Cedar Care Homes Limited

Gracefields Nursing Home

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

Gracefields is registered to provide nursing care for up to 50 people with enduring physical conditions or conditions resulting in physical disability. On the days of our visit there were 31 people living at the home. The visit took place on 29 June 2017 and was unannounced. We last inspected the home on March 2015 and no concerns were found at that time.

There was no registered manager for the service as they had recently left the organisation. There was a new acting manager in post. The new manager had worked for the provider for some time at other services. They were in the process of applying to be registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to stay safe. The provider was making sure that CQC and the Local Authority were told of relevant safeguarding concerns. The staff understood what actions they should take to keep people safe. Staff were fully aware of their responsibilities and how to keep people safe from the risk of abuse. New staff were recruited only after a thorough safe recruitment process. This helped to protect people at the home from the risks of unsuitable staff being employed.

We saw there were friendly and caring relationships between staff and the people they supported. People were cared for in a way that respected their privacy and dignity and helped them to maintain some independence. Staff were welcoming to visitors .We saw and people told us, that there was a homely relaxed atmosphere in the home. People were supported to keep links with family members as these were promoted and encouraged. This meant that people were helped and encouraged to maintain relationships with those who mattered to them.

People were well supported with their range of nutritional and hydration needs. Mealtimes were sociable and made into a relaxed experience and people could invite guests if they wanted to.

People were cared for in a way that was kind and caring. Staff had built close relationships with people, their families and friends. People were treated with dignity and the greatest respect at all times. Staff treated people as individuals and respected their lifestyle choices.

People were supported to take part in activities of their choosing. People enjoyed the activities and the opportunities made available to them. There were links with the local community and people were encouraged to be part of their own community. The management used feedback to improve and develop the care people received and their overall quality of life.

People were aware of how to complain and make their views known .The provider actively sought the views

of people and their families. These views were acted upon and changes were made to the service when needed. Feedback that was received about the service from people, families and other professionals was positive. Regular reviews were carried out of the care people received to see where improvements were needed. These also looked at whether the service provided could be further developed. There were quality checking systems in place to monitor the service to ensure people received care that was personalised to their needs.

Staff and the people who lived at the home spoke positively about the management structure of the service. People and staff said that the managers provided strong and supportive leadership. The staff team told us they were well supported by the provider and senior managers. The acting manager and clinical care manager both spoke positively about their roles. Staff and people at the home said they saw them daily and they were always there and helped them whenever they needed support and guidance.

When people's needs changed, the home took suitable action to ensure they provided the best care possible for the individual. The service was good at helping people to enjoy their preferred lifestyle. People received a service that was flexible and responsive to their needs, preferences and wishes. People received care that was person centred and met people's individual needs and diversity. People and their families were involved in the review of their needs.

The provider and management were aiming to run and develop the home in an open and transparent way. The provider had systems in place to help to ensure that the views and wishes of people were at the centre of how the home was run. The opinions of people were actively sought in a number of ways, about how the home was decorated, meals, and activities.

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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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service was Good	**Good**
Is the service well-led? The service remains good	**Good**

Gracefields Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We reviewed the Provider Information Record (PIR) and previous inspection reports before our visit The PIR set out information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 29 June and was unannounced. The inspection was carried out by two inspectors.

We spoke with 18 people who were living in the home and three visitors. Staff we spoke with included the senior manager, acting manager, clinical care manager, and 10 care staff, as well as domestic and catering employees.

We observed how staff interacted with the people they supported in all parts of the home. We also 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 looked at care records and charts relating to five people and nine medicine records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty records, meeting minutes and arrangements for responding to complaints.

Good

Is the service safe?

Our findings

People said that they felt totally safe with the staff and living at the home. To ensure people were safe entry to the home was gained only via a secure front door bell. People had to wait for staff to let them in. One person told us, "Of course I feel safe." Other comments included, "Nothing bad ever goes on here." The home used a CCTV camera system outside the home. There was a policy in place to ensure this was in operation in a way that was lawful and did not impact on the rights of people. This had been put in place as a safeguard to ensure that people were safe at the home.

