Greenacres Care Home Limited

Gracefield Nursing Home and Residential Care Home

Inspection report

St Neots Road
Dry Drayton
Cambridge
CB23 8AY
Tel: 01954 210833
Website: www.gracefieldnursinghome.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Gracefield Nursing Home and Residential Care Home provides accommodation for up to 17 people who require personal care or nursing care. The home mainly provides support for people who are living with dementia, people with a learning disability and people with mental health needs. The home is a single storey building and has 13 single bedrooms and two double rooms. There were 17 people living at the home at the time of our inspection.

There was a registered manager in post at the time of this inspection. 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.

Summary of findings

We last inspected Gracefield Nursing Home and Residential Care Home in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Although people had mental capacity assessments completed, information about their best interest decisions was not well documented and needed to be improved. Deprivation of Liberty Safeguards guidance had been followed and submitted applications sent to the appropriate agencies so that people were not deprived unlawfully.

People's health and care needs were assessed and reviewed so that staff knew how to care for and support people in the home. People had access to a wide variety of health professionals who were requested appropriately and who provided information to maintain people's health and wellbeing.

The risk of abuse for people was reduced because staff knew how to recognise and report abuse. People were supported to be as safe as possible and risk assessments had been written to give staff the information they needed.

Staff received an induction and were supported in their roles through regular supervision, annual appraisals and training to ensure they understood their roles and responsibilities.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the home.

People and their relatives were confident raising any concerns or complaints with the management and that action would be taken. Information was available so that people could be provided with independent advocates.

Staff supported and encouraged people with activities that they enjoyed.

People in the home and their relatives were very happy with the staff and management. People were involved in meetings, and action was taken where requests or comments had been raised.

The provider had an effective quality assurance system in place which it used to help drive improvements to people's care and the home they lived in.

Summary of findings

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.

Staff were recruited safely and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed.

Staff in the home knew how to recognise and report abuse.

Good

Is the service effective?
The service was not always effective

People's rights were not protected because the Mental Capacity Act 2005 Code of practice were not followed when decisions were made on their behalf.

Staff were supported and training was provided to enable them to do their job.

People were supported to have enough food and drink to make sure their individual health and nutritional needs were met.

Requires Improvement

Is the service caring?
The service was caring.

Staff knew the care and support needs of people in the home and treated people with kindness and respect.

People had access to information about advocates who could speak on their behalf.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff knew how to meet them.

People who lived in the home and their relatives knew how to complain if they needed to.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led

The provider had undertaken a number of audits to check on the quality of the service provided to people so that improvements were identified and made where possible.

People and their relatives felt involved to help improve the service.

Good

Gracefield Nursing Home and Residential Care 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.

The inspection took place on 14 April 2015 was unannounced and undertaken by two inspectors.

Before the inspection we asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We also looked at other records and information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about by law.

We spoke with one relative, five people who lived in the home, three carers, one domestic who also arranges activities and interests for people to take part in, a registered nurse, the registered manager, the provider and one health professional about the service.

We observed lunchtime in the home and some of the day's activities for individual people.

As part of this inspection we looked at five people's care plans and care records. We reviewed three staff recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, medicine administration records, quality monitoring and audit information and policies and procedures.

Good

Is the service safe?

Our findings

People were protected because staff were able to tell us how they would respond to allegations of abuse and the procedures for reporting these concerns to the appropriate agencies. All staff had undertaken safeguarding training to ensure their knowledge and skills were up to date. During this inspection we found that staff were aware of the whistleblowing policy. There had been one investigation as a result of staff raising concerns. The registered manager had recorded the information received and details of the investigation and the outcome. This showed that appropriate action had been taken when concerns had been raised.

Risk assessments were in place to make sure people were protected from harm. We saw that one person had been assessed in relation to their behaviour and there were risk assessments in place to keep them and other people in the home safe. Another person living at the home could become quite agitated and confused at times, particularly if they were unable to walk around and explore areas of the home. Staff told us this person needed one to one time (with staff) on a regular basis so that the person was supported. This one to one time was planned into the staff rota each day. This person also liked to monitor the visitors' book and staff enabled them to do this. Staff had built a supportive relationship with the person, could identify any triggers to their agitation and took steps to distract them. This helped to manage any safety risks to the person and others in the home.

We saw that there were enough staff on duty to meet the needs of people in the home and staff we spoke with confirmed this view. Staff told us that no agency staff were used in the home and in the case of emergencies or holiday time they covered each other's shifts. This meant people had consistent staff who understood them and could meet their needs. The provider said that the staffing levels were determined in relation to the changing needs of the people living in the home. These were discussed with the registered manager on a daily basis to ensure there were enough staff available.

People were protected because there were recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure they were suitable to work with people living in the home. The provider took appropriate action to make sure people were protected and ensured history and any gaps in employment were discussed and recorded the responses.

We looked at the care plans for four people living in the home and found that there was a process in place for assessing and managing risks to their safety. People's risks had been assessed using tools such as the Waterlow assessment for those at risk of developing pressure ulcers and the MUST (Malnutrition Universal Screening Tool) to identify anyone at nutritional risk. There were also individual risk assessments covering areas such as behaviour that challenges other people and smoking. Staff were able to tell us about the identified risks for people and how they kept people safe as a result.

We observed staff when they administered medicines for people and checked the medicine administration record (MAR) chart. We saw that MAR charts were completed appropriately and showed that people had been given their prescribed medicines.

Specific training had been provided to the nurses who administered medicines. People's prescribed medicines were stored safely and checks were made by the registered manager and nurses to ensure that medicines were kept at the correct temperature. Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of on-going quality checks.

Requires Improvement

Is the service effective?

Our findings

Although staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), the system to assess people's capacity to make formal decisions about their care, support and consent was ineffective and required improvement. We looked at care records which showed that the principles of the MCA Code of Practice had not been used when assessing an individual's ability to make a particular decision. The mental capacity assessments completed by the provider were not meaningful because they did not contain information about the types of decisions people were or were not able to make. For example in relation to people's daily needs some people were able to decide on what to wear or what to eat but there was no information for staff when people required more support in that decision making process. The provider had new information about how to assess mental capacity and we recommended that they followed the guidance to ensure staff understood their responsibilities.

The CQC monitors the operation of DoLS which applies to care services. We saw that people were able to move about the home and grounds freely, but the staff said that anyone who wanted to leave the home (to go for a walk for example) would need to be accompanied by a member of staff. The registered manager said that there had been one DoLS application that had been authorised and four further applications had been made at the time of the inspection. Further assessments were being made for those who required it, which meant people would not have unlawful restrictions imposed on them.

We looked at three records which contained decisions about resuscitation. The relatives of two people had been involved and consented to them not receiving resuscitation in the event of a sudden deterioration in their health. One person in the home had discussed their views and stated they wished to be resuscitated, which had been recorded in their care plan.

A member of staff confirmed they had received an induction and support when they began working at the home. This had included being shown practical tasks such as providing personal care to people, kitchen duties and orientation to the building. They had completed an induction booklet that included manual handling and fire safety training. They told us they felt supported in their ongoing development and training needs and confirmed they received regular supervision from their line manager.

One relative we spoke with said that they were satisfied with how their family member's health needs were met and that they had access to a range of health professionals. They told us that staff did not hesitate to call a GP for advice or to request a visit if they were concerned about their relative. Care records showed that the GP, speech and language therapist, physiotherapist, mental health professionals and dietician had provided care to people where necessary and that people were encouraged and enabled to attend all hospital and other appointments such as the dentist, optician and chiropodist. We spoke with one person who told us, "Staff work hard and I'm happy with what they do for me."

A healthcare professional commented that the staff in the home contacted them appropriately and in a timely way. They said the people living in the home were very challenging and that the staff dealt with them in a consistent and positive way. They said, "The staff go above and beyond what is expected. They also think outside the box in the way deal with people".

Care records we reviewed included risk assessments of people's personal health needs such as mobility, skin condition and pressure ulcer risks. Records showed that people were weighed at least once a month to ensure they received a healthy dietary intake and maintained their weight.

We saw the food in the home was varied and the meals were freshly cooked and well presented. One person said, "I'm enjoying this". The staff told us that the relatives told them what people liked and they created a menu to incorporate those foods. We saw that people ate heartily and nodded when we asked them if they liked the food. Staff said that there was no-one in the home who required a special diet although they had provided diabetic and vegetarian meals in the past. Where people had decreasing weight issues there was evidence that the appropriate health professionals such as the speech and language therapists and dieticians had visited and provided staff with information and advice that had been followed.

People were supported to eat their meal in the place of their choice; some people ate in the lounge, dining area or

Requires Improvement

Is the service effective?

their own bedrooms. People were encouraged to be as independent as possible, although staff provided assistance where necessary by, for example, cutting up their food or supporting them to eat and drink. Where people needed additional calories, these were addressed by adding cream or honey to food where appropriate.

A menu was planned on a fortnightly basis and hot and cold food choices were available for every meal. Tea, cakes and biscuits were offered to people in the afternoon. Staff confirmed that snacks and drinks could be made for people at any time of day. One member of staff said, "There's more choice now at breakfast and at coffee times".

Good

Is the service caring?

Our findings

A relative we spoke with, visited the home at least three times each week and had built a good relationship with staff and were involved in reviewing their family members care needs. They told us that staff were very caring and knew how to provide the care their relative needed. They had never heard staff used raised voices when communicating with the people who lived there. They told us, “Staff are always ready to listen and help. I can’t fault this place at all”.

The atmosphere in the home was calm and welcoming. People were engaged with the staff and were treated with respect. We spoke with staff who were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to addressed, what they enjoyed doing and the foods they liked.

We saw that staff knocked on people’s bedroom doors and waited for a response before entering. People were addressed in the way they wished, which was recorded in their care plans. People’s privacy was respected and we saw that staff left the room of one person who had requested them to leave.

People were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. Staff prepared people for their meal by providing them with protective clothing and ensured they were sitting as comfortable as possible. We saw a member of staff asking one person about their preferred meal choice. The person had communication difficulties and the member of staff was patient and took several minutes to establish their choice using verbal prompts and written communication methods. This meant the person was able to be involved, express their view and was listened to.

Staff spoke with people with care and respect and gave them time to express their own feelings and choices. They engaged in conversations about topics that were meaningful to them. For example places people had visited during their life and their favourite songs.

People were supported to be as independent as possible and were encouraged to do as much as possible for themselves. Where people used items of equipment to maintain their independence, staff supported them and ensured this was provided when they needed it.

There was information, which included telephone numbers, about advocates who could act on behalf of people in the home who could not easily express their wishes or did not have family or friends to support them to make decisions about their care. One person had an independent mental capacity assessor (IMCA) who visited regularly and provided independent support.

The registered manager said they liaised with a local hospice to ensure the end of life care plans were individual and detailed so that people were supported in a positive way. One persons end of life plan showed that staff were meeting their wishes as agreed. The registered manager confirmed that the staff would be undertaking training in end of life care and the home would be working towards a nationally recognised standard (Gold Standard Framework in End of Life Care).

Good

Is the service responsive?

Our findings

We looked at the records for four people to check their needs, wishes and preferences were taken into consideration when planning their care. Overall information seen was detailed and provided comprehensive information to guide staff. Each of the files showed that the person or their relatives had been involved with their plans of care and how their needs should be met. However we noted that one person was bilingual and although staff were aware of this it was not documented in the person's care plan. During the inspection the person was speaking their second language. Staff commented that they were only able to communicate if they were able to get the person to switch to English when they asked him to. We observed this took a few attempts and, should the person deteriorate, they may not be successful. There was further information, provided by the manager that some staff were able to understand and could speak the language the person used. The manager confirmed that pictorial representations of meals were used when needed and had presented the person with written information of meals and other phrases in the language they sometimes used. This meant the person had their communication needs met in a variety of ways.

People received appropriate care and support because care plans were detailed, reviewed and updated on a regular basis by the registered nurses. Relatives had agreed and signed the two care plans we saw because their family member was unable to give their consent. Information about each person's individual preferences about how they spent their day was recorded and there was evidence that staff had accommodated those preferences.

