

# Gracewell Healthcare Limited







## Kentford Manor

### 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	

### Overall summary

We carried out this inspection on 17 December 2014 and was unannounced.

Kentford Manor is registered to provide nursing care for up to 88 people and provides care to people with dementia. The service has four units and is based over three floors with a passenger lift and enclosed gardens. At the time of our inspection there were 55 people using the service.

The service had a registered manager in place. 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.

There had been a change in provider within the previous two months of our inspection.

# Summary of findings

All the people we spoke with who used the service told us they felt safe. Relatives we spoke with informed us that they considered their relatives were safe living at the service. People also told us they were well cared for and the registered manager was kind and compassionate.

We were told by members of staff, there were good relationships between the people who used the service and staff. We saw that procedures were in place to help protect vulnerable adults from abuse. The staff had received training about adult safeguarding.

Policies and procedures were in place regarding medication. We looked at the medication records storage and medication audits. We saw that people who used the service received their medication in a timely and safe manner.

People we spoke with all felt that the staff had the skills and knowledge to provide the care that they needed. The training records of the staff employed by the service showed that staff had received mandatory training and training was planned at regular appropriate intervals in 2015. We saw there was an induction process and staff told us they received training, supervision and a yearly appraisal.

We saw that the health of people who used the service was monitored and that changes to people's care needs were communicated both verbally at handovers and recorded in the care records. People who used the service and their relatives informed us that the service communicated with them and they felt involved in the planning and review process.

We saw that the registered manager and staff all taken part in training with regard to the Mental Capacity Act

2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that people had been assessed regarding their capacity and when appropriate referrals had been made to the Local Authority.

From the care records we looked at, we understood that people who used the service had their weight regularly recorded. When concerns had been raised appropriate action regarding nutrition and fluid intake had been encouraged and recorded.

When we asked people who used the service and their relatives about the food they all thought there was sufficient food with a variety of choice and snacks were also available.

The interactions we saw between the staff and people who lived at the service were positive and understanding. The care plans we saw had information about people's life histories and their preferences. We looked at seven care plans and found them each to be personalised and clearly identified the person's needs and how care was to be delivered.

During our inspection we saw people who used the service had been involved with planning activities, this included cooking and baking in the morning, as well as activities arranged on the spur of the moment to respond to the people's choices at the time. This also included planned activities which had been planned in response to individual needs and enjoyment such as reading to stimulate people's memories.

The service had systems and checks in place to monitor the quality of the care and service provided. We saw audits and surveys and records how that demonstrated how the service worked with other professionals including Doctors and Chiropodists.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. All the people we spoke with told us that they felt safe.

The staffing rota for each unit confirmed that there were sufficient numbers of staff on duty to keep people safe. This was confirmed from our observations and what staff informed us.

The service had a policy and procedure for safeguarding vulnerable adults and staff had received training in this subject.

Good



### Is the service effective?

The service was effective. People who used the service and their relatives told us that staff had sufficient knowledge to provide assessed and effective care.

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw evidence that this knowledge had been put into practice to support people who the service.

The nutrition and hydration of people who used the service was monitored, so that the staff could ensure that people who used the service had enough to eat and drink.

Good



### Is the service caring?

The service was caring. We saw interactions both verbal and non-verbal between the people who used the service and staff were positive and provided clarity. We were told that the staff were kind and considerate.

We saw evidence that people who used the service and their relatives had been involved in the assessment of their care needs, planning and review of care.

We saw that the staff protected people's privacy and dignity by closing doors when necessary and knocking on doors and waited to be invited to enter.

Good



### Is the service responsive?

The service was responsive. Care plans had been regularly reviewed.

Visiting professionals informed us that the service contacted them as required and supported them to provide care to people who used the service.

The service had a complaints process and had responded to understand learn and resolve, when complaints had been brought to the attention of the service.

Good



### Is the service well-led?

The service was well led. The service had developed a positive culture to support people living with dementia with regard to reminiscence and deescalating anxiety when people experienced difficulties with their memory.

The service had systems and checks in place to monitor the quality and safety of the care provided by the service.

Good



# Summary of findings

There was a staffing structure in place and staff were assigned responsibly to areas such as dementia to which they had shown a particular interest.

# Kentford Manor

## 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 17 December 2014 and was unannounced.

The inspection team consisted of two inspectors.

