

WT UK Opco 4

# Anning House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Gracewell of Weymouth is a care home which is registered to provide personal and nursing care to up to 70 people. The home is arranged over three floors and specialises in the care of older people including people who are living with dementia.

At the time of the inspection there were 49 people living at the home.

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

People lived in a home which had not been consistently well led in the past few months. This had led to some audits not being carried out and some identified shortfalls not being addressed. This meant the systems in place to monitor the quality of people's care and safety had not been fully implemented to drive improvements. At the time of the inspection the provider was taking action to improve the management of the home.

Standards of cleanliness throughout the home were excellent.

People felt safe and were comfortable and relaxed with staff who supported them. Throughout the inspection we saw kind and caring interactions between people and staff.

Risk assessments were in place to support people's physical health. However, risk assessments regarding people's emotional well-being had not always been updated to make sure they took account of people's wishes. This meant risk assessments were not always carried out in a way that enabled people to safely take part in activities of their choosing or promote their independence.

People received their medicines safely from staff who had received specific training to carry out the task. All medicines errors or discrepancies were fully investigated.

People were cared for by staff who had received training to care for people safely. Staff were safely recruited which helped to minimise the risks of abuse to people.

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.

People were happy with the food provided at the home. The provider was planning changes to ensure that everyone had a choice of meals.

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 – The last rating for the service was good (Report published December 2019)  
A further targeted inspection was carried out in November 2020 to follow up on concerns raised with the Care Quality Commission. The rating was not changed as a result of this inspection and remained good.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines administration, several safeguarding incidents, staffing and the management of the home. A decision was made for us to inspect and examine those risks.

We identified concerns in relation to the management of medicines, safeguarding incidents, staffing and management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. However, we found no evidence during this inspection that people were at immediate risk of harm from these concerns. The provider was taking action to address shortfalls identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracewell of Weymouth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Anning House

## 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.

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 two inspectors on the first day and a medicines inspector on the second day.

#### Service and service type

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

The service did not have 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. A general manager was overseeing the home and we were informed that a new manager had been appointed and was due to start work at the home next month.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received from and about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We received feedback from

two professionals who visited the home.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home and two visiting relatives. Some people at the home were unable to fully share their views with us because they were very frail or living with dementia. We therefore spent time observing care practices in communal areas and talking with staff. We spoke with 12 members of staff which included the provider's regional director and quality business partner.

We also reviewed a range of records relating to people's individual care and the running of the home. These included seven care records, two staff files, records of staff training and supervision, a sample of audits and minutes of meetings.

After the inspection

We asked the provider to send some records to us electronically. All records requested were supplied in a timely way.



# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risk assessments regarding people's well-being had not always been updated to make sure they took account of people's wishes. This meant risk assessments were not always carried out in a way that enabled people to safely take part in activities of their choosing or promote their independence. This was an area for improvement.
- Not all identified risks were minimised in a timely manner. There was a quarterly health and safety meeting which identified risks and the action which should be taken to minimise these. There were no dates to show that these actions had been completed and the same actions appeared on the following meeting minutes. This could potentially place people at risk of receiving unsafe care.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- Physical risks to people were minimised because staff carried out risk assessments and put measures in place to help to keep people safe. For example, where people had been assessed as being at high risk of falls from their bed, suitable equipment was in place to minimise the risk of injury.
- Plans were in place to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency.

### Staffing and recruitment

- People were cared for by staff who had been safely recruited. Pre-employment checks were carried out for new staff to ensure they were suitable for the role. Most required information was obtained for prospective staff. However, some employment histories were not fully recorded. This meant the service could not be fully assured of their experience and suitability. This was an area for improvement.
- On the day of the inspection people were being cared for by enough staff to keep them safe and meet their needs. Some staff reported times when they felt that the home had not been adequately staffed. One member of staff told us, "There have been times when the rota has not been covered and things like the tea round have been missed."
- We received mixed feedback about staffing levels. Some people told us staff responded quickly when they required assistance. One person said, "Staff never rush me. They come quickly when I ring them. They are so helpful and friendly". Two people said they had experienced waits of between 30 minutes and an hour on occasion. One person said, "They are short (staffed) sometimes. They need more staff." Several staff had left, and we saw that the action plan for the home had identified staffing as an area for improvement and was being addressed.

- The provider audited call bell response times and investigated if anyone had waited more than 10 minutes for assistance. Call bell audits seen showed that the majority of calls were responded to within 10 minutes.

#### Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted in part by a high number of safeguarding referrals. At this inspection we did not identify concerns in this area. The provider was open and transparent and reported all concerns to the local safeguarding team.
- People were kept safe because the provider took action to address issues when concerns were raised. For example, following concerns staff had received up to date training in moving and handling and the prevention of falls. This helped to make sure their practice was in accordance with up to date guidance and best practice.
- People felt safe at the home and with the staff who supported them. One person told us, "I certainly feel safe. There's a lovely atmosphere." One visiting relative said, "I have nothing to worry about now they [relative] is here." Another relative told us, "The care and attention are wonderful. There is a real warmth to the place. I know [person] is safe here; I have no concerns only praise".
- Risks of abuse to people were minimised because staff had received training and knew how to recognise and report signs of abuse. Staff were confident any concerns reported would be taken seriously.
- People looked very relaxed and comfortable with staff. Throughout our visit we saw kind and compassionate interactions between people and staff. Staff spoke respectfully and affectionately about the people who lived at the home.

#### Using medicines safely

- This inspection was prompted in part by a high number of medicines errors. At this inspection we did not identify concerns in this area. The provider was open and transparent and reported all concerns to the relevant authorities.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. Improvements had been made recently to make sure all medicines were being stored at suitable temperatures.
- People were given their medicines safely and as prescribed.
- Improvements were being made to the way 'when required' medicines were managed. Person-centred information was available in people's care plans to guide staff when it would be appropriate to give doses of these medicines. New protocols were being introduced to provide further information for staff that were available with people's medicines charts.
- Risk assessments were completed for people who wished to look after their own medicines, and policies were in place to support them with this if it was safe to do so. Lockable storage was provided.
- Nurses and senior care staff who gave medicines were trained and had competency assessments to make sure they could give medicines safely.
- We saw that any discrepancies or medicines incidents were identified in a timely way by the daily medicines counts and audits taking place. These were reported and investigated. The numbers of incidents reported had been falling, and measures were put in place to try to prevent these happening again.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance
- Standards of cleanliness throughout the home were excellent.

#### Learning lessons when things go wrong

- The provider shared learning from incidents to make sure it led to improvements in the care people received. A registered nurse said that all incidents were discussed at meetings so that changes could be made.
- Incidents and accidents were reported, recorded and investigated and appropriate action was taken to keep people safe. For example, following an accident, the equipment one person used was reviewed and changed to reduce the risk of a recurring accident.

# 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 had their needs assessed before they moved into the home. This helped to make sure the home could meet their needs and expectations. Assessments gathered information about people's health, personal and social needs and preferences. Assessments also took account of best practice guidance. For example, in relation to nutrition, pressure damage and falls prevention.
- One person who had recently moved to the home praised the support they had received. They told us staff had asked them about their needs and made sure they were comfortable and content. They said, "Everyone has been so kind making sure I get all the help I need. They have taken me out in the garden and introduced me to other people." A relative told us, "The move here went well; they did everything to help settle (person)".
- Each person had an electronic care record which gave staff information about the person, their needs and preferences. However, the system was complicated which would make it difficult to fully involve people in planning their care. Care staff told us they relied on handover meetings to keep them up to date with changes rather than the care records.
- Staff at the home knew people well and the support they needed. This helped to make sure care was personalised to each person taking account of their preferences.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and competence required to safely support them. One person told us, "I have every confidence in the people who help us." Another person commented, "Staff are professional and knowledgeable; they know everyone." A visitor said about the staff, "They are amazing, they know everyone really well and are good at their jobs."
- Staff were happy with the training they received. One member of staff said, "This is the best home I have worked in and the best training."
- People were cared for by nursing staff who had opportunities to keep their skills up to date. This helped to ensure people received nursing care which was in accordance with up to date practice.
- Due to the COVID-19 pandemic most training had been on-line, but the provider was now starting to arrange more face to face training to make sure all staff had the skills needed.
- Due to the pandemic staff had not always received specific training to meet specialist needs. One member of staff told us they would like to have more practical training in caring for people living with dementia. Another member of staff had raised this in their supervision. More specialist training would help staff to better understand people's needs and promote their well-being. The regional director told us this training

was being arranged.

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

- People were supported to maintain a balanced diet which met their needs and preferences. Each person had a nutritional assessment to identify their dietary needs, allergies and preferences. This information was shared with the catering and care staff.
- Where people required a specialist diet or food to be served at a specific consistency this was made available. The provider had highlighted that people needing a specialist diet did not always receive a choice of food. They were working with catering staff to improve this for people.
- People said they enjoyed the meals provided at the service. People who required an ordinary diet confirmed they were always given a choice of alternatives to the main meal of the day. Comments included, "The food is good; always a choice" and "Lovely lunch today, can usually guarantee a good lunch". Staff were on hand to assist people where needed.
- Snacks and drinks were served throughout the day. Fruit juices and a range of fresh fruits were offered to people, as well as fortified milk shakes, tea and coffee.

