Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Grace Manor Care Centre

348 Grange Road, Gillingham, ME7 2UD

Tel: 08444725170

Date of Inspection: 05 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Grace Manor Care Limited
Overview of the service	Grace Manor Care Centre is a care home which is registered to provide accommodation, personal and nursing care for up to 60 people. In February 2014, refurbishment was completed for part of the home that had previously been closed. The home now has capacity to care for up to 52 people as everyone is offered a single room. The home is a listed building which has been extended. It is divided into three units, of which one supports people with dementia. The home is part of the Forest Healthcare Group which provides care homes for older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Grace Manor Care Centre had taken action to meet the following essential standards:

- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 5 March 2014 and talked with staff.

.We looked at records of staff training and induction.

What people told us and what we found

Our inspection of 27 September 2013 found that the staff team had not had all the training that they required, including dementia care training and that staff induction was not completed in a timely manner. At our visit on 5 March 2014 we found that the home had taken action to ensure that staff induction was comprehensive and that care and nursing staff obtained the statutory and specialist training that they required to care for the people who lived at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff were able, from time to time, to obtain further relevant qualifications.

Our inspection of 27 September 2013 found that the staff team had not had all the training that they required, including dementia care training, to support the needs of the people in the home. We also found that staff induction was not completed in a timely manner. The provider wrote to us on 4 November 2013 and told us training had been booked, including training in dementia care, and that senior managers would be responsible for ensuring that staff's training was kept up to date and recorded on a training matrix. The provider said that that all new staff would complete a one week induction including key areas that they required for their roles.

On our visit of 25 November we found that a new structure was in place for inducting new care staff. Induction for staff in their first week of employment covered key areas such as the role of the carer, health and safety, safeguarding, diet and nutrition and manual handling. Staff completed a competency assessment in these areas which was marked externally. Part of the induction process also included shadowing staff working in the home. The home had piloted training new staff in all the statutory training courses that they required for their roles, before they were assigned as a member of staff on the duty rota. This was to ensure that all new staff received a comprehensive induction and training in a timely manner.

The home and deputy manager were responsible for ensuring that staff training for the whole team was kept up to date. They had completed train the trainer courses in specific areas. A training matrix was in place which clearly set out what training staff required and when it was due to be refreshed. This included essential training such as moving and handling, safeguarding, fire safety, infection control and dementia care.

The home had a specialist unit for people with dementia. All staff had completed dementia care training and some staff had completed a two day, level three dementia care course. Feedback from staff was very positive about this training and how it had assisted them in

their roles. The home manager said that they intended for all staff to complete this valuable training. This meant that staff had gained the skills and knowledge that they required to support the people who lived in the home.

All care staff were being trained in diabetes care and diet and nutrition. Training for the home's activities co-ordinator had been sourced with the National Association for Providers of Activities for Older People (NAPA) for specific activities-related training. The training matrix evidenced that all staff, with the exception of one, had achieved or were completing level two of the Qualifications and Credit Framework (QCF), formerly known as National Vocational Qualification (NVQ). These are nationally recognised qualifications which cover topics that are relevant to staff who work in social and health care settings.

Specialist training had also been sourced for nursing staff in diabetes care and specialist techniques such as syringe drive (the technique of giving medicines through a syringe) and, venepuncture (collecting blood from a vein for testing). All staff had been trained in the principles of the Mental Capacity Act 2005 and some nursing staff were completing a more advanced course in this area. The Mental Capacity Act 2005 is a law which provides a framework to protect people who may not be able to make their own decisions and choices. In addition some nurses had received training in palliative care, catheter care and depression and bereavement. This meant that staff had completed training relevant to supporting people's individual and specialist needs.

The training matrix evidenced that staff received regular supervision and appraisal. Records showed that there were regular team meetings and nurses' meetings. This meant that systems were in place to support staff to help them to provide the appropriate care to people using the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk