

Gracewell Healthcare Limited

# Gracewell of Kentford

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gracewell of Kentford is a care home providing personal and nursing care to up to 88 older people who may also live with dementia, physical or mental health needs. Accommodation is across three separate floors. At the time of the inspection there were 81 people living at the home.

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

People received planned care which improved their wellbeing from staff who considered and used their knowledge of what mattered to people, to provide person-centred individualised care. People knew they were important and well cared for because the staff took time to understand and get to know them, their histories and celebrated their unique life experiences. We saw positive rapports and strong bonds had developed between the people living at Kentford Manor and the staff supporting them. People using the service told us staff were kind and understanding and relatives told us staff's kindness also extended to them.

Staff showed commitment to supporting people and spoke with a high degree of warmth about the people they cared for. People were empowered to make their own decisions about the care they wanted, and their relatives were consulted appropriately. Where people needed extra support to make decisions, this was provided by staff who knew people and their preferences well. People were treated with respect and staff were proactive in supporting people's right to independence and privacy.

Each person had a personalised care plan which had been written from a detailed assessment of their needs and also their choices and views of how they wished to be cared for. People had a wide range of opportunities to do things they enjoyed, based on their preferences. People's communication needs were identified, and assistance was provided to enable people to express themselves in their preferred way. Systems were in place to take learning from any concerns or complaints and people and relatives were confident staff would address these. Staff were supported to provide good care at the end of people's lives.

Each person had a recorded risk assessment to inform staff how to lessen the risk and care for the person. There were enough staff available to meet people's needs throughout the day and night. Medicines were managed safely by staff who had received appropriate training. The service was clean and well maintained.

Staff had been provided with training and developed skills which clearly linked to the needs of the people supported at Kentford Manor. People enjoyed their mealtime experiences, which reflected their choices, and people were provided the assistance they required so they would have enough to eat and drink to remain well. Appointments with health and social care professionals were planned and also could be arranged promptly when required. 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 and relatives told us the service was well managed because of the experience and caring nature of the senior team and staff. The registered manager met with the senior staff each day and there was a service governance system which included carrying out quality checks to assure care was being carried out safely and to take any action to improve the service as identified.

#### Rating at last inspection

The last rating for this service was Good, (published 1 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

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

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Gracewell of Kentford

## 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

This inspection was undertaken by an inspector manager, an inspector, an assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kentford Manor 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 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 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 contacted the Local Authority and Healthwatch for information they had about the service to help us plan the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with 12 people who lived at the service and eight relatives about their experience of the service provided. We spoke with the registered manager, the deputy manager, head of care, head of administration, one qualified nurse, one senior carer, two care assistants, two activities staff, one maintenance staff and one housekeeper. 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 five people's care records and multiple medication records. We saw records relating to the management of the service. These included minutes of meetings with staff and checks undertaken by the registered manager and senior staff on the safety and quality of care, such as audits and surveys relating to the quality of care. We also saw accidents and incidents reports and systems used to manage complaints. In addition, we reviewed the compliments which had been received by staff

### After the inspection

We sought clarification from the provider to validate evidence found which was supplied the day after the inspection. 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe by the staff who cared for them. One person said, "I'm definitely safe here. There's always someone around when I need them." Relatives informed us their family members were kept safe from harm.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. One staff member told us, "There is in-depth training on safeguarding and we can ask questions and do scenarios to develop our learning about safeguarding."
- The service had a safeguarding policy in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.

Assessing risk, safety monitoring and management

- Staff gave us examples of actions they took to promote people's safety. This included ensuring people had the equipment they needed to remain as safe as possible and monitoring people's health.
- Staff worked with other health and social care professionals to ensure the best way to manage people's safety was established. Staff acted on advice from speech and language specialists and other professionals to reduce the likelihood of people choking.
- Each person had a risk assessment in their care plan which gave staff the information they needed to deliver people's care safely.

Staffing and recruitment

- There were consistently enough staff to meet people's assessed needs. Senior staff calculated from assessments of people's needs the number of staff needed to be on duty to meet people's needs.
- People told us there were sufficient staff to care for them, at the times they wanted. One person said, "You usually have to wait when you press the bell, but they do come reasonably quickly. The staff are very good and they work very hard."
- The registered manager and senior staff continued to check the suitability of staff before they commenced their employment at Kentford Manor.

Using medicines safely

- People told us they could rely on staff supporting them to have the medicines they needed to remain well. One person told us, "They are very good on the medication."
- Staff continued to follow safe protocols for the receipt, administration and disposal of medicines.
- The registered manager and senior staff continued to regularly check people received their medicines as prescribed by speaking with them about their medicines and checking the medicine records.

### Preventing and controlling infection

- The service was clean throughout and people commented upon the new carpets and how well the staff worked to maintain them.
- Staff had access to a range of equipment they needed to promote good hygiene within the Kentford Manor, such as gloves, and to reduce the likelihood of the spread of infections.

