where communal rooms such as the music room, lounges, dining rooms were. We reported this to the deputy manager who agreed that it was not clear for people who were confused about their environment or those new to the home. The redecoration programme was ongoing and the provider assured us this was being completed in consultation with people living in the home. People living with dementia were now living in both wings of the home. The redecoration and signage was not consistent in both wings of the home. We observed people in Medway View actively walking into other people's bedrooms and being disorientated, people shared that this was a regular occurrence both during the day and the night.

We recommend that the provider considers National Institute for Health and Clinical Excellence (NICE) guidance to assess and review the whole environment of Grace Manor to ensure that it is suitable for all people living with dementia.

Staff had received training and guidance relevant to their roles. Many courses had taken place and training courses had been booked. The tissue viability nurse (who was employed by the provider) explained how they had provided training sessions for new staff in relation to skin care. The tissue viability nurse had

provided guidance and support in relation to setting mattresses to the correct weight and selecting the correct type of mattress to meet people's needs. They had also shared information gained from conferences such as new equipment that could benefit people. Training records evidenced that staff had attended a variety of courses including; fire training, health and safety and moving and handling, 34 out of 60 staff had attended dementia training. The training records showed that a further 21 staff were booked to attend dementia training. A number of training courses had been booked for May and June 2017 which included end of life care. Staff were supported to gain work place qualifications.

Systems and procedures were in place to provide support to nursing staff in order to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks such as venepuncture, which is the procedure of inserting a needle into a vein, for the purpose of withdrawing blood.

Staff told us they received supervision and good support from the management team. Supervision records evidenced this. Nursing staff were supported and supervised by the deputy manager, who also provided clinical supervision. Supervisions showed that group supervisions had been held to address consistency and practice issues. This meant all staff received effective support and supervision for them to carry out their roles.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. People who were able to confirmed they made decisions about their own life and these were respected. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager had good systems in place to track and monitor DoLS authorisations and applications. One relative explained how they had been involved and fully informed during the DoLS application and assessment process.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. A health and social care professional told us 'I have often instructed the staff at Grace Manor to undertake blood tests, MSU [midstream specimen of urine], prescription changes and actions taken on acute prescriptions. These have been carried out as requested. I have found that their staff communicate fairly effectively with our practice about registered patients'.

Referrals had been made to speech and language therapist (SaLT) for people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, consultants,

palliative care nurses, tissue viability services, hospital and relatives when necessary. The provider employed a tissue viability nurse. They visited the home on a regular basis to provide clinical assessment and treatment for people with pressure areas. Records evidenced that people's pressure areas were healing and appropriate equipment was in place, such as pressure relieving mattresses, cushions and boots. Clear records or wounds were made by the tissue viability nurse and the nursing staff. These included photographs. People had seen an optician on a regular basis to check the health of their eyes. One relative told us, "Staff were proactive rather than reactive" to dealing with people's health needs.

We observed a staff member passing on information about people they had been working with to the nurse in charge of the area they were working in, staff worked together to complete records for the people they supported. The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "Some of them are and they help me with things I can't do like reach things that are higher. One is very nice and hangs my clothes lower. They let me choose what I wear"; "They are very nice. They hold my hand to make me feel safe"; "Most of them are happy and will do anything for you. A couple could smile more"; "They are a good lot. The men are funny and [chief compliance officer] pops in for a chat"; "The carers here are very good, and very caring" and "I have no complaints about staff what so ever".

Relatives told us staff were kind and caring and the home had improved. Comments included, "They do care yes and they care about families too. They involve us in things like garden parties and ice cream and things we can do with him"; "Staff are kind and caring"; "They are brilliant with him, they are lovely, I can't speak any more highly of them. The carers are happy; the difference in atmosphere is noticeable. It's nice and friendly"; "She [family member] gets exceptional care. I have observed staff treat her in a caring, compassionate manner, full of empathy and sympathy. Even the cleaning ladies come in to her room and interact with her by talking. It is similar treatment she would get from her own family" and "The carers are excellent, she took a shine to [staff member] he accompanied her to my son's wedding".

People told us how staff respected their decisions, wishes and cultural beliefs. Comments included, "They have written down my feelings on how I would like to spend my time when I'm older. They do respect my views and values. I am voting by post. They organised all this for me"; "I celebrate Christmas and Christian days and they let me"; "The ones who talk to me know me really well and ask questions about what I need" and "They know me, they know how I like things and remember and if they don't I tell them it's all in the plan". Relatives confirmed staff knew their family members well. One relative said, "They know him and us well". Another relative told us, "They seem to know how she likes things and this makes her comfortable and happy".

We observed that staff were happy. They were seen smiling, singing and greeting people as they moved around the home. People told us that staff listened to them and took them seriously. One person told us that one particular staff member was "Very kind and reassuring". Another person told us, "They sort things out quickly and quietly for you". Another person detailed that staff "Have time to listen and write it all down and get back to you".

