

Gracewell Healthcare Limited

Gracewell of Adderbury

Inspection report

Gardner Way
Adderbury
Banbury
Oxfordshire
OX17 3FW

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12 April 2018

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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

We inspected this service on 12 April 2018. Gracewell of Adderbury is a new 60 bedded 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The services comprises of four units across two floors, each of which have separate adapted facilities. The first floor unit specialises in providing care to people living with dementia. On the day of our inspection there were 28 people occupying three out of four units. This was our first inspection at the service.

This service has a dual registration which means there are two registered providers jointly managing the regulated activities at this single location. They are: Gracewell Healthcare Limited and Gracewell Healthcare 3 Limited. This means the service is subject to one inspection visit however the report is published on our website twice, under each provider.

At this inspection we found the service was Good in all five domains and Good overall.

We were warmly welcomed by the staff that were forthcoming in speaking to us and there was a pleasant and calm atmosphere throughout the day. Gracewell of Adderbury had a clear staffing structure in place and staff knew their roles and responsibilities.

The service's deputy manager was acting up as a general manager and there was a recruitment process in place for a new manager. 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, relatives and staff were all complimentary about the service and how it was managed. The staff at Gracewell of Adderbury received good support from the providers' senior management team. There were quality assurance and monitoring systems in place that effectively identified areas for improvement. The management ensured where required appropriate action was promptly undertaken.

People were safe and told us they had no concerns. Staff knew how to report safeguarding concerns and they knew how to report to external agencies if needed. People's care files contained detailed risk assessments that included management plans to keep people safe. There was a system to manage accidents and incidents. The management ensured lessons were learnt where possible and a preventative action taken as necessary.

People were supported by sufficient number of suitable staff and providers ensured safe recruitment processes were followed. People were cared for by staff that received ongoing training and support to carry out their roles effectively.

People's rights to make their own decisions were respected. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access health services. The team worked well in partnership with health and other professionals where required. People were positive about the food. They were supported to meet their nutritional needs if required and there were systems in place that ensured people's weights and well-being were maintained.

The service was caring and people complimented the compassionate nature of staff. The providers ensured staff worked to organisational values such as kindness, empathy, integrity and respect. People were supported to maintain their independence and they were involved in their support. People's dignity, privacy and confidentiality were respected.

People's needs were assessed prior to admission to the service to ensure their needs could be met. This included people's physical needs as well as emotional needs. People told us they received support that met their needs and that staff knew them well. People were provided with a variety of activities, according to their needs and choices. People and their relatives knew how to make a complaint and told us they had no hesitation in raising concerns as these were addressed promptly.

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.

Risks to people's well-being were assessed and recorded.

There were enough staff to keep people safe.

Staff received training on safeguarding adults and knew how to recognise abuse and how to report it.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's rights to make own decisions were respected and staff knew how to work to the principles of The Mental Capacity Act 2005 (MCA).

People were supported to access health care professionals and maintain good food intake.

Staff received training appropriate to their job roles and they were well supported.

People's needs were assessed prior to admission to the service to ensure these could be met.

Is the service caring?

Good ●

The service was caring.

People were able to build caring relationships with staff and were supported to maintain relationships with people important to them.

People's dignity and privacy were respected.

People's confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and choices were respected by staff.

People had access to activities of their choice.

People and relatives knew how to complain and concerns were responded to promptly.

People were supported appropriately at end of life.

Is the service well-led?

Good ●

The service was well-led.

People and relatives complimented how the service was run.

Provider's quality assurance and monitoring system were effective.

There was an open, positive and transparent culture at the service.

People, relatives and staff were involved and their views mattered.

Gracewell of Adderbury

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 providers were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 12th April 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we held about the service and the service providers. The registered manager completed 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 improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service. We spoke to 15 people and four relatives. We also spoke with the acting general manager, the operations director, deputy manager, two nurses, four carers, a housekeeper and a kitchen assistant, the maintenance manager and the chef. We spoke with one visiting external professional.

We looked at records, which included five people's care records and Medication Administration Records (MAR). We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

People and their relatives told us people were safe. One person said, "I feel safe and happy here". One relative told us about the person, "[Person] is safe and secure and [person] knows this".

People were cared for by staff that were knowledgeable about safeguarding and how to escalate any concerns, this included whistleblowing policy. One staff member said, "If you think that something's going on, there's a number we can call". There were posters displayed that said, 'if you're worried about any aspects of care, raise your concerns – it's not only your right, it's your duty' in nurses' stations that were visible to people, relatives, staff and visitors.

There were enough staff to keep people safe. On the day of our inspection people were assisted promptly and call bells were answered promptly. We observed people had call bells within reach in their rooms and where people were not able to use the call bell they had regular checks. When the agency staff had been used the management ensured they received information about workers' training and criminal checks status. Staff told us there was enough staff. One staff member added, "We are using the same people [from agency]. They know everything, follow our procedures. It's safer for residents as well". The acting manager told us staffing levels would be adjusted with increasing occupancy levels. People were protected against the employment of unsuitable staff as management followed safe recruitment practices.

Risks to people's personal safety had been assessed and plans were in place to manage these risks. These included falls, safety assessment, the activities of daily living (ADL), malnutrition and skin integrity. For example one person's care plan showed the person was cared for in bed and was identified as being at risk of dehydration. We saw that fluid intake was recorded for them promptly to ensure they had sufficient fluids.

People received their medicines safely and as prescribed. Medicine records, including topical medicines application records were completed accurately. Medicines were stored securely and as per manufacturers' guidance. Where people had been prescribed 'as required' (PRN) medicines, protocols were in place to direct staff to their use. We observed the morning medicine round and observed this was carried out safely. The stock was regularly checked by the nurses.

People were protected from risk of infections. The environment was well maintained and clean. We saw that staff used cleaning equipment that was differentiated with colour coding and used personal protective equipment (PPE). Staff used disposable aprons and gloves for personal care or when serving food and drinks.

People's personal emergency evacuation plans (PEEPs) were included in their care plan. These indicated the assistance required to reach a safe zone. The building's fire safety zones for horizontal evacuation and fire exits were well signposted. We saw evacuation aids were in place, ready for emergency.

People were protected from environmental risk as there was a system of monitoring these was in place. The records confirmed various equipment checks such as water temperatures, unused water outlets flushing,

fire alarms, water testing and others were maintained appropriately by the maintenance manager who was supported by a designated team at the head office to ensure compliance.

The providers had systems to record accidents or incidents. The records confirmed appropriate action had been taken where necessary. For example, medical assistance was sought when required and close observation commenced. Accidents were monitored monthly for any trends or patterns.

The providers ensured near misses were used as a learning opportunity. A near miss is an incident which did not result in an injury but which may have done so in different circumstances. The operations director told us there were regular managers' meetings and any lessons learned were shared to benefit the management of other services especially newly opened services such as Gracewell of Adderbury. For example, as a result of gathering information around people's falls the providers were in process of rolling out an additional training to staff around falls awareness and falls prevention.

Is the service effective?

Our findings

People were assessed prior to coming to live at Gracewell of Adderbury to ensure staff were able to meet their needs. We saw that an 'initial -pre move in assessment' had been recorded. Staff told us the assessment was regularly repeated to ensure that with people's settling in their needs were being reviewed. Assessments included people's physical needs such as mobility as well as communication and emotional needs.

Staff received sufficient training to carry out their roles. The acting general manager told us they audited the training and were in a process of scheduling additional courses. Staff told us they completed 'mandatory training'. One member of staff told us they were studying for a postgraduate qualification and the management was supportive by agreeing a working pattern that facilitated university attendance periodically. The management planned to roll out enhanced dementia training to all the staff and they planned this to be completed shortly. Staff told us and records confirmed staff received regular supervision. Supervision is a meeting with a line manager where staff can discuss ongoing work, reflect on practices and identify development opportunities. Staff told us supervision was, "Protected time that nobody will disturb, focused on what they expect of you and what I'd like to do". This meant that was a two way process and staff were able to request additional training and support. Nursing staff were supported with their revalidation process.