The provider had a system in place to reduce the risks of abuse happening at Gracefields. Staff showed they had an up to date understanding about the different types of abuse people can experience. The staff also had an up to date knowledge of how to report concerns about people at the home. The staff told us they were always able to approach the management if they ever felt concerned for someone. Staff told us and records confirmed they had been on training about the subject of safeguarding adults from abuse. Staff also said that this subject was brought up at staff meetings. This was to try to ensure staff were up to date in their knowledge of how to raise concerns. The acting manager and clinical care manager ensured that all concerns of possible abuse were reported to the local authority and to CQC when we needed to know.

Staff had an up to date knowledge of what whistleblowing at work was. Staff told us how they could do this; they said they were protected in law if they reported possible wrongdoing at work. Staff had also been on training and update sessions to help them maintain a good understanding of this subject. The provider had a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could confidentially contact.

People were safe because there was enough suitably trained and competent staff to meet their needs and keep them safe. We saw how this was evident in a number of ways. Staff were readily available when people needed two staff to help them with their mobility needs. Staff sat with people when they were anxious and agitated in mood. The staff spent plenty of time and engaged people in social conversations. Staff also provided attentive one to one support to those people who needed extra assistance with eating and drinking.

The provider had produced their own staffing dependency tool. This was in use to identify how many staff and of what qualifications and experience were required to provide safe care. The tool identified how much time was needed for care and support for each person and by how many staff. A senior manager and the clinical care manager told us that the required levels of staff that were needed for people at the home were adjusted whenever it was identified as being necessary. When people became physically frail and required palliative care and support for example. Some people also needed two staff to assist them safely with their care. The staffing rotas showed the home had the number of staff needed to provide safe care. When there was staff absence this had been planned for and arrangements for other staff to provide cover was in place. This showed how the provider ensured people received care from a consistent number of staff. Nurses and care staff were supported in their roles by a number of other members of the team. Other staff employed included an administrator, domestic, catering and maintenance staff.

People had individual risk assessments in place to guide staff in providing safe care and support. These covered a range of people's needs. For example, a nationally recognised tool was used to assess the risk of people developing pressure damage to the skin. There was also an assessment in place relating to the risk of malnutrition. Where specific concerns were identified, there were clear measures in place to manage that risk. For example where a person was at risk of developing pressure damage, the signs to look for were identified. Staff were also given guidance on how to prevent damage occurring through applying moisturising creams. Assessments were reviewed regularly to ensure they remained up to date and reflective of people's needs.

If people required the use of bedrails to keep them safe, there was an assessment in place to ensure that all risks were managed. This included assessing the gap between the mattress and top of the rail to minimise the risk of the person falling over the top of the rail. The risk of entrapment in the rails was also reviewed.

People received their medicines safely from senior staff on duty and were given their medicines at the times they needed them. Medicines were stored and kept in accordance with up to date guidance to ensure this was safe. The medicine records we looked at showed that stock checks were carried out regularly of the amount of medicines in the home. These also helped to confirm that medicines were managed safely in the home. We saw three senior staff give people their medicines; one staff member on each floor of the home. The staff told people what they were giving them in an easy to understand way each time, and waited with them to ensure they took them safely. Medicines audits had also been undertaken regularly by the clinical care manager. A recent visit from a community based pharmacist had picked up some concerns around medicines management. We saw that a detailed audit and action plan had been put in place after their visit. This included clear times scales and actions that were to be reviewed to ensure that medicines management was fully safe.

The provider had a recruitment process in place that aimed to make sure only staff that were suitable were employed. All newly employed staff underwent a thorough recruitment process. Staff had completed Disclosure and Barring Service (DBS) checks in place. These were to check if they had any criminal record, which meant they should be barred from working with vulnerable people. This was before they could start work at the home and have any contact with people who lived there. Each staff member had to provide two references one of which should be a professional one. Any employment gaps were also explored with individuals when they were interviewed. The provider had a staff disciplinary procedure in place. This was in use in case there were concerns around staff practices. This was another way that aimed to keep people safe from the risks of unsuitable staff.

To help to keep the premises safe for people in the building there were regular safety and monitoring checks undertaken. There were up to date certificates relating to gas, electricity and fire safety checks.
The home was clean and tidy and smelt fresh in all areas. To help to reduce risks from cross infection we saw that staff used protective equipment in the form of disposable gloves and aprons and hair nets when dealing with food. There was an ample good supply of alcohol gel, paper towels and liquid soap in the home. These products also helped with the prevention of cross infection.