During the inspection we observed staff knocking on doors and asking permission to enter. People told us, "Not always [staff knocking on doors] but I do have a key for the lock. I do feel they give me respect and I have my dignity still"; "They knock on my door and say hello"; "They knock and say goodbye when they leave" and "I feel like I have a lot of respect and privacy when I want it. I can lock my door if I want to". People were treated with dignity and respect. Staff involved people in what was going on and enabled them to feel in control when they repositioned them. We observed staff chatting to people during planned activities ensuring that they were aware of what was happening and what would happen next. We observed people being given choices over where they would like to sit and whether to join in.

Throughout the day we observed good practice. People's calls for help were answered quickly. This wasn't just from care staff. Administration staff, handypersons and the management team also responded quickly to people's requests and provided help and support when needed. Staff communicated with people in their preferred manner. One person didn't like loud communication, we observed staff speaking softly to them which enabled the person to feel comfortable and calm.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

We observed that staff were kind and caring when telephoning people's relatives to discuss changes in their health. We observed one nurse discussing up and coming health appointments with a relative. They were sensitive, kind and clearly knew the person well.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Staff had decorated some people's rooms to create a feature wall. Where possible, people's beds had been positioned where they wanted them.

Care plans were much clearer. It was evident that people and their families had been involved in the care planning process. People knew about their care plans. One person who had just moved to the home told us they had been asked about their preferences and wishes. Care files evidenced that people and their relatives had been involved with planning and reviewing their care. These had been signed by people or their relatives.

Relatives told us that they were able to visit their family members at any reasonable time. Relatives explained that they visited their family members at different times of the day. One relative told us, "We visit at different times and are always made to feel welcome". Another relative said, "They give us time together as a family and apologise if they interrupt. That is very considerate". We observed staff and the management team greeting relatives, chatting and offering drinks, snacks and meals. The registered manager detailed that 26 relatives attended the home on Christmas day and joined their family members for Christmas dinner.

Is the service responsive?

Our findings

At our last inspection on 09 and 11 February 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. We asked the provider to take action to make improvements. The provider sent us an action plan on 09 June 2016 which stated they would meet the regulation by 01 July 2016.

At this inspection we found that there had been improvements to care plans.

People told gave us mixed views about the activities in the home. Comments included, "I like it when the dogs come and when we have art"; "We do a few things, sometimes I like to sit with my friend and have a chat. There are lots of places you can go to do that and we have a chat and a tea together"; "I do the quiz and read the daily papers that I have delivered. I watch TV in the evenings. I would like to go out a bit more"; "Visitors can come anytime. I do the odd activity, there could be more and I don't want to be stuck in my room all day. We have a couple of outings a year, the seaside"; "I go downstairs and join in with activities" and "They do offer me to go out, I have been out".

Relatives told us that staff knew their family member well and activities took place to meet people's needs, which included trips out in to the community. Comments included, "I wanted to express my gratitude towards the service to advise they are giving outstanding care to my brother who has dementia"; "They seem to know how she likes things and this makes her comfortable and happy"; "The care has been great"; "Mum is involved in activities, she went to Herne Bay with staff, she loved the summer fayre"; "She likes the activities, she likes to do colouring, knitting, card making and crocheting" and "It is a very lovely home, there are always activities for the residents. Facilities are great, such as the gardens".

People's care plans had improved. They provided clear information to staff and contained information about people's personal histories which meant that staff were able to engage with them about their past and about important things. Care plans were regularly reviewed. Sometimes it was not easy to tell that the person's needs had improved or declined because the information was contained in the review information on the back of the care plan or in other areas of the records rather than the main body of the care plan. For example, one person's skin integrity care plan stated 'I have pressure damage on my left heel'. However it was clear from the dressings history that the pressure ulcer had been fully healed by 13 March 2017. Any anomalies found in people's care plans and review records were immediately addressed by the nursing staff to ensure that staff had up to date and relevant information to enable them to be responsive to people's needs.

People's care records contained a thorough assessment of their needs prior to moving to the home and included further information from health and social care professionals. People's care plans met people's assessed needs. The registered manager had been driving forward the action that during reviews of care plans and assessments people and their relatives should be involved. We observed that this had been taking place. Care plan audits had identified where this had not happened and actions from these audits were

communicated to the nurses to ensure that improvements were made.