People's rights to make their own decisions were respected. One person said, "We can do what we want – everyone helps you and they treat you like you want to be treated". Another person said, "I like just sitting here and they let me do what I want". The staff told us 'taste and smell' samples of the meals were provided to help people that might have problems choosing their meals. We saw this method used during the lunch service with one person being shown a sample pudding before deciding to have it. This meant staff used creative methods to ensure people were supported to make own, informed choices.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, one person was unable to understand they lived at the service and we saw their capacity in relation to this decision was assessed and the DoLS was applied for.

Staff were aware of MCA and they told us how they used the principles of the Act in their day to day work. One staff member told us about the MCA principles highlighting the 'best interests' in decision making. Another staff member said, "The most important thing is that people [are deemed to] have capacity to choose to decide about themselves until [there is] a proof that they don't".

People were supported to meet their nutritional needs and they were positive about the food provided. We observed lunchtime meal service and saw majority of the people chose to eat in the dining room. When people needed assistance to cut their meat they were supported by staff appropriately. One person who was cared for in bed had one to one support with their meal. We observed this support was provided at an unhurried pace and staff ensured good communication was maintained with the person throughout.

We saw that people had nutrition and hydration care plans in place. People had drinks in their rooms and were encouraged to drink by staff regularly. Meals and drinks were fortified as needed, and extra snacks offered. Staff knew when people required thickened drinks. We observed one person having thickened drink, the person told us, "It helps". The kitchen staff had written procedures in place to ensure that people receive their correct nutrition. Any changes in peoples' nutritional needs were relayed to the chef promptly. The staff told us the service won an award for catering to meet the needs of people who need puree food, we were shown photos of pureed meals and their resemblance to normal non-pureed meals. One professional said, "We have had several residents admitted with malnourishment and have all improved quickly. I have also had discussions with chef regarding food fortification and he is very much on board with the needs of frail residents".

People were supported to access health professionals when needed. Various professionals were involved in assessing or planning people's care and treatment. These included the weekly GP's surgery visit, dietitian, speech and language therapist (SALT) and the community mental health team. One person was due to go for a hearing test later on the day of our inspection and we observed staff reminded them about it. External professionals were very complimentary about the service. One professional said they had, "Excellent working relationship with the service".

People benefitted from a purpose built environment with plentiful of natural daylight that was maintained to a high standard. There was a café area, a choice of lounges, a professional hair and beauty salon, a patio and outside area overlooking a well maintained garden and a cinema room. People were able to personalise their bedrooms, there also were personalised memory boxes situated outside people's bedrooms. These contained items of importance to people such as football trophies, pictures and various memorabilia that told a story about a person's life.

Is the service caring?

Our findings

The service was caring, there was a calm and pleasant atmosphere. People told us staff were caring. One person said, "Staff are very caring, if you ask for anything they will do it". Another person told us they looked at two other care homes before agreeing to come and live at this one, they said, "It's certainly the best I've seen, I like the people who work here and I've made friends".

People were able to build positive caring relationships with staff. One person told us how they moved to Gracewell of Adderbury and then went back to live briefly with family, before deciding that they preferred being at the service as there was more to do and people to talk to. They person said, "Here I am and happy I am. The staff are wonderful, welcoming; they are nice if you're not well, they come and attend to you. They don't need to be told. They definitely understand me as an individual".

We observed people related well to nurses and care staff who were all friendly and respectful in their approach. There was plenty of positive and light banter between the people and staff. Staff were very positive about working at the service, one staff member told us the home was "The best I've ever seen. It's a very friendly atmosphere. If you ask anybody for help, they won't say no, we're like a family even with our agency carers".