### Learning lessons when things go wrong

- The registered manager or person in charge of the service held a daily meeting with the heads of department to discuss any issues and agree any required actions to resolve them at that time.
- Systems were in place to take any learning from incidents and accidents, such as people experiencing falls. The registered manager reviewed these to see if any patterns were emerging, or any preventative measures could be taken to support people further.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by an experienced member of staff prior to them moving into Kentford Manor to ensure their needs could be met.
- People's assessments considered their physical needs, emotional histories and their care plans were based on best practice guidelines for staff to follow, for example, in relation to oral care.
- People told us about their assessments. One person said, "I can remember meeting the staff before coming here a long time ago and they wanted to know all about me."

Staff support: induction, training, skills and experience

- Staff received regular supervision sessions and the qualified nurses were supported to maintain their professional registrations.
- We saw training for all staff was planned well in advanced and monitored to ensure the staff had completed the scheduled training.
- Staff told us the senior team were committed to providing them with opportunities to develop their skills and knowledge. One member of staff said, "I was very interested in a course to help me develop my care skills and the manager arranged for me to do the course."
- New staff were supported to understand how to care for people through a detailed induction programme. This included working alongside experienced staff in the first instance until the staff member was assessed as competent to work on their own.

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

- People enjoyed a wide range of meals available, which reflected their choice. One person told us, "I think the food here is very good and there's always a choice." A relative said, "[My family member] has put on weight since coming in here. I think the food is good and they are obviously enjoying the food."
- People were encouraged to eat and drink sufficiently and people were weighed monthly or more frequently in response to staff concerns if they were losing weight.
- We saw in people's care plans the service had referred people to dieticians for their advice as necessary.

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

- People said they could rely on staff to promptly arrange for them to see other health and social care professionals, such as dieticians and speech and language specialists.
- People had access to doctors who visited the service at planned times but also could be contacted in the

event that an urgent appointment was required.

- Relatives informed us healthcare support was arranged as necessary and they were informed of the outcomes appropriately.

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

- People were able to spend their time privately, or in more social or quieter areas, such as lounges, dining rooms, cinema area, the bar area or gardens.
- People were supported to find their way round the service through clear signage, with the use of pictures, in addition to the written word.

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.

- People told us staff asked for their permission before care was provided to them. One person said, "The staff ask and explain to you what they want to do."
- Staff had received training and understood how the MCA effected how they cared for and supported people.
- We found the MCA and associated DoLS were applied in the least restrictive way and authorisation correctly obtained.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 living at Kentford Manor told us the staff cared well for them. One person said, "The carers are very friendly and they look after us well." Another person told us, "There are some very good souls here in the staff, look after us so well."
- Each person had a care plan which clearly explained how they were to be supported and we saw staff knew people well from their interactions and respected people's choices. This created a calm and pleasant atmosphere throughout Kentford Manor.
- People's care, safety and contentment were staff's priority and staff understood people's needs while valuing them as individuals. People were comforted by any staff member when they wanted reassurance, help or a kind word. This included administration staff offering to take people to the bar area for arranged entertainments. We saw staff used their knowledge of how people liked to be reassured and were able to say the right words to comfort people.
- People's disabilities were understood by staff and incorporated into a daily routine ensuring they were supported and not made an exception. Staff tactfully checked hearing aids were working and glasses were clean and this meant unnecessary and potential embarrassing situations were avoided.
- The staff were motivated, compassionate and committed to providing a high-quality service. Our observations and comments we received from people and relatives supported this. A relative told us, "Everyone's very friendly when we come here and supportive of us also." Another relative said, "[My family member] has dementia and the staff are so kind and speak with knowledge and understanding. If they got that wrong, my [family member] would be very upset and we would all know about it, but they do not, very caring staff."
- People were supported to follow their spiritual needs. The service had regular religious events so people could pray in their home and follow their own choice of worship and religion.

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

- People were at the centre of the decision making. Staff involved people and their relatives in every aspect of their care. One person told us, "The staff here are very good. They are friendly and we have a laugh. They never shout or get annoyed. They are very caring and if you want something they will try and get it for you."
- People were encouraged to choose how they spent their day. One person said, "I can choose to join in or not with anything that is going on." The registered manager explained when recruiting staff, he was looking for staff that would be suitable to care for people in a nursing home but also to ensure they encouraged while respecting the rights of people to make decisions for themselves.
- People decided what care they wanted and told us their views were listened to. People told us they were

encouraged to let staff know what care and support they would like at regular residents' meetings, and during one-to-one discussions with staff.

- There were many examples showing how people's decisions about their care were listened to. During the inspection an entertainer was performing in the morning singing songs and involving the people living at Kentford Manor. The choice of time had been determined by the people of the service and their views were sought after each entertainment, if they wanted the entertainer to return.
- Staff understood the positive impact involving people in planning their own care. A member of staff told us, "You must respect people's age and knowledge and we try to have understood their feelings and support their views about how their care is provided."