Prior to the inspection we looked at what information we had, which included the Provider Information report, (PIR). We also looked at notifications received in relation to the service. A notification is a report sent to us by the provider to describe an event that had taken place at the service about which the provider is required to tell us about.

During the inspection we spoke with seven people who lived at the service, three of their relatives, one professional visiting the service on the day of our inspection, the registered manager and four members of the care staff.

Throughout our inspection we observed the care the service provided. We looked at seven care records and pathway tracked three people who lived at the service. Pathway tracking is a way of checking how people were being cared for at each stage of their treatment and care. It helps us to see if what was stated in the persons care plan was actually delivered.

We carried out a Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive. We saw that the staff were supportive and polite, offering and explaining the choices of food available.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe. One person who used the service said. "I have not been here long but they have made me feel very welcome. I feel safe as I know the staff." A relative informed us. "I have every trust in the manager; they would not allow any harm come to my [relative]."

We saw that the policies and procedures were in place with regard to the protection of vulnerable adults. We saw from the training records that all staff had received training in safeguarding both at induction when joining the service and through on-going training. This was confirmed by the staff we spoke with and they each confirmed how and why they would report a matter of safeguarding. They were aware that in the first instance this would be reported internally for the registered manager or person in charge to report to the Local Authority. However each staff member was aware that they could report the matter themselves if they thought there was a need to do so and to keep people safe.

The registered manager informed us that prior to a person moving into the service. A senior member of staff would meet with them and carried out an assessment. This was to determine if the service could meet the persons needs and to see if they person thought that Kentford Manor was an option for them with regard to meeting their needs. The assessment looked at the person's mobility, medication and how risks to their health and wellbeing were being managed. This information was then used as the basis for the persons care plan and risk assessment.

We saw that the service had a process for recording incidents and accidents. The records showed when an incident had occurred, how it was dealt with and what measures had been put into place to resolve the matter and to avoid or reduce a recurrence to keep people who used the service safe.

We observed a staff meeting. The staff discussed recent occurrences within the service and agreed through delegation of which staff members were responsible for carrying out certain actions how they would support and keep people who used the service safe.

Upon arriving at the service we were shown around and were told the number of staff and skill mix of those staff on duty which included the registered manager and qualified

nurses. We looked at the staffing rota which confirmed and agreed with the number of staff on duty for both the early and late shifts. The registered manager informed us how they calculated the number of staff delegated according to the dependency needs of the people who used the service. Gaps in staffing levels due to sickness or vacancies were covered by existing staff or agency staff to ensure there were sufficient staff on duty to keep people who used the service safe. A member of staff said. "I enjoy working here as I feel supported; there are enough staff to help each other."

The service had a robust recruitment process in place. The registered manager informed us that nobody was employed until all relevant checks had been completed. Staff we spoke with confirmed this and told us about the documents they had been required to produce. We looked at the records of three members of staff. The records supported what we had been told. Checks along with the application form and interview records were there as were two written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers have a safe recruiting system.

The registered manager informed us about the medication process used by the service. We observed staff administering medication at breakfast and lunch time and saw that they explained to people that it was time for their medication; they ensured that the person had a drink of their choice to take the medication with.

We looked at medication records, storage, and observed medication being administered. The medication administration record (MAR) sheets we looked at had a photograph of the person on the front sheet and any allergies they had to certain medications. We checked the current MAR records for the 10 people who used the service and saw that there were no gaps or unexplained omissions.

Where required medication known as PRN had been prescribed we saw clear instructions as to how and under what circumstances the medication should be administered. One person who used the service told us. "They ask if I want any pain killers, sometimes I do and sometimes not. They always ask me."

Any medicines that required keeping at specific cooler temperatures were stored in refrigerators and the

## Is the service safe?

temperatures were monitored. Medication trolleys were stored securely inside a locked room. There were clear

audit trails for the ordering, storing, administering and disposal of medication. This meant that the service had implemented a safe system of working practices for staff to follow.

# Is the service effective?

## Our findings

People we spoke with all told us that the staff had the skills and knowledge to care for them. One person said. "Being a nursing home most things they can do, but they also have called my doctor when it has been necessary to prescribe me something." A relative told us. "They know [my relative] very well and their health has improved since they have been here." We asked what they put this down to and they said. "It was the good food and warm environment."

