Gracewell Healthcare 3 Limited

Gracewell of Woking

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Gracewell of Woking is a nursing home that is registered to provide accommodation and personal care for up to 60 people. At the time of our inspection there were 43 people living at the service, a number of whom were living with dementia.

People's experience of using this service:
People were looked after and supported by a consistent, caring and well established service. People were safe because of the experienced care and effective staff. People told us they felt safe and happy at the home, one person said, " I feel very safe here. The staff are very good." People's medicines were managed well and safely.

On the first floor, due to people's high needs and severe dementia, people did not always receive high quality person-centred care. Generally people were protected from harm or risk of harm but work was still be implemented by management to ensure people were protected from the risk of falling. We made a recommendation regarding this. People's care plans were not always person-centred or sufficiently detailed to enable staff to provide tailored care. There were plenty of meaningful activities to entertain and occupy people at the home.

People's needs and choices were assessed and recorded. People's rights were protected as the mental capacity act was complied with. The home itself had been built and adapted to a high standard so that people could live in clean, modern comfort.

People were cared for by kind, considerate staff who took time to chat with people throughout the day. People could take part in meetings and contribute to the organisation of the home.

Regular audits were completed by the provider to consider areas that required improvement. People and staff told us that they were supported by a kind management team.
Rating at last inspection:
This was the first inspection of this service.

Why we inspected:
This inspection was carried out in line with our inspection methdology in that we scheduled the inspection based on our previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Gracewell of Woking

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by three inspectors and one specialist nurse adviser.

Service and service type:
Gracewelll of Woking 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:
We carried out this inspection with no notice.

What we did:
We reviewed the information we held about the service. This included notifications and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to 10 people, four relatives and six staff. We reviewed care records and policies and procedures. We reviewed four people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Good

Is the service safe?

Our findings

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

The care people received was safe and people were from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place for people. The risk assessments covered areas such as mobility, skin integrity, wounds, nutrition and hydration.
- In the last month there had been meetings held where falls had been discussed. This was in response to audits and data collected about falls at the home. In response to the meetings, management was in the process of implementing sensor mats, close supervision, new risk assessments and better general staff awareness.
- Systems were in place to ensure the safety of people in an emergency. There were records in place which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as a fire.This contained copies of people's medicine records, hospital passports and care plans. There were clear business continuity plans to help ensure continued care for people living at the service. Every person had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. One person told us, "There are so many people here and it's so lovely I feel safe."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "If I saw abuse happening I would report it to CQC or the police." All safeguarding incidents had been correctly sent to CQC.

Staffing and recruitment

- People were cared for by a sufficient number of staff. One person said, "I think there are enough staff here." Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same. Staff responded and reacted to people quickly and efficiently when needs arose such as requests for assistance or snacks. Staff had time to chat with people and interact generally.
- People were supported by staff who had been appropriately vetted prior to appointment. Checks included a full work history, references and a check with the Disclosure and Barring Service (DBS). The DBS keeps a record of staff who would not be appropriate to work in social care.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps. There were protocols in place for 'as and when needed' medicines to ensure people had the correct amounts.
- Some people received covert medicines and there was a safe and correct process in place for this. Doctors had been involved in correctly prescribing these medicines and planning the guidance for staff in how to

administer them.
● Medicine audits had been consistently completed by the home and by external pharmacies which had found correct and safe processes used by staff.

Preventing and controlling infection
● People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care. One person told us staff, "Wear gloves and aprons."

Learning lessons when things go wrong
● Lessons were learned and improvements made when things went wrong. There was an incidents and accidents folder which contained records of each person's history along with an overview and analysis to spot patterns or trends. Staff responded appropriately to accidents or incidents and records showed this. For example, following a person's fall, a sensor mat had been put in place in their bedroom to ensure their movements were monitored by staff.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's legal rights were protected because staff followed the principles of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. Where people were restricted by locked doors, their well being, safety, best interests and the least restrictive options had been considered and recorded.

● Although some people had relatives with power of attorney who had signed on their behalf, the provider had not always obtained evidence of relatives' power of attorney. Following the inspection, the provider demonstrated that they were waiting for a few more people to provide evidence of their power of attorney.

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

● People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these.

● The assessments were then used to guide staff as to how they should help, support or assist people in their routines. For example, one person needed two members of staff to assist them with specific activities during the day and their care plan set the guidance out for staff with clear explanations.

Staff support: induction, training, skills and experience

● Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One person told us, "The staff are well trained." Staff told us that they were happy with the training that they received. One said, "The training here is good. After one year they make you have a refresher. They listen to you if you want more training."

● Staff received an induction which consisted of mandatory training and shadowing of experience staff members. All staff were supported by supervisions which were held every three months to cover areas such as training and feedback.

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

● People had regular meals and drinks to ensure they had balanced diets. People had a wide selection to choose from for all three meals during the day and there were hydration stations in all areas of the home. People told us they enjoyed the food, one person said, "The food is really good. It's excellent. They give me what I ask for." One staff member told us, "I give people the menu and they have the choice of what they want to eat."

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

● People were proactively supported to maintain good health and had access to external healthcare support as necessary. Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One person told us, "I get to see my doctor. A professional would come here and the staff would help me if I wanted one."

