

Grace Manor Care Limited

# Grace Manor Care Centre

## Inspection report

348 Grange Road  
Gillingham  
Kent  
ME7 2UD

Tel: 08444725170  
Website: [www.foresthc.com](http://www.foresthc.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Grace Manor Care Centre is a residential care home providing personal and nursing care for up to 60 people. There were 57 rooms of which 3 could accommodate couples or people who chose to share. The service was registered to provide care for people with dementia, physical disability, mental health issues, drug or alcohol misuse, and a learning disability or autistic spectrum disorder. At the time of the inspection there were 55 people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** 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 supported people to make decisions following best practice in decision-making. Advocates were actively sought to help people express their needs and wishes and to weigh up and make decisions about the options available to them.

Staff enabled people to access specialist health and social care support in the community. There had been improvements in the services communication with health and social care professionals which had a positive impact on people's care. Staff demonstrated they knew how to support people's individual health and medical needs. This guidance was available to staff to ensure people's needs were consistently met. Medicines management had been improved so people could be assured they received their medicines when they were needed.

Staff supported people to take part in group and one to one activities that included their interests. The service had received a compliment from a relative about the activities provided. 'What I also like about Grace Manor is the activities they do on a daily basis with the residents to keep them active in the best way possible'.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. People were able to personalise their rooms.

**Right Care:** Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Improvements had been made to assessing potential risks to people and providing guidance to staff to ensure these risks were minimised. Changes continued to be made to people's care, treatment and support plans to ensure they reflected their range of needs.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staffing levels were kept under review. People were supported by staff who had been trained in how to care for them.

Right Culture: There had been significant changes to the culture of the service driven by the registered manager. As a result, people benefitted from an open and positive culture service where the management team was approachable and listened and responded to people's views.

People and those important to them, including advocates, were now fully involved in planning their care. Staff knew and understood people well.

Quality assurance and monitoring systems had improved and were effective in identifying shortfalls and driving through positive changes. People and their relatives' views were regularly sought and acted on.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 August 2022). There were 2 breaches of regulation with regards to assessing potential risks, medicines management and oversight of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about moving and handling practices and contacting health care services in a timely manner. A decision was made for us to inspect and examine those risks in addition to looking at the 2 breaches of regulation.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service effective?**

**Good** ●

The service was effective.

Details are in our effective findings below.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Grace Manor Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 17 May 2023 and ended on 25 May 2023. We visited the service on 17 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who lived in the service and 6 relatives. We observed part of the lunchtime meal and a planned afternoon activity. We talked with 11 members of staff including the registered manager, deputy manager, 2 nurses, a team leader, 4 care staff, an activity coordinator and the operations manager. We also gained feedback from 5 health care professionals, 2 social care professionals and a faith leader.

We reviewed a range of records. This included 8 people's care records and a sample of medicines records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management and safety of the service were reviewed including accidents and incidents and quality checks and audits.

# 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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way or risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection risks to people's health had not always been assessed and managed safety. This included risks when supporting people to move, of developing pressure ulcers, choking and with regards to using a catheter. A catheter is tube in the bladder for removing fluid.
- At this inspection potential risks to people's health had been assessed. Clear guidance was available to staff setting out the actions they needed to take to minimise identified risks. For people who used a catheter, staff had been alerted to the signs and symptoms which may indicate a person had an infection. Staff understood they needed to seek the support of a nurse if they had any concerns.
- People at risk of developing pressure ulcers were repositioned regularly and used pressure relieving equipment to help maintain healthy skin. A record was made of staff interventions to help ensure staff supported people in the right way. A relative told us, "It's never one person who turns him and sees to him, it's always two staff. They turn him quite often because of bed sores. There is a piece of paper they write on to say what time they have come in and what they have done."
- For people at risk of choking or aspiration specialist support had been obtained from the speech and language therapist or dietician. Aspiration is when food is breathed into the lungs. Guidance set out if the person needed staff supervision and the consistency of their food and drink. We observed staff following this guidance during lunchtime. For people using a percutaneous endoscopic gastrostomy (PEG) there was a detailed steps for nurses to follow. A PEG is a tube that feeds directly into a person's stomach. The guidance set out the rate of the feed, number of flushes of the tube and how to position the person. These actions all helped to minimise the risk of the person choking.
- Nurses understood how to care for people's wounds and photographs were taken to help monitor their progression. Health care professionals told us that nurses effectively assessed and treated people's wounds.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. This included gas and electric utilities and moving and handling equipment. Fire equipment was also regularly serviced and Staff took part in fire training and regular drills, so they knew what to do in the event of a fire.

