

Grace Manor Care Limited

Grace Manor Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grace Manor Care Centre is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The service can support up to 60 people. The service provides care and treatment to younger adults, older adults and people living with dementia as well as other health conditions. Six people received their care and support in bed.

Grace Manor Care Centre is a listed building which has been extended. The service has two wings over two floors which had been named Medway view and Abbey suite. There are two passenger lifts in the service to enable people to move between the floors.

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

Medicines were not always well managed. Medicines stock did not always tally with records. Records did not always detail when people had been administered medicine.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to management of medicines.

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

Staff understood their responsibilities to protect people from abuse. People told us they felt safe. Risks to people's safety had been well managed. Risks to the environment had been considered as well as risks associated with people's mobility and health needs. The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.

Staff had been recruited safely to ensure they were suitable to work with people. There were suitable numbers of staff to provide the care and support. All staff had received the appropriate training to learn how to minimise the risk of infection spreading. Nurses and care staff had received training to enable them to meet people's care needs and specific health needs.

The design and layout of the service met people's needs. Sign posts were in place which helped people living with dementia. The registered manager told us further work was planned to continually improve the environment.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.

People told us they liked the food, meals and drinks were prepared to meet people's preferences and dietary needs. People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams, the dementia support team and specialist nurses.

People told us that staff were kind and caring and treated them well. Comments included, "I am so lucky to be here, it's lovely and so are all the staff, they are so sweet and very caring. The staff are so kind to everyone, not just me" and "The staff here are a laugh, they keep you cheerful, I like that." Relatives told us staff were warm, friendly and kind to their loved ones. People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. People were supported to be as independent as possible.

People had support plans in place, which reflected their current needs and interests. People received care that was personalised and met their needs. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. Information in the service was available in a variety of formats to meet people's communication needs. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities.

People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. The complaints policy was on display and gave people all the information they needed should they need to make a complaint.

People and their relatives told us they knew the registered manager and felt that there was an open culture. The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care. The management team demonstrated that they were committed to ensuring that people received improved experiences and high-quality care. People and their relatives were asked for their feedback through regular meetings. The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Grace Manor Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor who was a trained nurse.

Service and service type

Grace Manor Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The first day of the inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, local authority safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our

inspection. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner.

During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas.

We spoke with 10 staff including; the cook, the maintenance person, activities staff, care staff, senior care staff, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's personal records, support plans and a range of people's medicines charts, risk assessments, staff rotas and two staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Stocks of boxed medicines including as and when required (PRN) did not always balance. There was evidence of missed signatures and inaccuracies on medicines administration records (MAR) and stock sheets.
- One person had not had their medicines as prescribed on 21 January 2020, they had become unwell on 21 and 22 January 2020, which may have been caused by not having a number of their prescribed medicines. Systems and processes had not identified the error, we found the error during our inspection and reported this to the registered manager and nominated individual. The management team had contacted the GP.

The failure to take appropriate actions to ensure medicines are managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. The medicines room was fitted with an air-conditioning unit to keep the medicines at the required temperature.
- Some people were in receipt of PRN medicines. PRN protocols were in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.
- One staff member said, "If there was a safeguarding issue, I would report it to the manager and be guided to go through process. It would be dealt with."
- People told us they felt safe. Comments included, "I do feel safe and the staff know what they're doing, if I ask something and then they are not sure they go and ask the person in charge. They are also very careful when they move me around, they use my wheelchair to take me to the dining room, the staff seem well-trained and know how to handle me" and "I do feel safe here, it's not the same as living in my home, but then if I was at home and fell there might not be anyone around to help me. There are always staff around

here, they keep an eye on us, that's reassuring."

Assessing risk, safety monitoring and management

- Risks to people's safety had been well managed. Risks to people's individual health and wellbeing had been assessed.
- Risks to the environment had been considered as well as risks associated with people's mobility and health needs. People who required hoisting had detailed assessments in place which showed the size of the sling and which coloured loops to use.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.
- Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Water temperatures had been recorded to check they were below 44 degrees to reduce the risk of scalding.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history and had taken up references before staff started work.
- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels had been undertaken to ensure there was adequate staff to meet people's needs. The service had some staffing vacancies which they were recruiting to, agency staff helped to fill any shortfalls during the recruitment period.
- People told us their call bells were generally answered quickly, sometimes there was a short delay if staff were already helping people. One person said, "The staff do come if I use my buzzer, it takes a little longer at night, but there are not so many staff around then." Another person told us, "I can't do some things for myself including getting out of bed, I therefore have to press the buzzer particularly at night, sometimes I have to wait quite a long time. Staff say that they can't come straightaway if they have been caring for another resident."