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

- People received the care they required to meet their healthcare needs. A visiting professional told us nursing staff were good at identifying issues and seeking help and advice. This helped to make sure people received the treatment they required in a timely way.
- People were happy with the healthcare support they received. One person said, "If I am poorly, the GP is called without delay... They take good care of me here." A relative reported, "They [staff] provide a very high standard of care with excellent nursing care, which is delivered in a kind and friendly way. Nothing is ever a problem; they are so accommodating."
- People had access to a range of healthcare professionals to meet their individual needs. These included GP's, specialist nurses, dieticians and speech and language therapists.
- Should people be at risk of losing weight regular checks were maintained of their weight and if necessary, action was taken. For example, recording food and fluid intake; using dietary supplements to boost calorie intake and seeking the support of a GP.
- The staff worked with other professionals to make sure people received the care and support they needed. This included working with a local GP and regular meetings with a multi-disciplinary team.

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

- Gracewell of Weymouth was a purpose-built care home, which offered a good standard of accommodation for people. There were three floors accessed by passenger lifts.
- The service had numerous helpful adaptations to promote the care and well-being of people with physical disabilities and restricted movement. For example, it had wide corridors, large communal areas, and disabled access toilets, bathrooms and gardens.
- People's bedrooms were personalised with items of furniture, photos and other treasured items. Each bedroom door was clearly numbered and outside each bedroom there was a memory box, which contained items of interest for each person.
- People told us their accommodation was comfortable. Comments included, "It is a nice place to live. I have my own room; there is lots of space and the place is always clear." A relative said, "This is a lovely place to visit. Lovely environment and gardens; it is like a four-star hotel."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had carried out assessments of people's capacity. They had applied for people to be deprived of their liberty where they required this level of protection to keep them safe.
- Nurses understood the practical application of the Mental Capacity Act. They were able to give examples of making decisions in people's best interests. Records showed people and their representatives were consulted with when decisions had to be made in people's best interests. A relative explained how the service had worked with the family to ensure their loved one's best interests were protected in relation to their preferred treatment. They added, "There has been excellent communication with the staff. We really can't fault them".
- People who had capacity to make decisions were always asked for their consent before staff supported them with their care.

# Is the service well-led?

## Our findings

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

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

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

- People lived in a home where there was no registered manager. The last registered manager deregistered in December 2020. Other members of the management team had also recently left the home. This had led to a lack of leadership and support for staff. At the time of the inspection a general manager was overseeing the home. A new manager had been appointed and was due to start work at the home in September.
- Some routine audits had not been completed to ensure the quality and safety of the service was robustly monitored. Without a registered manager at the home some audits had not been carried out but had been reinstated at the time of the inspection. We also found that although shortfalls had been identified at health and safety meetings there was no evidence that action had been taken. This potentially placed people at risk.
- We identified further vigilance was needed to ensure records were accurate. Records relating to people's food and drink intake showed some gaps and lacked detail to ensure staff could take action if needed. For example, food intake charts indicated whether a person had eaten, first course or second course, with a tick. There was no detail of what people had actually eaten. There were also gaps where nothing was recorded.
- People benefited from a provider who acknowledged shortfalls in the management of the home and had taken action to address this. At the time of the inspection the home was being supported by senior managers from the provider group and senior staff from other homes owned by the provider.

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

- The lack of management at the home had led to staff feeling unsupported. One member of staff said, "We have so many changes in management that it's difficult to know where we are going." Another member of staff said they had worked with six managers over eight years. They added, "It would be good to have the right person, but there have been lots of changes and new managers bring in their own changes. It is upsetting for staff."
- People were supported by a staff team who were committed to providing good care for people. Although staff felt unsupported by the management of the home, they all agreed they worked as a team to make sure people received the care they needed. One member of staff said, "I feel we have lost our way a bit but as a team we are really strong and support each other."

- Records were generally up to date, however, the electronic care planning systems in place was described by staff as "not very person centred and takes hours to personalise." The provider had recognised some shortfalls with the system and a new care planning system was being considered.
- Due to the pandemic, and management issues at the home, some staff had not received specialist training to meet people's individual needs. This included training in how to support people living with dementia. This meant people may not have been supported in the most positive ways. The provider had identified this as an area for development and was arranging training for staff.

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 provider was open and approachable and acknowledged shortfalls in the service. Senior managers from the provider had an action plan for improvement which they shared with the Care Quality Commission.
- People lived in a home where the provider took action to address issues raised by other professionals. Commissioners had visited the home for weeks before our inspection and we found the provider had addressed issues raised by them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had kept in touch with family members throughout the pandemic and made sure people's representatives had the most up to date information about the home and visiting arrangements.
- People, their relatives and staff were able to share their views and make suggestions at regular meetings. Minutes of meetings showed a wide variety of subjects were discussed and people were kept up to date with changes and events.
- People and relatives were able to raise concerns and felt listened to. One relative told us, "If I have had any concerns, they have dealt with them."
- The provider worked with other professionals to make sure everyone was able to share concerns. For example, the home had arranged multi-disciplinary meetings to address some issues a person had which could not be resolved at the home.
- People had their healthcare needs met because the home worked in partnership with other professionals. One healthcare professional gave positive feedback about the home. They told us staff were good at identifying issues and seeking support.