People were involved in making decisions about their care. One person told us, "The girls give me what I want. They ask me". Staff encouraged people to do as much as possible for themselves. Staff offered full support to people who had limited movement capacity, whilst encouraging other people to mobilise independently. Staff were ready to intervene only if needed. One staff told us how they promoted independence of one person that had impaired balance. We saw this member of staff walking behind another person discretely observing their mobility. People's care plan clearly stated how to support people to be more independent. For example, one person's care plan read, 'Hand me my washcloth, toothbrush and hairbrush and encourage to participate as much as I am able'.

People's privacy and dignity was respected. One person told us, "They [staff] treat people as you would want to be treated". Staff knocked at people's door and spoke about people with respect. Staff knew what was important to people and they respected it. For example, one person did not like to sit in a busy dining room. We observed a staff member helping this person to eat their meal at a small table in another area of the unit. The person was clearly attached to their soft toy and we saw the staff member also 'fed' the soft toy from a bowl which had a positive effect on the person.

The providers promoted equality and diversity and had relevant policies in place. The policy recognized duties to empower people to make decisions and be in control of their care and treatment as underpinned by the Human Rights Act and the Equality Act. The policy also gave examples of poor practice and scenarios to make staff aware of their own practices. Peoples' spiritual needs were also met. People had the opportunity to access services by visiting church representatives. Staff told how the recently supported a person who wanted to see a priest of their religion and this was organised promptly.

The team ensured people's needs in terms of providing accessible information were considered. For

example, we saw there was a newsletter called The Sparkle containing plenty of information in large colourful format of the activities on offer. People's care plans highlighted the importance of ensuring people's individual communications needs were met. For example, one person's care plan read, 'Ensure my glasses are clean, available, accessible and in good repair. Ensure I am using my both hearing aids and that they are working'.

People's confidential information was protected. People's care records and staff records were stored securely and only designated staff had access to these. Staff had individual login passwords when accessing any electronic information.

Is the service responsive?

Our findings

The providers had recently introduced electronic care plans. Staff told us they felt the electronic care plan were 'much better than paper'. Staff also told us care plans were subject to monthly evaluations and six monthly reviews and that people's families were involved. One staff told us, "They [electronic care plans] provide a lot of information [such as information on the person's hobbies or interests]" Staff could access the electronic record using the equipment at the nursing stations. Care plans we saw had been reviewed in the month prior to our inspection or more recently if there was a change in people's condition. Progress notes had been promptly completed by staff to reflect the support provided to people. People's care records included care plans for activities of daily living such as communication, mobility and nutrition, memory and cognition and mood and interaction. Additionally sexuality preferences were recorded e.g. for same sex company or mixed sex company, likes or dislikes in relation to physical contact. For example, one person's care plan read, 'Accommodate my need for physical intimacy by hand holding'.

Staff ensured people received care that met their needs. We observed a member of staff encouraged one person to drink water but the person did not drink much of it. The staff member asked "Would you prefer apple juice, orange juice?" The person then agreed and had some juice and was also offered some yogurt. Staff told us they used a system of blue and red coloured water jugs that are used at night and in the day to help staff keep track of people's fluid intake. We spoke with another person who was having a late breakfast in bed, it was apparent their preference to stay in their room for breakfast was met without any question. We observed the member of staff that supported this person was thoughtful and kind. They offered the person a fresh cup of tea and returned promptly with it.