Activities took place in a planned and person centred manner. A new activities hub space had been created, this enabled people to meet there to carry out specific activities such as art. We observed people using this space during the day. One person used this space with their relatives to draw, knit and create. Another person used this space to watch the fish which were in a large fish tank, staff engaged the person in communication about the different types of fish and helped the person see the baby fish. During the morning, a music and movement activity took place in the Abbey Suite. People were encouraged to take part if they wished. The activity was supported by the activities staff member and two care staff. Ten people took part, two people actively got up to dance. They appeared to be enjoying themselves as they were smiling and laughing. During the afternoon 15 people were supported to make the most of the sunny weather and were supported to spend time in the gardens. Staff ensured that people were seated where they wanted to be such as in the sun or shade. A tea party was held which included hot and cold drinks, cakes and ice creams to help people keep cool and hydrated. The home had some pet guinea pigs which staff supported people to feed, clean and look after. People that wanted to pet the guinea pigs spent time holding and stroking them, we observed people smiling and enjoying this activity. Activities staff were observed taking the guinea pigs around the home to visit people in their rooms.

The activities team had developed the activities further by making use of volunteers and utilising young people completing health and social care qualifications at college. The activities staff planned events to tie in with national events. For example a dementia awareness walk had been planned for the weekend to link in with national dementia awareness week. Schools were involved with the service; in 2016 a local school had worked with people and staff to paint a mural in the garden. Further events had been planned such as a teddy bears picnic and Christmas carols during the festive period.

Activities staff described how using Ladder to the Moon had driven improvements to the activities programme. One activities staff said, "They've given us skills and taught us to do things with the residents around their abilities". They went on to detail how they worked with people and staff to create a film of the sound of music. They had involved people who were cared for in bed and the staff. Those who were not actively involved with performing parts in the film were involved by activities staff talking with them about their memories of the film, they talked about making changes to the plot. A red carpet event had been planned for the following week to showcase the film to people, relatives and staff. Activities staff shared how shoe boxes were prepared by Ladder to the Moon. Shoe boxes contained items in relation to themes. For example the cowboy box contained a pistol, Stetson hat, bandana and other materials. The activities staff based discussions around the contents and theme, they explained some people chose to act using the props and some chose to discuss the items and their memories. One activities staff member said, "Most people do get involved, it opens up lots of different avenues".

The activities schedule showed that a variety of activities were planned on a daily basis, The staff team were constantly reviewing these and adding more to cater for people's needs. For example, they had set up a gentleman's club where people could do beer tasting and woodwork and a horse racing event had taken place. Activities staff coordinated the 'Resident of the day' scheme, activities staff spent time with people to discuss their favourite meals and choices on that day. One staff member explained that people were "Made a fuss of on that day". Records showed that people had had a meal of choice on their day. One person had a burger from a fast food outlet as part of their choice.

People were supported to participate in activities outside of the home. One person, had been supported by staff to celebrate their wedding anniversary with their spouse. The person celebrated by taking afternoon tea at a local garden centre. The registered manager told us "We are trying to engage relatives to take

residents out".

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints procedure was displayed in communal areas, which meant that people and their relatives knew how to formally complain. People and relatives confirmed they knew who to talk to if they had any complaints. One person told us, "I have [complained] to the managers. You wait a long time for them to sort things out and give you feedback". Other people said; "I would tell the manager or my children [if I had a complaint] and I'm sure it would be fine. I never have complained but I would if I needed too"; "I have no complaints at all" and "I would write it down and give it to [staff members]". A relative told us, "I've complained before. It gets sorted now and they feed back to you quite quickly". Another relative said, "I would go to the nurse if there was a health problem or [registered manager] for anything else. Any concerns I have raised have been responded to well". We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

A large number of compliments had been received from people, relatives and visitors. Twenty two of these had been received through comments and recommendations on www.carehome.co.uk within the last 12 months. This had increased the care home score to 9.7 out of 10. This had been celebrated with the staff and posters were displayed to share the positive news. The registered manager had created a book containing all of the compliments which were available for people and their relatives to read and view. One read, 'After it became apparent that mum could not manage to live in her own home and we were unable to provide the support she needed. It was such a relief to find Grace Manor, a care home where we were happy for mum to stay in a safe, friendly and caring environment that can provide all the help she needs. Mum has settled in and is happy'. Another read, 'Grace Manor exceeds above and beyond my expectations of the quality of care I had expected when my dad was no longer able to look after himself in his own home. He even praises it himself which, as a resident, is extremely lovely to hear. I have never visited when any of the carers are unhappy and nothing seems to be too much trouble for any residents or their relatives'.

People told us there were regular meetings to discuss the home. 'Residents' meetings were held regularly. Meeting records showed that nine families attended a meeting on 05 January 2017 with the registered manager to discuss the home, plans and feedback. People also shared that information was provided on notice boards around the home. People said, "People don't show up much for meetings. I ask what's going on or they put it on the board"; "They tell us by writing things on the board or they tell us"; "I ask what's happening. I can vote by post and we will be given the cards"; "I look on the board to see what's planned". A relative said, "They call or remind me when I come in. They do have relative meetings and then at the next one you hear outcomes of the last meeting. Sometimes changes or new things are put in place like activities outside". The registered manager explained that they had worked hard to ensure that people knew a general election was coming up and had helped people that wanted to vote apply for a postal vote.