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

● People lived in a home that had been adapted to meet their needs. The corridors were wide and open for wheelchair access. The toilets and bathrooms had been designed with appropriate equipment for staff to use in supported and assisting people. There were signs on each person's door with their names, picture and sometimes further details specific to each person such as how to knock for their attention.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person told us, "The staff are very friendly. They care about everybody." A second person told us, "The staff are very good. They will come and tidy up my clothes, do my nails, they will do anything for you."
- One staff member told us, "I always make sure that people are happy and smiling. I keep a smile on my face and I keep people happy here. I come here and I do the best for them."
- People's cultural, spiritual and religious needs were also catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

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

- People were involved in their care and supported to express their views. People's preferences were documented in care plans and staff were knowledgeable about these. One person told us, "I can do what I want." Relatives told us that they had been involved in planning the care for their loved ones and they were happy with the organisation of this.
- Residents meetings were held every month which gave people the opportunity to become involved in the running of the home. People frequently gave positive feedback and suggestions about the food served at the home. This was then used to determine menu changes and new recipes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected as throughout the day we found personal care was delivered behind closed doors. One staff member told us, "I close the door, curtains, I also cover their privates and I inform them of what I am going to do when I am doing it."
- People's independence was supported and promoted by staff. One person told us, "The staff are good at keeping me independent, they leave me alone when I want to be alone." One staff member told us, "I encourage people to do things for themselves. All of them are happy to do as much as they can."

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

● Staff did not always provide person-centred care on the first floor of the home. Instead of interacting with people when they became repetitive or distracted, staff changed topics or didn't engage with people as they could have. For example, one person was singing classical music to staff and instead of engaging with them staff left the radio playing pop music. Another person clearly wanted an alternative meal and drink at lunchtime but staff failed to acknowledge this or give them more options. These challenges came from the complexities of dementia and the need for staff to have better understanding and leadership in this area.

● Care plans did not always have sufficient information to ensure people could have person-centred end of life care. Some care plans did not contain any information about people's preferences for how they wished to be cared for at the end of their lives. One person had been admitted to the service on the basis of receiving end of life care but their care plan did not reflect this. The registered manager informed us that advanced care plans were in the process of being created for everyone at the home. We will check this at our next inspection.

We recommend that the provider ensure staff are trained in how to provide person-centred care for people with dementia and care plans include end of life care preferences.

● Some care plans did contain preferences such as funeral arrangements, family contacts, religious beliefs. Furthermore, the home had received compliments from relatives about the care that had been provided for people at the end of their lives.

● We did see some care plans which were person-centred and personalised to reflect people's preferences and choices. For example, one person's care plan contained their family history, profession, hobbies, friends and preferred conversation topics. Staff clearly knew these details as they had a good rapport with this person and could chat with them about their past.

● People had access to a range of interesting and fun activities each day of the week. One staff member told us, "The activities are good. They take me out when I want to go out. When the summer comes I go outside with them." People were playing card games in groups of 15 during the inspection and there was also a live opera singer for people to enjoy.

Improving care quality in response to complaints or concerns

● There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. One person said, "I would be happy to complain if I needed to." We looked at complaints and could see these were being recorded and responded to appropriately.

● One person told us, "One woman didn't like the music here, I asked her what she wanted, and I told the

staff. They are very obliging and responded to her complaint." Another person told us, "I complained about some staff. I am pleased that I told them. They (management) have sorted it out. The ones that were a problem have gone, the new ones are good."

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Throughout the majority of the home people had less complex needs. This meant that they were able to enjoy the home fully and staff knew how to care for them because they could easily communicate with them. People on the ground floor told us that the service was managed well. One person told us, "I think the home is well managed, there is always someone to ask to talk to." A second person said, "The managers organise it very well."
- The registered manager was in the process of implementing person-centred care and support for five people with dementia on the first floor. The first floor had been designed for people with higher needs who required staff to have strong dementia knowledge and understanding. Staff did not always demonstrate that they had sufficient experience or knowledge of dementia.
- There was a clear strategy in place to embed person-centred care at the service and ensure a positive culture. This was led by the manager who was proactive outside of her office.

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

- Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits of areas such as infection control, medicines and health and safety.
- Managers also carried out unannounced night visits and held detailed analysis and clinical governance meetings which considered data and information from the past month. Where people had suffered a fall, the managers discussed this at the meeting and considered people's histories, patterns, trends and health issues. In response, sensor mats, updated risk assessments and staffing were considered for people.
- The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

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

- People, staff and the local community were engaged by surveys and questionnaires on activities, food, films and general care. As a result of this there were clear examples where aspects of care had been adapted to suit people's requests. For example, when people announced concerns about night staff, swift action was taken by management to resolve the concerns and implement changes.

Continuous learning and improving care

● People benefitted from the provider's proactive approach to learning and development. All staff received refresher training in relevant areas. The registered manager was implementing a dementia model at the home so that staff could consider person centred care for the different levels of dementia. At the time of the inspection this had not been successfully implemented given the areas of improvement needed with regards to dementia care.

Working in partnership with others

● The registered manager had useful connections with other agencies and organisations such as the local clinical commissioning group (CCG). Through this group there had been training courses and educational information shared with staff to promote new approaches and training based on research.

● The home was also connected to a local school which arranged for children to visit each week. The children interacted with people and took part in activities like quizzes.