## Using medicines safely

At our last inspection the provider had failed to ensure safe systems were in place for the management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection there had been a delay in people receiving pain medication, as it had not been booked in and stored correctly. In addition, staff were not guided when they should give people medicines when they became anxious or distressed.
- At this inspection medicines were recorded when they entered the service and stored according to the provider's medicines policy. The temperature of the room checked so it was not too hot, as this affects the effectiveness of some medicines.
- People had the right support for medicines prescribed to be given 'as and when required'. Staff were guided in which circumstances they should give people these types of medicine so they were given consistently. A relative told us, "Sometimes he might say he has a pain in his tummy. The nurse will come and get him some pain relief. Nothing is too much trouble".
- People's skin was helped to stay healthy as staff recorded where they applied a pain patch, so they could be rotated at each application. Body charts were also used to direct staff to which part of a person's body a topical cream needed to be applied.
- Some people had diabetes and needed regular injections of medicines to maintain their sugar levels. Staff checked and recorded people's sugar levels before giving them their medicines to ensure it was required.
- People were supported to take their medicines by staff who were trained and had their competence and skills to do so checked. People were satisfied with the support they received with their medicines. One person told us, "They give my medicines to me regularly. There are no problems at all". Staff liaised with health care professionals to ensure each person's medicines were regularly reviewed to monitor the effects on their health and wellbeing.

## Staffing and recruitment

- The service had enough staff to meet people's needs. The provider used a specialist tool to assess the staffing levels required. This was regularly reviewed and took into consideration people's changing needs.
- People and relatives told us there was usually enough staff during the day and night to meet their needs. Feedback was that there had been staff changes which had a positive impact. This was because there was less agency staff and staff responded more quickly when they required assistance. A relative told us, "I've noticed a change in staff, a lot of change in staff and agency staff which impacts on them knowing the residents, but I've no safety concerns". Comments from people included, "It's got better. I can remember asking for a bed pan and waiting half an hour. I don't have to do that now"; and "There are a lot of staff, you can always find someone to help you".
- We observed staff providing help and support to people when needed. Staff were busy but remained calm and unrushed with people. If staff were not able to offer assistance immediately when people asked, they explained they would come back and help them and we saw they carried this out.
- Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK, registered nurses' qualifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- In order to ensure there were sufficient, qualified nurses available, the service recruited nurses from



abroad. They worked under the direction of the registered nurse whilst undertaking their nurse adaption training to be qualified in the UK. These staff and senior carers had been trained to carry out specific nursing tasks. Senior carers were supported to undertake associate nurse training. This had minimised the use of agency nursing staff and ensured people received consistent care from people they knew.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had received training in safeguarding and knew what constituted abuse and poor practice. Safeguarding concerns had been reported to the local authority safeguarding team in line with Kent and Medway safeguarding policy and procedures. The local authority is the lead organisation in safeguarding people.
- People and their relatives said staff made sure people were safe and well looked after. Comments from relatives included, "He is 100% safe. Staff are just absolutely wonderful there. They are always checking on him. If he is in the lounge or dining room, there are always staff there with him"; and, "I know she is safe. I'm so relieved she is safe now".