Relatives, friends and professionals had been sent surveys to ask their feedback about the service. We viewed the completed surveys. This showed positive feedback about the staff and the home. One read, 'It appeared that there is a good rapport among the managers, staff and services users'. Another read, 'The comments I have received from the service users and relatives suggests that the home has improved greatly since being under new management' and one read 'Everything is excellent'.

Is the service well-led?

Our findings

At our last inspection on 09 and 11 February 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service. Records were not accurate and complete. We asked the provider to take action to make improvements. The provider sent us an action plan on 09 June 2016 which stated they would meet the regulation by 01 July 2016.

At this inspection we found that there was effective leadership, quality monitoring and records were more robust.

People told us the management team were approachable and effective. One person told us, "They get things working well". Relatives told us the service was well led. Comments included, "I like her, she gets things done and you can always chat with her or call up and if she isn't available you get a call back from her almost immediately"; "She seems a very pleasant lady, welcoming"; "I believe it is well managed. They have had a few changes in managers"; "I feel absolutely confident in [registered manager] she is there, she listens. She gives reassurance. It gave me confidence in having some time away from the home"; "The manager [name of registered manager] is excellent" and "The manager is approachable, [registered manager] is the best one".

We asked people and their relatives what the home did well. People told us, "They try very hard most of them and are kind"; "Birthdays are very good"; "They make me feel looked after and safe" and "The food is good and they are all friendly". Relatives said, "They are more organised and keep him safe and well"; "They are always very clean and well dressed" and "They keep a clean place".

Health and social care professionals told us, "The Grace Manor team do encourage two weekly visits by the GP for its members approaching end of life and those patients who have a DNR form in place" and "I have not had any difficulty with Grace Manor and they have been supportive to the care that I provide".

The provider's website detailed that their vision was 'To improve the quality of life of our clients and their families and we seek to promote independence, choice and dignity of the individual. We believe that clients must be safe and secure at all times, whilst providing a relaxed and stimulating environment that motivates them to live a full and happy life'. The provider had made a promise to 'Always have a positive impact on the lives of the people we care for. Promote the health and happiness of people in a caring and safe environment. Treat individuals with dignity and respect. Produce care plans with rights of choice, independence, privacy, dignity and security. Get to know our families very well and offer the support needed. Focus on individual care needs. Foster an atmosphere of openness for people, family and staff. Maintain clients' confidentiality and privacy'. We observed that this vision and promise had been embedded into the culture at Grace Manor.

There was an established registered manager in post who was supported by a deputy manager, unit

managers who were Nurses and the wider staff team which included team leaders and senior care staff. 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. The registered manager provided clear day to day leadership and together with the deputy manager and nursing team led the staff team by example. The registered manager fully embraced the provider's vision and this filtered through to all of the staff.

The registered manager consistently demonstrated passion and commitment to providing an excellent service for people. Staff demonstrated the provider's values through their commitment and enthusiasm for their role and to deliver the best possible service to people.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as Deprivation of Liberty Safeguards (DoLS) authorisations, deaths, serious injuries and safeguarding concerns.

The registered manager explained how they updated themselves by attending local authority provider forums. They explained how they met with other registered managers and built links through engaging with local events and activities through supporting people in their local community. The registered manager gained information and advice from the CQC website as well as keeping in contact with the inspector when required.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant. The offices contained a number of reference books and guidance to help staff and the registered manager.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. These included monthly environment audits, personnel file audits, call bell audits, health and safety, catering audits, kitchen monitoring, laundry monitoring, care plan audits had been completed on a regular basis and timely actions had been undertaken. This meant people's care and support was monitored effectively as well as their living environment.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy on display which referred staff to the operational managers, the chief compliance officer and the chief executive of the organisation. Staff could also telephone a confidential telephone line. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider had displayed the rating of the last inspection in a prominent area so that people, visitors and relatives could view the rating given by CQC following the previous inspection. This meant that the service were open and transparent about their last inspection.

Staff told us that communication had improved. They were positive about the support they received from the management team. Staff told us that the staff team worked well together. One staff member said, "We have 'Take 10' meetings daily"; "[Registered manager] has been so supportive, she's really excellent". Another staff member told us, "[Registered manager] is down to earth and really nice". Another member of staff explained that they felt "Well supported by the manager. We have a good staff team". Three staff approached us to detail how happy they were and that they "really feel the difference now". Staff were sent quarterly surveys to ask for feedback.

Staff were recognised for good practice within the organisation. One staff member had won the 'shining star' award from the provider and was awarded with a cash prize'.

We viewed the staff meeting minutes and saw that staff were confident in raising concerns and issues with the management team. Staff said they had good support from the management team in order to carry out their roles.