We saw that the registered manager had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that some of the staff had received training in this subject while the majority had not. However, on the day of our inspection the service was training staff in MCA and DoLS and the entire staff would have had training within the next three months. The registered manager informed us they had sought advice about MCA and DoLS from the local authority and had made a number of referrals. Some people who used the service were subject to DoLS, the appropriate documents were in place and timescales for review had been met. The service was content with the advice they had received from the Local Authority. We looked at two records of people that used the service with regard to MCA and DoLS and saw that the records were in order. One member of staff informed us that they though e-learning from a computer would be difficult and had found the face to face teaching of value so they understood the subject.

Activities were planned accordingly in response to the needs of the individual person and recorded in the person's care plan. The Activities Co-ordinator and the registered manager told us about the facilities within the service. This included a room which had been developed into a cinema and a museum. People were able to access the museum and take items away to use and study. The staff found this approach of not keeping things out of reach but encouraging the people who used the service to use them of benefit. This was because people with dementia recognised the items and did not feel restricted as they could use and interact with them. From our observation we saw that people were enjoying the group activity of baking and were using established their skills.

The registered manager showed us a training matrix and we saw that all staff were trained in the subjects in the

mandatory section, this included food hygiene and nutrition and moving and handling, and mostly in the voluntary. We also saw that the majority of staff had received training in the other or voluntary section of training which included challenging behaviours. Four members of staff confirmed to us that they had undertaken the full programme of induction training provided by the service. We also saw from the training matrix that the service supported staff to train to achieve a qualification in the National Vocational Qualification (NVQ) in levels 2 and 3 in care.

There was a structure in place for senior staff to provide supervision to the staff they managed. There was also an appraisal system, where staff meet with their manager once per year to discuss their performance and plan how they wished to develop their skills in the next year. One member of staff informed us that they had found supervision to be supportive to help them develop their skills and discuss how best to provide care for people who used the service.

We looked at people's care regarding diet and nutrition. We saw from the care plans we looked at that people who used the service nutrition and fluid intake was monitored and recorded appropriately. We also saw that people were weighed monthly or more regularly if so required. Where weight loss or other problems such as swallowing difficulties had been identified. Action had been taken to make sure the referrals to appropriate qualified professionals had been made and the service had worked with those people to provide the prescribed care. This included working with community psychiatric nurses regarding how to meet a person's care needs with a diagnosis of dementia.

We saw that people who used the service were asked about the food they liked to eat. Preferences had been recorded in the care plan. We spoke with the catering team on duty and they were knowledgeable about people's preferences for example vegetarian and also the need that required a specialised diet with regard to their medical condition. One person told us. "I have plenty to eat, enjoy the breakfast, the main meal is lunch and lighter tea, and there are plenty of drinks as well."

One relative told us. "I visit quite regularly while the staff keep me informed of any significant changes in [my relatives] condition. They have always consulted me and I



## Is the service effective?

think the way in which they have provided care in this lovely setting they are effective. I say that because they were quick off the mark to arrange a transfer to hospital and made the return to here straight forward.”

# Is the service caring?

## Our findings

One person told us when asked about the care they received. “It is brilliant from top to bottom, impossible to find fault.” Another person said. “Wonderful staff always polite without exception.” Throughout the day we saw interactions with people who used the service that were positive and supportive. One member of staff informed us that they had time to record information and read care plans so they knew the person well.

We observed one person being supported by a member of staff to attend a Christmas party within the service. They were asked if they wanted to attend and when they confirmed they did, the member of staff took care to talk and joke with them. The member of staff worked at the pace of the person who used the service in order that they did not feel rushed.

A relative we spoke with told us. “I looked at two other homes and this was the best one, it was the best thing I have done as my [relative] is very contented here.” They told us that they had based their decision upon what they had been told about the care their relative would receive from the manager. Another relative told us. “The housekeeping staff who were cleaning the rooms took the time to talk with my [relative].”

The care plans we looked at included information about people’s preferences, such as what they preferred to be called, as well as their personal history. We saw that people and their relatives had been involved in the care planning process and also the review of the care plans.

We saw that the service protected people’s privacy and dignity. We observed that doors were closed during personal care tasks to protect people’s dignity. People who used the service told us that staff knocked upon doors and waited to be asked to enter. One relative informed us. “The staff are polite and they knock on the door and do not come in until we invite them.”

