

New Care Chester (Opco) Limited

Grosvenor Manor Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Grosvenor Manor is a residential care home providing personal and nursing care for up to 81 older people including people living with dementia. The home accommodates people in one two-storey adapted building. At the time of the inspection 47 people were living at the home.

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

The registered manager and staff team were consistently kind and caring and promoted people's continued independence and actively encouraged people's participation in the development of the home. Feedback from people and their relatives was consistently sought and acted upon to further develop the service offered at the home.

People's needs had been assessed, care plans developed, and risk assessments put in place to ensure people's individual needs could be met and risks reduced or mitigated. People told us they were fully involved in this process and that care plans were regularly reviewed and updated.

Staff had developed positive relationships with people and their relatives. They had an excellent understanding of how to meet each person's individual needs and fully understood their routines and preferences. People's privacy and dignity was consistently respected.

People participated in purposeful activities and pastimes which were meaningful to them, both in the local and wider community. Positive outcomes had been achieved through the encouragement of regular exercise and activity. Staff took the time to get to know what people enjoyed doing and were pivotal in the deliverance of individualised activities and pastimes.

Community links had been established and people spoke positively about the volunteers that visited the home to participate in a wide variety of activities. People were encouraged to maintain contact with relatives and friends.

Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision. The staff and management team worked closely with health and social care professionals.

Medication was managed safely by trained and competent staff. Medicines policies and procedures were available for staff along with best practice guidance. Emergency procedures and contingency plans were in place.

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.

This service was registered with us on 10/07/2018 and this is the first inspection.

Follow-up:

We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

Grosvenor 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 completed by one inspector and an assistant inspector attended on day one of the inspection.

Service and service type

Grosvenor Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they had been registered. 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. 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 used all of this information to plan our inspection.

We reviewed information shared with us by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection-

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, a unit manager, a hospitality assistant, the chef, a support worker and a well-being assistant. We spoke with two professionals who regularly visit the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Feedback from people and their relatives told us that they felt safe living at Grosvenor Manor. Their comments included; "He came here for respite and rang us when we got back to say he was happy and safe here. He chose to move in permanently and we have never looked back", "If I use the call bell staff come as quickly as they can" and "I feel really safe here, much safer than I did at home."
- Staff had all received safeguarding training and had access to a whistle blowing policy. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Systems were in place for the checking the safety of the environment and all equipment.
- Regular fire safety checks were completed, and a fire risk assessment was in place.
- People had individual risk assessments in place that reflected their individual needs. These gave clear guidance to staff to minimise or mitigate risk and were reviewed regularly.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently undertaken.
- Enough staff were employed to provide people with consistent care and support.
- Staff knew people well and had a good understanding of their individual needs and routines.

Using medicines safely

- Medicines were administered by trained and competent staff.
- Medicines were ordered, stored, administered and disposed of safely.
- Policies and procedures for the management of medicines were readily available to staff along with other good practice guidance.
- People told us they received their medicines on time. Their comments included; "I never need to worry about my tablets (medicines) as the staff always bring them morning, Noon and night" and "I am quite slow taking my medicines. The staff never rush me and always give me a drink to wash them down."

Preventing and controlling infection

- Infection control procedures were in place and staff had all received training.
- Staff maintained a safe and clean environment for people to live in. The service was clean and free from any offensive odours throughout our visits.

- Staff had access to personal protective equipment (PPE) that included disposable gloves and aprons.

Learning lessons when things go wrong

- There were effective systems in place for the recording of accidents and incidents at the service.
- Accidents and incidents were regularly reviewed by the registered manager to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and occurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 needs were fully assessed, considering their physical, mental and social needs prior to moving in to the service.
- Care plans reflected people's individual needs, preferences and personal choices. They included clear guidance for staff to follow.
- Each person had a very detailed 'My life story' document that overviewed their life that included information to support staff to get to know the person and develop a positive relationship.

Staff support: induction, training, skills and experience

- All staff had completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.
- Staff received regular supervision and would complete an annual appraisal.
- People had key workers allocated to them. The service matched people to staff dependent on their shared interests and personalities. This supported people to develop positive relationships.

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

- People were supported to eat and drink in accordance with their assessed needs and personal preferences.
- Clear guidance was available for staff to follow which included risk assessments and speech and language guidelines for people with swallowing difficulties.
- Staff had a good understanding of people's food and drink, likes and dislikes. Staff were also aware of people's allergies.
- People spoke very positively about the food and their comments included; "I enjoy the food very much", "The food is really excellent, always something to choose from", "You only have to ask, and they will prepare anything you fancy" and "The food is very good. There's a good variety to suit everyone."