Preventing and controlling infection

- All staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections.
- The service smelt clean and fresh when we inspected. One relative said, "The home itself is always clean, there is never nasty smells. It always looks clean; the staff work hard to keep it that way."

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. Daily meetings took place with heads of departments to share important information including where there had been incidents.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.
- The registered manager had followed up every incident and accident. Incidents and accidents continued to be reported to the provider. The registered manager had made referrals to appropriate professionals such as falls prevention practitioners when people had frequently fallen.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At the last inspection we recommended that the provider considered National Institute for Health and Clinical Excellence (NICE) guidance to assess and review the environment of Grace Manor Care Centre to ensure that it is suitable for all people living with dementia.

At this inspection we found that the provider had made improvements to the decoration and signage to support people living with dementia

- The design and layout of the service met people's needs. Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets. The registered manager told us further work was planned to continually improve the environment.
- People's rooms had been furnished with items to suit their individual needs, people had pictures, photographs and trinkets as well as personal items to ensure their rooms were personalised to their own tastes. Some people had technology to support their needs such as smart speakers so they could activate music with their voice.
- People had access to a small paved courtyard and garden which was secure and could be accessed at any time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included assessments of people's oral healthcare as well as making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. People were reassessed as their needs changed to ensure the care they received met their needs.

Staff support: induction, training, skills and experience

- Nurses and care staff had received statutory mandatory training. This included; infection prevention and control, first aid, fire, oral healthcare, equality and diversity and moving and handling people. One staff member told us, "I am given opportunities to do things to progress in the service."
- Staff had received training to enable them to meet people's specific health needs such as dementia,

stroke, diabetes and mental health.

- Systems and procedures were in place to provide support to nursing staff 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. During the inspection, the management team arranged medicines training for Team leaders and competency assessments to enable them to provide support to agency nurses.
- Staff had received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager. One member of staff told us, "Supervisions have not been so good. We are in the process of changing these to make sure they are good quality not just a tick box exercise, this has come about since our communication training." Another staff member told us, "I have supervision every three months." Staff were able to approach and gain support from the management team and nurses when they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food at the service. People told us, "I enjoy my meals here, although I am not a true vegetarian, I do prefer vegetables over meat. There is always plenty of food on my plate, generally, I would say its cooked well and is always very appetizing. If you don't like what is on the menu they will always suggest something else to make sure that you have something you'd like"; "Oh wow the meals here are always lovely, you get so much" and "The food is always lovely although sometimes I find they give me too much and I hate wasting food. Like today I really fancied the sponge and custard for pudding, but I could not finish it as I had so much for my dinner, you can't starve here."
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included pureed meals and low sugar diets. People had their meals in the dining rooms and in their bedrooms. The menu board in the dining area listed the choices available.
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams, the dementia support team and specialist nurses. The GP visited the service regularly. Records showed that staff took timely action when people were ill. One member of staff said, "Nurses and care staff communicate well now. Team leaders support agency nurses. Timely action is taken to address health concerns."
- People were supported to see an optician, dentist and chiropodist regularly. Timely action was taken during the inspection where people were unwell. Records showed nurses sought advice from other health professionals when required.
- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. We observed several healthcare professionals visit people during the inspection including a GP.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms.
- We observed people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Records confirmed when people had made choices. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them. People's choices and decisions were respected.
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person. Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring and treated them well. Comments included, "I would say yes the staff do treat me in a respectful way, they are so kind and patient"; "The nurses are very good to me, they are gentle and make sure I am looked after"; "The staff are second to none, they are cheerful, very caring and generally extremely kind"; "I think the staff here are very good, they are very busy but they still have time to speak to us, and they treat all of us with kindness and patience. They are fun at times too and ready with a smile when you feel a bit down."
- Staff provided discreet care and support and helped people when they needed it. For example, we observed staff reassuring people who were confused about where they were.
- Relatives told us staff were warm, friendly and kind to their loved ones. One relative said, "The staff are always very welcoming, and they treat the residents they care for with fondness and respect. The staff are very patient and always spend time to reassure residents who are becoming anxious including my wife. I am always offered afternoon tea when I visit so I can sit with her while she has hers."
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people. Relatives and visitors were welcomed at any reasonable time. The relatives and visitors we spoke with said they were made to feel welcome. One relative said, "I am able to pop in daily as I live nearby, there is no restriction on visiting."
- People's religious needs were met. Church services were held at the service regularly, people could attend these if they wished to.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. One person told us, "When they help me get up and dressed in the morning, the staff are always asking me what I want, I can choose to have a shower, I can have a full body wash. They also ask me to decide what I want to wear each day. Then I get asked where I would like to sit, next what do I want for breakfast. So yes, the staff really do make sure I have and do what I want to do."
- People and their relatives had been asked about their lifestyle choices and these were respected.
- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required. People were given choices about the gender of their care staff and this was respected. Some females preferred not to be supported with their personal care by male staff.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives. Advocacy information

was available, no one had an independent advocate. Advocates support people with making choices and understanding their care and treatment needs.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and in communal spaces around the service.
- We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open. Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People's personal records were stored securely in the office to ensure their personal information remained confidential.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One person told us, "I get plenty of time to do things for myself, I know I am not as quick as them, but they don't mind."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs and interests. Support plans were detailed. For example – one person's support plan showed that staff needed to leave bed rails and bumpers down and the bed should be at the lowest position because the person had previously tried to climb out of bed. We observed staff following the support plan guidance, carrying out frequent checks and supporting the person to remain safe.
- Support plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each support plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One person told us, "I think they talked about the help I needed with my daughter, I seem to remember talking about it when I moved here."
- Relatives told us that care and support met people's needs. One relative told us, "Dad could not be in better hands, they even visited dad in hospital. They are able to cater for his nursing needs here, he has the equipment required in place. I like the fact that they got dad washed and dressed this morning, it makes him feel a bit better, although he is still poorly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs.
- Accessible documents such as complaints information and staying safe from abuse information was on display around the service. Accessible information about activities, food and day, date and time was also available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activities coordinator. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms. The activities coordinator visited people in their bedrooms to provide one to one

activity for people that chose to stay in their rooms or those who were too unwell to join in with group activities in communal areas. The activities coordinator was exploring different activities to support people with dementia such as interactive tables and personal music systems.

- Activities included, arts and crafts, bingo, music, singing, armchair exercise, board games, card games, quizzes and memory games. A daily sparkle event was available where staff supported people to remember news and events that happened on this day in the past. There were regular church services. External activities were brought into the service which people enjoyed. These included, singers, fun fitness, music and movement and motivational activities. On the day of inspection, a large group of people and relatives enjoyed music from a singer and birthday celebrations.
- One staff member said, "There are lots of activities for people, every day of the week. Carers do things with activities when the activities staff are not around." Another member of staff detailed how they supported people who liked to go for walks. They gave an example of one person who previously held a manual outdoors job. The staff member detailed how they supported the person to spend time outside and completing jobs such as sweeping up and other tasks. They told us "[Person] really enjoys this and feels useful and it keeps him occupied and stimulated."
- People told us, "I have been down for activities a couple of times, they do have entertainers occasionally but again I don't always bother"; "They never make you do anything, it is up to me, I am happy, my family visit and staff chat to me, so I am not alone all day"; "I like to chat to people and do stuff. The girls here always let me know what is going on and I like to spend time with them, they are lovely!" and "We do all sorts of things, we do art, I love the art class with the children I cannot see very well and they help me do it. We get entertainers they arrange singers and we do exercises, the sort where you sit down all the time."