One healthcare professional told us they had no concerns about the level or quality of care provided by staff. They told us staff carried out any instructions on people's specific care needs and this resulted in no-one having any skin issues.

The provider employed a member of staff to support people with leisure activities. The staff member worked in the home every weekday and told us they often spent one to one time with people to do activities they enjoyed such as gardening, baking or trips to local coffee shops. This was reflected in the care records we reviewed.

One staff member said, "I have started to prepare the [flower] beds so that people can start planting when the weather improves." Some people had been outside in the garden and some had helped with preparing the raised flower beds People who told us they had been out to the garden centre recently and one member of staff said, "We take people out and have a mini bus available". Information in people's files showed there had been some entertainment in the home including visits from a voluntary group who bring in their dogs for people to stroke.

We found that the staff were knowledgeable about people's life histories and individual interests. People were supported to read magazines, complete jigsaw puzzles, draw or paint. Music played in the background and some people listened to this and connected with it by singing or humming along.

The last residents' meeting was held on 18 July 2014 and included a discussion on the complaints process and the different ways people and their relatives could raise any concerns. One relative said they had raised a concern with the registered manager on one occasion and told us they were listened to and action had been taken by the following day. They confirmed that relatives meetings were held from time to time and issues raised were addressed by the registered manager. We looked at the complaints record and two were maintenance issues and one was the way a telephone was answered. All complaints had been investigated and dealt with in line with the home's policy.

The registered manager understood their duty of candour. One person had a pressure wound when they returned to the home from hospital but the registered manager wrote to the person and explained the measures the staff had taken and why. The person paid for private physiotherapy to aid in the healing process of the wound.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager at the home, who was supported on a day to day basis by the provider.

Staff also felt supported by the provider and that they were listened to when they gave ideas to improve the service. One staff member said, “Anything you ask for he [the provider] does. Like the new carpets”. Staff were aware of the roles they played in the home and who they would report to if there were any issues.

A relative told us they spoke with the registered manager on a regular basis either when they visited their family member in the home or by telephone. They felt there was open communication with the registered manager, and their views about their family member were taken on board. Two members of staff told us that the registered manager was very supportive and spent time with the residents on a daily basis to ensure their needs were being met and also supervised staff.

When the registered manager walked through the home people recognised them and said hello. The registered manager spent time with people and it was evident this was something that was a normal part of the routine and a method that was used to ensure people were happy and confident about the care they received.

People were supported to maintain links with the local church for services held in the home and other social visits to local shops, pubs and garden centres. People’s personal relationships were supported through non-restrictive visiting times, telephone access and outings with family members.

Regular staff meetings were held in the home. Staff told us they were able to raise issues and felt the meetings were an open forum to discuss any concerns they had about meeting peoples’ needs. We saw that as a result of comments made during a staff meeting new menu’s had been written to incorporate more fresh fruit and vegetables.

Residents meetings were held, the last was 23 July 2014 and minutes were available in the home. There were discussions about the day to day running of the home and standard of the care. One person had commented that they were happy in the home and that the place was well organised. There had been other discussions about future trips to be arranged and people had preferred going to the seaside.

Relatives meetings were held and there had been discussions about the CQC’s new inspection methodology, and a leaflet provided with information about the Deprivation of Liberty Safeguards so that relatives had an understanding of the system.

Accidents and incidents had been recorded and changes implemented where necessary to ensure risks were reduced or removed. This included improvement in the security of the premises, and staff were aware of the reasons behind them.

The provider told us, and evidence we saw, showed that they visited each week to audit different areas of the care provided in the home as well as undertake any maintenance jobs. Daily calls were held between the registered manager and themselves to address any issues or just discuss the people and their care. The registered manager confirmed they received support from the provider. Staff knew the provider and one member of staff said, “He’s [provider] a really good boss and a nice man”.

There were details that questionnaires had been sent to relatives and professionals in 2014. These were to check about the quality of the service and care provided by staff in the home. There were only positive comments from the 13 relatives and five professionals who responded. There were no actions to be considered about the quality of the service.

The provider and registered manager had submitted notifications as required. This, together with our records, demonstrated that they were aware of their legal responsibilities as registered persons.