We observed the activity coordinator and members of staff sitting with people who used the service helping them to make Christmas cards, decorations and cakes. One person told us. “I did not expect to be doing this, I can buy a card but nice to make one for my family.”

The registered manager informed us that part of the care was not just physical aspects but the entire well-being of the person. One person told us how much they enjoyed outings. They said. “We go on outings to the sea, pub and garden centre and we have a singer who comes in once a week. We can choose if we want to attend or not.”

# Is the service responsive?

## Our findings

The service had recently changed provider. The registered manager and care staff we spoke with said they were determined and committed to making a success of the service.

We looked at seven care plans of people who lived at the service. We found the plans to be personalised and easy to read with the assessment of need relating to the care plan and risk assessments which turn related the daily notes. We could clearly see that people who used the service and their relatives had been involved in the planning of their care and also care reviews. This meant the service was responsive to changing needs.

We saw that the service had responded to the changing health needs and although directly employed qualified nursing staff, specialists had been contacted for advice and support. We saw that referrals had been recorded and followed up and the subsequent advice followed regarding peoples care.

When other professionals had been involved we saw that staff had recorded the time, date, their name and nature of

the visit along with any action required. One visiting professional told us. "The service has called me appropriately and I found the people I attend to are well cared for and speak highly of the staff."

One relative informed us that they liked to take their relative out as often as they could do so. This was supported by the service as they reminded the person and helped to ensure they were ready to go when their relatives arrived. The relative also told us the service was responsive to people's desires to use the garden and enabled people to access whenever the weather was nice. We saw that the activities were wide and varied and included working on a one to one basis and also group activities.

People told us that they had no complaints regarding the service. Those who were able to converse with us told us they knew how to make a complaint. Relatives also told us from the information provided, knew how to complain. One relative said they had never needed to complain and thought this was due to the presence and open communication they had with the senior staff. They found them approachable and easy to talk with.

The service did have a policy and procedure in place with regard to complaints. We saw that formal complaints had been investigated by the registered manager and reported back to the complainant within the set time of the policy.

# Is the service well-led?

## Our findings

The service had a statement of purpose and clear lines of responsibility and accountability. One person who used the service told us. “Coming here was well planned they thought of everything.”

All the staff we spoke with said they considered they provided a high standard of care and support to people who lived at the service. They felt they did this because the registered manager was dedicated and supportive. One member of staff said. “I have a supportive supervisor it is effective as we get to talk about the service users, improving the service and training and development.”

Throughout the inspection we observed the registered manager to be visible, talking with people who used the service and staff. We saw positive interactions between relatives and the registered manager. We also observed members of staff stopping from their intended duty to prioritise providing care immediately to a person who used the service.

The service had systems and checks in place to monitor the quality of the care provided by the service. This included infection control monthly monitoring evidenced by a checklist which stated the service was achieving in excess of 90 per cent. We spoke with the members of the cleaning team. They explained to us what they knew about infection control, their training and importance of their role. They also told us about the daily cleaning schedule. They were encouraged to use their own initiative with regard to when and where they should, so long as everything was done. They did have as a guide a daily cleaning schedule so they could explain where they had focussed their work during any shift. The leadership supported them to clear while not

being intrusive when people wanted to get up later than expected. There was time and flexibility to return and clean rooms later in the shift which was suitable to the people who used the service.

There were also monthly inspections of the service which reflected upon the positives of the service while addressing any issues with action points and targets dates for achievement. The registered manager carried out a range of checks and audits on the running of the service which included medication, nutrition and hydration and infection control. We saw documentation in relation to the above audits. We saw that they were detailed and where issues had been identified, actions were agreed to be put into place to resolve. The registered manager also completed a weekly report regarding aspects of the service such as recruitment and care issues for their manager.

The service had carried out surveys and questionnaires to ascertain the views of both the people who used the service and also for relatives. The registered manager told us that further surveys were planned as the last were carried out just over a year ago. Those surveys had been considered and action taken as appropriate.

We were informed by staff that there were staff meetings and they had sufficient time for handovers between shifts. On the day of our inspection we saw a staff member had been awarded a prize for their contribution to the service. A prize is awarded each month. A member of staff told us. “I think the staff meetings are a very good idea as it gives us a voice.”

We saw from the care plans that the service carried out reviews of care and also worked with professionals such as chiropodists as identified from the reviews to provide care for the people who used the service.