Improving care quality in response to complaints or concerns

- There had been four complaints within the last 12 months, one of which had only arrived on the day of the inspection, so it was still being investigated. The other complaints had been resolved satisfactorily.
- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "I am more than happy to make complaint if it is necessary, I would talk to the staff and if they did not do anything then I would talk to the manager and my family"; "I would want to speak to the manager or the person in charge" and "Although I have not had to complain as such, I did voice concerns over a broken socket. I spoke to [registered manager] and it was replaced by the following morning."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Staff members told us how they supported people when they were reaching the end of their life. They explained that they kept people comfortable, informed the nurse if people became agitated or showing signs of pain. One staff member told us, "I support the family, have a good rapport with the person, put on light music and let the nurse know of any changes."
- Relatives had written to the service following the deaths of their loved ones. One relative wrote, 'I cannot thank you all enough for looking after my dad so well. He was cared for with respect, dignity and love.' Another relative had written, 'We cannot express enough gratitude for the care, kindness and compassion that all the staff here at Grace Manor gave to [person]. Every one of you go far beyond your duties of care and even that extra mile with your caring, even with ourselves when we were visiting.'
- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants.

Medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people were comfortable at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems were in place to check the quality of the service including reviewing support plans, incidents and accidents, health and safety, kitchen, nutrition, mattresses, bedrails and bumpers, moving and handling equipment, medicines, infection control, night checks and maintenance. Where issues had been identified records showed that actions had been taken in a timely manner.
- The systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management. This is an area for improvement. We discussed this with the registered manager and nominated individual and they immediately reviewed medicines practice and audits and put additional measures in place to ensure they had clear oversight of medicines particularly during the periods of high agency nurse usage.
- The service had been inspected by the local authority quality assurance team in November 2019 and had worked to meet actions identified within the quality monitoring visit.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service.
- The registered manager made regular contact with CQC to seek guidance and advice and had a good understanding of their role.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- People and their relatives told us they knew the registered manager and felt that there was an open culture.
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. One staff member said, "[Registered manager] is 100% focused on the

residents. Staff are happier and work well as a team and on their own. The atmosphere is so much better. I couldn't be more proud to work here." Another staff member told us, "I feel passionate about my job and try and do best for residents. We try and give the best day, we smile and laugh, we have good communication."

- The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care.
- The provider's website states that their main aims are, '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.' It was clear from the experiences of people living at the service and our observations that the provider was meeting their aims and objectives for the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a good understanding of their responsibilities under the duty of candour.
- The management team demonstrated that they were committed to ensuring that people received improved experiences and high-quality care. They ensured that lessons were learnt from this inspection. The registered manager received support from the area manager and nominated individual for the provider.

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

- The provider continued to send out surveys to people, relatives and staff to gain feedback about their experiences of living, visiting and working at the service. The provider collated the responses and fed this back to the registered manager. Surveys had been sent out however, the registered manager had not yet received the results.
- People and their relatives were asked for their feedback through regular meetings. Three meetings had taken place in 2019 and one had taken place in January 2020 a week before we carried out the inspection. Discussions had taken place about food, cleanliness, laundry, staffing and planned maintenance which affected an area of the service.
- Compliments had been received. One relative had commented, 'Where do I begin in thanking every single one of you that made my dad's life so comfortable over the last two and a half years. You have shown love, respect and compassion towards a gentleman that was not always easy to please. You were my eyes, my ears, my everything.'
- Most staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff said, "I am 100% confident I can approach [deputy manager] or [registered manager], they have an open-door policy"; "I feel comfortable going to [registered manager] I get supported" and "We have good communication. We have take 10 meetings as well as staff meetings." Take 10 meetings are short daily meetings which are held with key staff from each department in the service, such as nurses, care staff, housekeeping, maintenance and kitchen.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. The registered manager explained the service had been working with the dementia support team through electronic monitoring. Staff input how a person has slept, medicines compliance, how they have eaten and other observations. If the monitoring picks up anything concerning the team come out that day, or they go to Medway Community Mental Health Service (Elizabeth house) for review or the GP for a medicines review. The registered manager said, "We find it a really good tool to use. It cuts waiting and response times."
- Staff told us they were kept informed about engagement and outcomes with health and social care

professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician. Staff told us they worked closely with the nursing team, which enabled them to learn new skills.

- The management team told us they had attended the local authority registered manager and provider forums and Skills for Care forums to develop support networks outside of the organisation as well as to keep up to date with good practice.
- The service got involved in a number of community and charity events. The service had supported a cancer charity, dementia charity and a local homeless charity. The service continued to engage with local schools and local football clubs. The service welcomed in the local community each year for care home open day as well as a summer fete.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Registered persons have failed to take appropriate actions to ensure medicines are managed in a safe way. Regulation 12 (1)(2)