#### Respecting and promoting people's privacy, dignity and independence

- People told us there was an embedded approach by staff which ensured they were treated in a sensitive and respectful way and their rights to dignity and independence were promoted. One person said, "I was not keen to come to a nursing home, but they have not taken away my independence and help with what I need, could not be better."
- People's dignity was an essential part of the care provided by the caring staff. Kentford Manor had been designed to maximise people's dignity, such as ensuite facilities to enhance privacy. One person told us, "Staff are very particular to knock first before coming in, dignity is so important to me and it just would not do if I did not have my own lavatory."
- Staff were assigned to support the same people whenever possible so they could build a rapport with the person and know them well and in so doing help them to maintain their independence. One person told us, "When it comes to independence at my time of life the staff encouraged me to have a go at anything."
- Staff understood people's needs and through detailed care planning were able to anticipate when people could become upset or anxious. Staff responded using distraction methods based on the information recorded in the care plan. For example, walking with a person at their side, engaging in conversation and then offering a cup of tea and to continue talk about the problem.
- Staff enhanced people's well-being by applying the guidance and values demonstrated by senior staff, which focused on empowering people by involving them in choices around their independence and celebrating what they could do on their own.
- Staff gave us examples of additional work they had proactively done with other organisations, so the dignity of people living with complex care needs would be enhanced. This included sensitively finding out the reason for changes in people's continence needs and working with other organisations, to ensure people's needs were met and their dignity promoted.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans recorded their needs and risks while also reflected their care preferences and personal histories which provided staff with the information they needed to support each individual.
- In order to continue to provide personalised care, the staff arranged with each person and their families as appropriate to review the person's care needs and for these to be recorded.
- Information was available in the event of a medical emergency within the person's care plan to share with other professionals to help them understand how best to communicate with the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and plans put in place to support people, so their needs would be met. For example, people were supported to use information technology to promote effective communication.
- A range of information was available in alternative formats such as pictorial signage and large print to support people.
- People's communication needs were regularly reviewed as their needs changed.
- The service had purchased an interactive table for people to use and to help to explain their wishes and needs as well as being used for enjoyment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to enjoy a wide range of activities and told us they had made friends with other people living at Kentford Manor and told us it was a nice and sociable place to live. One person told us, "I never feel lonely here; there's always someone to talk to and we have lots of activities."
- Staff recognised people enjoyed different activities and also provided one-to-one support for people who preferred to spend time more quietly in their rooms.
- Activity staff gave us examples of work they had done with other organisations, such as local schools to visit and entertain the people living at Kentford Manor.
- People had access to a range of interesting things to do such as jigsaws, number puzzles and newspapers to read.

- People told us their family and friends were encouraged to visit at any time.

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

- People and relatives informed us they knew how to raise any concerns or complaints and were confident these would be listened to. One person told us, "I like the manager and he would sought out any problems."
- The service had a policy and procedure in place to manage to any complaints or concerns in the first place and then learn from these situations.

#### End of life care and support

- Within each person's care plan there was a section to record people's views regarding their end of life wishes.
- Staff used their knowledge of people's spiritual and care needs and their skills when providing end of life care.
- The service worked with other professionals such as doctors and hospice staff should this be required to support people at the end of their life to respect their wishes.

# 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 remained the same. 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

- People were complimentary about the way the service was led by the registered manager and how staff were motivated to look after them.
- Relatives told us the home was managed well, and senior staff consistently made time to speak to them about their family member's individual care. One relative told us, "It's fantastic that we have been able to bring [my family member] here. There's such a good atmosphere."
- Staff were supported to provide good care and told us Kentford Manor was a good place to work because staff were encouraged to meet people's needs and very well supported by the senior 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

- People and relatives were informed when something went wrong or there was an accident or incident. Relatives told us they were informed appropriately of any changes.
- The registered manager understood the duty of candour requirement. This requires the service to be open and honest with people and their representatives when things have not gone well.

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

- People and relatives all had confidence in the management and staff and spoke positively about them. The registered manager and staff were clear about their roles and each had a job description. The registered manager received regular support from their manager to share ideas and discuss best practice.
- Systems to monitor the quality of service were in place which included reviewing care plans, checking medicines management, health and safety and the environment. When any shortfalls were identified, action was taken to reduce the risk of reoccurrence.
- There was an on-call support service so the person in charge of the service could contact a senior person at anytime for support and advice.

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

- People and their relatives told us they saw the registered manager and senior staff regularly and had opportunities to be involved in decisions about the way the service was run. This included consultation through surveys, residents' and relatives' meetings and one to one discussion with staff. One person told us,

"I see the manager everyday and they always ask how I am."

- Staff told us they were encouraged to make suggestions for improving the care provided to people further, and their views were listened to.

#### Continuous learning and improving care

- Staff felt supported by a culture of continuous learning and improvement. Staff informed us the registered manager was supportive of training requests and open to new ideas.
- The registered manager and senior staff carried out quality and safety checks of the care provided and people's experience of living at Kentford Manor.

#### Working in partnership with others

- The service worked with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health care professionals.