Good

Is the service effective?

Our findings

People received effective support with their care that met their full range of needs. This was seen in many ways, for example staff used mobility equipment safely. They talked through what they were doing with each person and asked for consent. This was to reassure the person when they supported them. Staff also assisted people to have a shower or a bath and to get up in a way that was attentive and discrete. We also saw how the staff made sure they sat people in a comfortable position at all times. For example before people had meals and drinks staff made sure they were sat in the best position for eating and drinking. Staff also ensured people were comfortable in 'soft' chairs where their position could easily change. Further ways included how we saw staff encourage people and support them to eat and drink enough. Staff monitored people regularly and helped certain people who needed support to move to be comfortable. This was to ensure that their skin did not break down. We also observed that staff were following what was written in each individual's care plan. These examples showed that people were receiving care and support that met their range of needs.

Staff explained how care duties were allocated so that each person's needs were met and no one was overlooked. Staff told us they were given a named group of people to support throughout a shift. Staff explained they read care plans every day and this also helped them get to know individuals needs well and how they liked to be cared for. The staff said that staff said that being responsible for a small group of people made it easier to meet their needs.

People had support plans in place to ensure they were supported with nutritional needs effectively. Plans included information about people's likes and dislikes and any allergies they may have. Where there were concerns about a person's weight, it was clear what measures were in place to support them. For example, we read that some people had nutritional supplements prescribed by their GP. Other measures in place included ensuring that people were offered drinks and snacks between their main meals. In one person's plan, high calorie items such as full fat cream were identified to help increase the person's calories intake. People were weighed regularly to monitor whether there were any significant changes that might require the attention of a health professional.

Staff understood how to obtain consent and the importance of ensuring peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. There were nine DoLs

applications in place on the day of our visit.

Staff were trained to ensure they were able to provide effective care to people and meet their full range of needs. Staff attended an in depth induction training programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records confirmed there was regular training available for staff. Recent training staff had been on, included dementia care, health and safety, infection control, person centred care, nutrition, skin and wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs.

People were cared for by staff that were properly supported to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. We saw how the clinical care manager was supervising staff in a positive way that focused on their strengths and how they could improve and develop in their role. The staff also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. Staff treated people respectfully throughout our inspection; we observed people and staff sharing smiles and laughter together. People and their relatives spoke positively about the support they received. One person commented "I am very well looked after" and "it's home from home". Another person told us they were "very happy". We observed that staff spoke in a polite and respectful tone of voice with people, crouching down to the person's level to ensure clear communication.

People's care plans identified where they were able to be independent in their own care routines. For example some people were able to complete aspects of their own personal hygiene but needed support with other aspects. One member of staff told us how they would step outside the room whilst the person carried out the part of their own care they could manage and ask the person to call them back in when they needed support. This helped ensure that people maintained the abilities they had.

Staff told us about the ways they delivered care in a way that people felt comfortable with and ensured they were treated with dignity. Staff told us they would ensure people's privacy by knocking on doors before entering anybody's room. Staff said they gave people choices, for example about whether they wanted a bath or shower, and sought their permission before beginning any support.

We observed throughout the day that people's needs were met and staff delivered their support in a calm and patient manner. We saw one person was provided with a drink but after tasting it decided they wanted something different. Staff were patient in response and told the person they would get an alternative which they subsequently did. We saw staff taking care to make people were warm enough by adjusting blankets around their shoulders. On one occasion, staff were supporting a person to transfer from their wheelchair to a lounge chair. The person became upset and agitated during this and so staff stopped what they were doing and made the person comfortable in the chair they were in. One member of staff gave the person a soft toy to hold and the person took interest in it, settling quickly.

It was evident from people's care files that they were involved where they were able to be in reviewing their care. There were review documents in people's files to show that they had been able to give their opinions and express their views about their own care. In one review document it was recorded that the person had expressed that they were "happy to be here and grateful". Families were encouraged to be involved in giving their views and opinions for those people who weren't able to express their own thoughts and feelings due to their health needs.

During our visit we saw relatives approach staff to discuss aspects of their care. Staff took time to listen and respond to the issues raised. One person we spoke to told us another family member to the lead on issues relating to their relative's care but they knew there had been a care review recently that included the family member concerned. Relatives told us they were able to visit when they wished without restriction and this helped people maintain important relationships with family and friends.

Good

Is the service responsive?

Our findings

People had support plans in place that were clear about people's needs and person centred in their approach. There were individual plans in place for a range of people's needs including 'dressing and grooming', personal hygiene, nutrition, communication and 'getting around'. In some people's files there was information about their life histories and what had been important to them before coming to live in the home. This included details such as countries the person had lived in, jobs they'd had and relationships that were important to them. This helped staff to support people as individuals with their own unique needs. Not everyone had life history information in their care information and staff told us that this was because the person concerned wasn't always able to give this information. Staff told us however, they would speak to families where possible to get the information they required to create a support plan that met the person's needs. Care co-ordinators responsible for writing care plans told us they always relied on information fed back to them from care staff to ensure that plans were accurate and up to date.

Care plans were regularly reviewed and updated when a person's needs changed. For example, in one person's care plan we noted that their mobility needs had changed and they now required support from two staff rather than one when mobilising around the home. Care staff told us that they reported any concerns about a person's needs changing to senior staff and these were responded to promptly.

We noted that people's own rooms were personalised with their own photographs and other items of personal value. One person told us they were really pleased that they'd been able to have a pet with them in their room and enjoyed the companionship this brought.

There was a programme of activities in place that people could take part in if they wished to. We received mixed feedback about the opportunities for activities. One person felt that there were quite a few times when they'd visited and their relative had not been engaged in any kind of activity. However other people spoke positively about the entertainers that attended the home and told us they enjoyed taking part. We spoke with a member of staff responsible for activities in the home. We observed throughout our inspection this person was engaging and made effort to acknowledge everyone in the lounge. People responded positively, with one person joining in the staff's laughter when singing to them. The staff member told us they had recently been on training to give them ideas for activities to use with people living with dementia. They told us they had found the training useful and had begun implementing some of the ideas. We were told that not everyone was interested in or wanted to participate in organised activities and so activity coordinators made time to spend with people on a 1-1 basis.

During our visit we saw how people had their nails varnished which gave opportunity for the activity coordinator to spend dedicated time to the individual concerned. In the afternoon we saw a group of people together for a knitting activity; this was generating conversation amongst people who were enjoying the time together. The staff member told us how they tried to encourage participation amongst people in the home by mixing people together who engaged well and others who needed more encouragement. We were told that this had been successful in encouraging greater participation amongst people in the home.

The activity coordinator told us they regularly took people out to the local shops and tried to share these opportunities out fairly to people in the home. We were also told that on occasion links had been made with the local community, such as local school children attending the home at Christmas

The provider sought the views of people to improve how the home was run.
Surveys were sent to people on a regular basis. People were asked for feedback to say if they had any complaints about the service. They were also asked for their views of the staff, the food, social activities, and the type of decorations in the home . The provider addressed the feedback that people gave whether it was positive in nature or negative . We saw detailed actions were taken by the manager to address them. The provider had recently reviewed menus, staffing levels and social activities.

Staff told us their role included supporting people to make their views and concerns known to management. The provider's complaints procedure was available to people on display in the home. People knew how to make a complaint. The people we met said that they had not needed to make a complaint but knew what to do if they needed to make one. We saw that feedback and compliments cards that had been received from families of people who had lived at the home were universally very positive. Relatives had said how kind and friendly the staff team were towards their relative and to them.

People and families were given information about the service as well as how to make a complaint. Each person was given a copy of the service user guide to inform them about life in the home. The service user guide was written in an easy to understand style. It also included information about the numbers of staff, the training they had completed, as well as the accommodation, daily life and the meals provided at the home. The philosophy of care and how the service meets peoples' needs was also explained. We saw a copy of the complaints procedure was in each service user's guide. This helped ensure people had the information they need to make a complaint. The complaints procedure contained up to date contact information for the ombudsman and for CQC if a person wanted to contact these organisations directly.

Good

Is the service well-led?

Our findings

The service remains Good