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

- People had access to their GP and other healthcare professionals as required. Clear records were held of all healthcare visits to ensure staff had access to the most up-to-date information to support people.
- People had access to local advocacy services if required to ensure their views were represented.
- Staff worked closely with external agencies and professionals including the commissioners of the service.

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

- The layout of the building supported people's freedom of movement around the home.
- The home was attractively decorated, and signage was in place to aid people's orientation around the building.

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.

- Applications for DoLS had been made appropriately when needed for people living at the home.
- Staff had received training in the MCA and DoLS and understood the importance to assume a person has capacity to make decisions, unless assessed otherwise.
- Where people had been assessed to not have capacity to make specific decisions, systems were in place to ensure they retained maximum choice and were supported by staff in the least restrictive way.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives had developed very positive relationships with staff. People told us "The staff are all very helpful and friendly", "I can honestly say the care [Name] and I have received is second to none", "Staff are excellent" and "The staff are wonderful, I couldn't ask for more."
- Relatives and visiting professionals told us they were always welcomed, and their comments included; "Every member of staff you meet as you walk through the building smiles and speaks to you. This immediately makes you feel welcome and creates a happy atmosphere" and "The home has a lovely vibe, I visit regularly, and it is a lovely home to come to."
- Our observations showed that people displayed positive signs of well-being. There was a friendly atmosphere where people were engaged in activities of their choice and demonstrated a sense of purpose.
- Many compliments had been received from relatives and some of the comments included; 'Staff notice immediately if any resident seems uncomfortable and needs help. They try to keep them occupied and stimulated while being aware when they need quiet or rest' and 'You'll be able to witness the fabulous surroundings and spa pools but you might not spot how those lawns enable great grandchildren to run free and bring smiles to great-grandparents faces or evidence how bubbles, coloured lights and the promise of a good natter and soak are used to encourage a reluctant older person to wash.'
- Staff interacted with people in a natural and familiar way. They were consistently polite, courteous and appeared genuinely happy in their work.

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

- People told us they were fully involved in all decisions about their care and support. Reviews of people's care plans took place regularly.
- People's individual communication needs were clearly documented, and guidance included for staff to meet these needs.
- People were given the opportunity to express their views and opinions through regular meetings.
- Staff ensured people were supported to make decisions and choices about their care and support. People were given the autonomy and independence to live their lives.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's dignity was maintained, and they were treated as individuals.
- Comments from people included; "Staff know I like my privacy, along with peace and quiet. They do check on me regularly but do not disturb me unnecessarily" and "Staff always knock and wait for an answer before they come into my room."

- People's independence was promoted wherever possible. Staff were considerate and offered assistance in a discrete manner. They explained what they were about to do before starting any intervention.
- People appeared well cared for, groomed and appropriately dressed. Staff ensured people were dressed in clothes of their choice and appropriate to the season.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There were many examples of person-centred activities taking place at the home. People were proud to tell us about the activities and roles they undertook within the home. One person told us they supported the hairdresser when she visited the home and enjoyed volunteering to do this. They said this gave them a purpose and they enjoyed being busy. Another person described how they loved visiting the people living on the first-floor nursing community as a befriender to offer comfort and conversation. One person liked to 'work' on reception welcoming visitors to the home. They said they liked to meet new people and felt a sense of satisfaction at being able to do this.
- People living at the home had requested a memorial garden to reflect on friends and relatives that had died. Two people living with dementia who were passionate about gardening had created a wonderful memorial area where people could sit and reflect quietly. They proudly showed us the garden which was peaceful and had a seating area.
- People were encouraged to participate in fun exercise sessions that involved moving to music, playing with 'pom-poms' and dancing. This provoked many smiles and laughter. Regular exercise was designed to encourage people to improve their strength, muscles and mobility which reduced the risk of falls and kept people active for longer. One person told us their mobility had improved since moving in to the home and increasing their exercise. They no longer required a walking aid and could sit down and stand up with less discomfort.
- People and their relatives were fully involved in the development of care plans which were detailed and contained comprehensive levels of information regarding people's preferences and wishes.
- Each person had a 'My life Story' document which held extensive information about their life, work, family, holidays, hobbies, favourite things and wishes. Staff were very familiar about this information and used it to have purposeful and meaningful conversation with people.