Learning lessons when things go wrong

- There were effective systems to monitor significant incidents and to identify if any improvements could be made if things had not gone as well as expected.
- Staff made a record of any significant event including the action they had taken such as giving treatment or calling for medical assistance. Nursing staff understood how to follow the provider's falls policy to keep people safe. They explained they would check for any injuries, undertake regular observations and contact the person's doctor. If the person had injured their head they would call emergency services straight away.
- Significant events such as falls, incidents and safeguarding's were monitored by the registered manager with oversight from the area manager. This was to see if there were any common themes or patterns and if lessons could be learned. For example, if people were falling in a particular area of the home or at a specific time which would require further investigation to identify the root cause. Lessons learned were shared with the team through staff meetings, supervisions, and monthly quality review meetings.
- Staff discussed emerging risks at daily meetings and clinical meetings. This was to assess if people's care was being managed well or if anything else could be done, such as a referral made to health care professionals.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Measures were in place to enable people to see their friends and family safely. People could receive visits

in communal areas, their bedrooms or the garden.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, social, emotional, cultural and religious needs were assessed before they moved to the service. This was so the provider could be confident they could be met by the staff team.
- Assessments were undertaken in line with best practice. This included the use of nationally recognised tools for identifying and monitoring people's skin condition, nutrition and hydration.
- A health care professional told us, "The registered manager is always fair and thorough in their decision making. They always make sure the person's needs can be met at the home before agreeing to accept them".

Staff support: induction, training, skills and experience

- People were supported by staff who were encouraged to develop and gain the skills and experience necessary for their roles.
- New staff undertook a structured induction and were assigned a buddy to support them through the process. Staff told us this helped to give them the skills and confidence to work as part of the staff team. Staff were provided with ongoing training in areas essential to their role. This included practical moving and handling training. We saw staff were confident in using these techniques during the inspection. A relative told us, "He is hoisted by staff. It's all fine."
- Some people had specific needs such as dementia, mental health, epilepsy, a stroke or used a stoma. A stoma is an opening on the abdomen to allow urine or faeces to be diverted out of a person's body. Staff had received specific training in these areas. A person told us, "I have a ventilation machine and staff deal with that quite promptly. I've also got a stoma and staff deal with it quite good. They know how. When I first came here, I talked them through it; they just get on with it now". A relative told us, "It is thanks to the carers that I've learned a lot about Alzheimer's." Alzheimer's is a type of dementia that affects memory, thinking and behaviour.
- Staff had completed level 1 Oliver McGowan mandatory training on learning disability and autism. This is the government's preferred and recommended training for health and social care staff. Staff were also provided with training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. This included supporting people with their anxieties, communication, and how to work in a person-centred way.
- Nursing staff completed additional courses, such as tissue viability, to make sure they continually validated their nursing qualification with the Nursing and Midwifery Council (NMC). Plans for training going forward included Parkinson's, PEG, administering fluids through a pump, taking blood samples and catheterisation. Team leaders were trained in medicines and assessing wounds in order to assist nurses in their duties.

- Staff said they received the right support at times when they needed it. Formal support was provided through supervision and an annual appraisal. These are processes which offer support, assurances and learning to help staff development. Staff said they could discuss any worries or concerns with the registered manager or a member of the management team in addition to these arrangements.

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

- People ate and drink enough and there was a focus on supporting people who had a low weight when they moved to the service.
- People at risk of poor nutrition were referred to the dietician or speech and language therapist as appropriate. Professionals' guidance was included in people's care plans so staff knew how to support the person in the right way. A decision had been made to move breakfast time to later after discussions about how to improve people's weights. In the last 9 months, 6 people assessed as having a low weight had made significant weight gains.
- At lunchtime people received support and encouragement to eat and drink based on their individual needs. Staff sat next to people who required assistance to eat to support them. Staff ensured people were in an upright, safe and comfortable position to eat. People were provided with specialist equipment to eat and drink such as plate guards to stop food falling off their plate and spouted cups. This was so people could eat and drink independently. A relative told us, "At meal times the staff encourage him or sit with him. They are so caring".
- People and relatives said they were consulted about the decision to change to an external caterer to provide the lunch and supper. A relative told us, "I went to a meeting when they were changing the catering. We went for food tasting."
- People were given choices at breakfast and snacks and drinks throughout the day so there were not long periods between meals. One person told us, ""The food is brilliant. Staff ask me in the morning what I want and it is usually two choices. They always give me a choice of soup or something like that if I don't like the choices. The new food is tasty. It's enough. I get biscuits and toast in the day".

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People and relatives told they were supported with their health care needs. One person told us, "Staff get the nurse or the doctor to come and see me if I need them". A relative said, "He is physically better since he has been here. Staff are looking after him well. He is getting stronger and he has put on a bit of weight".
- Health care professionals told us that nurses were knowledgeable about people and their medical and health needs. Information about people's health needs and how best to support them was detailed in people's care plans.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures. Staff had received training in oral health care to help them understand the key points and reasons for maintaining good oral health care.
- People were supported to live healthy lives. The activities programme included people taking part in general exercises.

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 with appropriate legal authority. 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.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. This included specific decisions around the use of bed rails, hourly checks, personal care and medicines. These decisions were regularly reviewed to ensure they remained current.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.
- The registered manager was proactive in ensuring that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- We observed staff seeking consent from people before giving them assistance. A relative told us, "Staff ask him, 'Do you want to get up?' If he says 'Yes' they get him up. If he says 'No' they don't".
- DoLS applications had been made to the local authority to make sure any restrictions on people's freedom were lawful. The provider had ensured that any conditions on DoLS authorisations were met. Extensions of the time period for DoLS were applied for in advance so any restriction on people remained lawful.

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

- The service had been decorated and designed to meet the needs of older people with limited mobility and people with dementia.
- People who used wheelchairs or scooters were able to move around their home due to wide corridors and doorways. There were also ramps so people could access the garden. One person told us, "I am in and out and in and out. There is sun today". Bathrooms had been adapted to wet rooms where people with limited mobility could either take a bath or shower.
- Consideration had been given to the needs of people living with dementia. Signage was used to identify rooms which helped people find their way around their home. Each person had a bespoke picture on their bedroom door which included pictures and photographs of things they liked. These were completed with the activity coordinator and told a story about the person and their life.
- People were able to personalise their rooms with some items of furniture and their personal belongings and effects.

# 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 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

- Staff provided people with personalised and co-ordinated support in line with their communication and support plans.
- Care plans reflected a good understanding of people's health and support needs, life history and interests. This meant that staff knew people's preferences and any cultural or religious needs so they could support people in a personalised way.
- People had developed positive relationships with staff and staff spoke knowledgeably about people's individual's needs. One person told us, "I think the staff, especially the regular ones know my foibles, little things". Comments from relatives included, "She was always independent and has done everything for herself all her life and she doesn't see why she can't do it now. Staff chivvy her up and encourage her"; and "I might say to staff, 'He is having a moody day'. Staff have a joke with him and he smiles. Nothing is too much trouble for them. There is not one member of staff I don't like".
- Health care and social care professionals told us that in the past staff did not always know people well. They told us that by contrast staff were visibly, "Knowledgeable and caring".
- Some people acted differently to how they usually presented if they became anxious. Behavioural management plans guided staff how to support people in these circumstances. This helped to minimise people's agitation and maintain their and other people's safety.
- Support focused on people's quality of life outcomes. One person spent a lot of time in their room when they first moved to the service. They were supported to gain the equipment they needed to promote their independence and to access physiotherapy to aid their rehabilitation. We observed this person happily moving around their home and accessing the garden during our visit. Another person was taking all their medicines and nutrition through a PEG when they came to live at the service. The service worked with the dietician and they gained weight and started to eat soft food. This person now takes all their food and medicines orally and at their next professionals meeting it will be decided if the PEG tube can be removed.