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.

- Where people had been assessed as having specific communication needs, the provider used a range of accessible communication techniques to meet people's individual needs.
- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with each person was recorded in their care plan.

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

- Pupils from the local high school volunteer at Grosvenor Manor. Some pupils work with residents to create and produce the newsletter. Some pupils entertain residents by singing and playing instruments.
- One student volunteer had written about their experiences at Grosvenor Manor. Some of the quotes from this included 'Each resident has had an impact on me from the day I met them all. I have made moments and memories and created lifelong friendships that I will never forget' and '[Resident Name] has taught me many life lessons: to never give up, to believe in myself and to ignore those who don't believe in me. To always find the positive things in situations and laugh your way through life. I will forever aspire to be like [Residents Name] as she is such an incredible role model.'
- People were given the opportunity to express 'wishes' of things they would like to do again or achievements they would still like to meet. [Resident Name] wished to go dancing as she used to. Arrangements were made for this person to attend a local community dance. This person's comments afterwards included; "It felt really nice to feel free, I enjoyed meeting new people, my favourite dance was the waltz and I would like to go again." Another person expressed they would like to play the piano. This wish was granted, and a piano is now in place at the home for the person to play whenever they want. One person living with dementia wished for a cat. Due to their condition they were unable to have a real cat so the provider sourced a robotic 'like real' cat that the person was able to name and we observed them nursing the cat and enjoying the interaction as it purred and moved.
- People were supported and encouraged to participate in the many activities of choice available throughout each day. A team of activity staff engaged people in individual activities such as jigsaws, dominoes, reading newspapers or books as well as having purposeful conversation about people's lives and families.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. People and their relatives told us they knew how to raise a complaint and felt confident any concerns they had would be listened to and acted upon by the management team.
- Complaints were investigated and responded to in line with complaints policy. Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- People's specific wishes and preferences were recorded within their care plan documents.
- Appropriate healthcare professionals and relatives of choice were involved in people's 'end of life' care plans.
- We found that staff understood the importance of providing end-of-life care was tailored to each person's individual wishes and preferences. Staff described clearly how they supported people at the end of their life to have a comfortable, pain-free and dignified death.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and management team had developed positive relationships with the people they supported and their relatives.
- People received person centred care that was consistently reviewed with their involvement where ever possible.
- The staff and management team are committed to delivering care and support to meet people's individual needs and preferences to maximise their quality of life.
- The staff team had clear roles and responsibilities within the home that they fully understood.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The provider supported the registered manager to work with the right levels of staffing, resources and funding to provide learning opportunities to promote continuous improvement.

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

- Each member of the staff was clear about their responsibilities and took pride in being part of the team at Grosvenor Manor. Comments from staff included "I've worked here since the home opened and I've been consistently supported and encouraged to develop my knowledge and skills every single day" and "I feel fully supported in my role, the whole management team are helpful and always available."
- People and relatives felt fully assured that they could raise any queries with the staff team or registered manager. People living at the home were communicated with openly and empowered to play a meaningful part in the running of the service.

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

- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the home and the provider. This information was used for future development and improvement.
- The registered provider had introduced a 'You said, we did' board clearly on display demonstrating actions taken following requests made by people living at the home. People had asked for easy access to fruit so the registered provider had made fresh fruit available at every mealtime and throughout the day.

People had asked for a newsletter showing life at Grosvenor Manor so the registered manager had worked with the local high school to produce this regularly.

- People's individual needs and abilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The atmosphere at the home was warm and welcoming.

Continuous learning and improving care

- Auditing processes were clear and effective with the registered manager and management team undertaking a range of checks. Staff were positively encouraged to gain new skills and increase their knowledge.

- Learning was highlighted from the monitoring of accidents and incidents that occurred at the home and actions were promptly taken to mitigate or minimise future risks.

- Root, cause and analysis was consistently undertaken through the clinical governance process to ensure lessons were consistently learnt.

Working in partnership with others

- The registered manager had forged good working relationships with a range of external health and social care professionals. They worked collaboratively to ensure the best outcomes for people.

- We received positive feedback from healthcare professionals that work with the staff and management team. Comments included; "We have a very positive working relationship with them."

- The registered manager maintained strong community links and ensured the service was at the heart of the community. For instance, they hosted nursery, infant, junior and high school children regularly, whereby children would interact with people within the home.