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

- People were supported to participate in social and leisure interests and to stay in regular contact with family and friends.
- Activity coordinators provided a weekly programme of events which included group and one to one activities. Group events included craft, memory boxes, themed days and gardening. One to one sessions were tailored to the individual's interests such as watching films, reading or looking up topics of interest together. On the day of the inspection a dementia tea party was taken place. The tables were beautifully made up with table cloths, tea cups and cakes. People sat and chatted with their family members who had

been invited. The afternoon was a great success as it was well attended and raised over £100 for charity.

- People and relatives were very satisfied with the programme of events on offer. A person told us, "I've got a programme on the side here. There is a singer coming in next week. The day before yesterday we went to baking and made a sponge". A relative said, "They always try to involve him. He isn't always able to join in but staff don't miss him out".
- The service had received a compliment from a relative about the range of activities on offer. 'What I also like about Grace Manor is the activities they do on a daily basis with the residents to keep them active in the best way possible'. Families were kept up to date with events and photographs displayed in the service's newsletter and media page.
- The service had links with a local faith leader to help meet people's spiritual needs. A person told us, "I'm church of England. Once a month we have a vicar come in for a service and you can take communion if you want to".
- Family relationships and friendships were seen as important. A person was confused and spent a lot of time on their own when they first moved to the service. Through being encouraged to join other people for meals, they developed a group of friends at the service. People were able to receive visitors and keep in contact with people by phone.

#### 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.

- People had individual communication plans that detailed their preferred methods of communication. Communication plans included how a person presented when they were distressed and what type of support they required.
- Methods of communication had adjusted to each person's individual requirements. Some people preferred to use pictures and symbols, iPad or white boards to communicate effectively.
- Staff ensured people had access to information in formats they preferred. People received key documents in their own first language. When further support was needed to understand the content, this was provided by a staff member, family or advocate.

#### Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them, learned lessons from the results and apologised to people when appropriate.
- The laundry provision was reviewed after a complaint about a resident going home with the wrong clothing. This resulted in clearer recording of people's belongings when they first moved to the service. After a number of complaints about the telephone system, the estates department was involved and an answer machine put in place and additional staff training undertaken. Feedback received was these changes have improved the situation.
- People and relatives told us they could raise concerns and complaints. A person told us, "The manager said to me, 'We are not just here for you, we are here for you and your family as well. Just come and talk to me'". A relative said, "I feel very confident to raise a concern, but I've got no complaints whatsoever!"

#### End of life care and support

- The provider understood the importance of working closely with healthcare professionals, such as doctors and palliative care nurse, so people experienced a comfortable, dignified and pain-free death.
- Advance care plans (ACP) set out people's future decisions and choices about where and how they would like to spend their time at the end of their lives.

- The service was working towards the Gold Standard Framework (GSF) accreditation. GSF is a nationally recognised kite-mark for quality in ensuring people in the last stage of their lives receive personalised and integrated care to enable them to live well and die well.
- The service had received a number of compliments about supporting people at the end of their lives. Compliments included, 'Even though my husband is, as they say, end of life, he seems very comfortable. The staff are popping in to see if myself and my husband are okay every time they pass by. I'm so glad he is in Grace Manor Care Centre and getting the care he deserves'; and, 'Every member of the team at Grace Manor has great empathy with the residents in their care. The palliative care was second to none, always treated with dignity and kindness. I would recommend this to anyone requiring a safe and sound nursing home'.



# 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 requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection quality assurance processes were not always effective. Audits and checks did not always highlight inconsistencies or lack of person-centred support for people's needs.
- At this inspection quality checks and audits had been strengthened and were effective in identifying areas where improvements would benefit people. An external consultant was aiding with ensuring care planning was person-centred.
- A service improvement plan had been developed and progress was monitored by the registered and area manager. This clearly set out the issue, required outcome and who was responsible for completing the actions.
- Meetings were held to discuss quality and make improvements. A staff member suggested to use pillows and wedges to aid pressure relief. Staff fundraised to purchase these items and they are successfully used by residents and their pressure areas have improved.
- Staff members had been identified to take extra responsibility for specific aspects of the service to help drive positive changes. This included staff champions for dignity, medicines, falls, safeguarding and well-being.
- The management team were clear about their roles and received positive feedback from everyone. A health care professional described the registered manager as, 'Responsive and engaging with any concerns raised within the home' and that the deputy manager had, 'Improved the day to day running of the home'. A social care professional told us, "The Manager remains keen to improve things further by ensuring all staff have a sound knowledge of person centred care, the language that they use and the approach to distressed reactions, particularly for those residents living with dementia".

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

characteristics

At the last inspection the provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection people and their relatives told us they were not fully involved in people's care.
- At this inspection people and relatives felt listened to and their views sought and acted on.
- The service was working through making improvements identified in the last survey in January 2023. For example, most people and relatives had said they were not involved in their care. People were involved in reviewing their care plan as part of the resident of the day programme. The registered manager also spoke to each resident monthly and made changes to people's care plans based on these conversations. Family members had been contacted and reminded they could come and speak to the staff team or registered manager at any time.
- People and relatives views were also sought at resident meetings and a suggestion box. Progress and improvements were displayed on the information board in a 'You said, we did' format. People and their relatives were also kept up to date with developments in the service through a regular newsletter. It contained photographs and articles about what had taken place at the service and any changes.
- The provider recognised the value of a motivated staff team and had developed a long service and reward and recognition scheme. Team members were nominated to receive a pin and payment voucher in recognition such as going above and beyond, supporting effectively and being caring.
- Staff well-being was at the centre of the service. Staff wellbeing was part of the agenda of the regular 'Take ten' meetings.

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

- At the last inspection the culture in the service was not always inclusive. There was a lack of clear and direct communication between the management team, relatives and visiting professionals which impacted on the care people received.
- At this inspection the management team had nurtured an open and positive culture. The majority of relatives and all health and social care professionals told us there was good communication with the service.
- The management team, consisting of the registered and deputy manager, were a visible presence at the service. They were both in regular contact with staff, people and relatives and knew people well. During the inspection the registered manager showed signs of affection for people and these were reciprocated. A person told us, "I wouldn't hesitate if I needed to speak to the manager. I would go straight to her office. She is very good". The registered manager had received a compliment about their management style. 'The manager is always available if needed and friendly. She will always make time in her busy schedule for questions. I would recommend this care home to others'.
- The values of choice, above and beyond, respect, empathy and support had been disseminated to the staff team. Staff had completed training and development around the culture of a service: focusing on what impact they have on other people and what kind of person they want to be. A social care professional told us, 'I have witnessed extremely kind care in the home and care staff appear to have a genuine affection for the residents in the home and are keen to deliver care to the highest standards'.

- People and their relatives said the service was well-led and they would recommend it to others. A person told us, "It's very well organised, very well. The way the place is run, it's run properly". Comments from relatives about why they would recommend the service included, "They look after him fantastically. Staff are happy and smiling. It's a happy place. It's immaculate in there"; and "Because of the caring staff. They do listen and they do try".
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Discussions took place after events to identify any shortfalls and reflect on what the service could have done better.

#### Working in partnership with others

- At the last inspection the service had not always worked effectively with health and social care professionals so people received joined up care.
- At this inspection there had been significant improvements and we received positive feedback about joint working relationships with health and social care professionals. Comments from health and social care professionals included, 'I have always found the service to be responsive and a pleasure to work with'; "There is good communication"; and 'The service seem to be responsive to our suggestions'.
- The service had worked jointly with the dementia team and GP with a person regards to the management of a person's medicines. A joint decision was made to stop this persons medicines as giving them to them distressed them greatly. Additional health monitoring was put in place and the person is managing well.
- There were links with local schools and colleges to support students on work experience and apprenticeships. These students were supported by mentors to carry out their roles.