People had opportunities to participate in various activities. Comments from people included, "They know I like quizzes so they come and get me when one's on", "There's been lots of knitting recently which I love" and "I like being busy and this places offers loads of activities, my bottom doesn't see a seat from breakfast onwards, it's great!" The service was actively recruiting for activity coordinators and in the interim the activities programme was provided by staff. In response to people's feedback a Gentlemen's Breakfast Club was held once a month to encourage sociability and conversation as well as enjoyment of a traditional breakfast. There was also a Ladies Lunch once a month and in introduced in response to people's requests, sherry and nibbles are served every day before lunch. We saw people gathered in the communal areas of the home to socialise, we saw a couple of people knitting for an animal charity and chatting and reading papers. There were various items available such as puzzles, books, newspapers, craft materials, games and pictures. There was also a computer available and a bistro area where people could help themselves to drinks and refreshments. Staff told us about plans for additional equipment to be sourced to benefit all residents but particularly those living with dementia.

People and their relatives knew how to make a complaint. Comments included, "If I have a problem, I speak to the carers and they take it to the office", "I'm confident that any problems are sorted out quickly", "The management are very approachable if you have problems" and "If we don't like something, we tell them, we'd talk to the nearest carer and any of them would listen". There was one complaint made last year that was appropriately dealt with by the management.

On the day of our inspection no people received end of life support. Staff told us people were supported to have a comfortable, dignified and pain free end of life support. People's care records contained information about people's preferences in how they wanted their end of life care to be provided. This included information about DNAR (Do Not Attempt Resuscitation) status. A specialist palliative care nurse offered support to the home where required.

Is the service well-led?

Our findings

There was a registered manager in place on the day of our inspection we were however informed they were leaving their post. The service's deputy manager was acting up as a general manager in the interim and there was a recruitment process in place for a new manager. 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. We found the providers ensured the change of management was managed smoothly and the service was provided with an additional support. For example, an experienced deputy manager from one of sister services worked alongside the team. They told us, "I've been supporting other homes in need as well".

The providers' values and ethos were displayed in the foyer. The values highlighted the importance of considering that 'the tiny details are the big things [for people]' and ensured 'work was led by the principles of kindness, empathy, integrity, respect and trust'. Feedback received from people and relatives reflected the team successfully demonstrated these values in their day to day work.

People spoke very highly of the acting manager. Comments included, "Lovely", "Approachable" and "She provides absolutely wonderful staff management". People and their relatives told us they had confidence in acting manager's understanding of the issues and their willingness and intention to address these effectively. The acting manager said they were, "Hugely supported by the families". They told us they saw relatives as being a vital part of the care planning process and that they were viewed as part of the team. They highlighted that being open, approachable and transparent in dealings with relatives was very important. One external professional commented about the acting manager, "She is clearly very knowledgeable and has a high standard of care. She very much leads from the front and has invested much time and training in her staff. She always makes time for discussion regarding various residents with myself and is transparent and approachable".

People and relatives also complimented the service and how it was run. One person said, "It's wonderful all in all, there's a free and easy atmosphere, you can do what you want and help yourself to anything. The staff, management is excellent – they just love us and we love them". Another person said, "If you've got to be somewhere like this, you couldn't be anywhere better. They are all very nice people".

Staff were well supported and praised the support from senior team. One staff member told us, "Definitely" when asked if they felt supported. They added that the management was "Brilliant, and the nurses are lovely". Various staff meetings took place, these included: general staff meeting, registered nurses' meetings and heads of departments meetings. There was a staff recognition scheme called 'Heart and Soul' and staff were thanked for their kindness.

People and their relatives were also involved and felt listened to. People told us there were regular meetings. One person said, "I think the fact that they want to know how you feel is very good". One relative spoke very highly of the relatives' meeting that had been held the evening before our inspection, they said,

"It was very professional, transparent, and absolutely superb". We saw the minutes from this meeting and areas as the changes to management and people's views on activities provision were discussed. There was a comment box in the reception available as an additional form of feedback gathering. The satisfaction surveys were due to be sent out shortly. The management also monitored an externally hosted website where people were able to write reviews of care and support received. We noted the service scored 10 out of 10 and all reviews were 'excellent'. As a result of this Gracewell of Adderbury was recognised in February as one of 'Top 20 Care Homes South East England 2018'.

There were effective systems of audits and checks to monitor all aspects of the service including medicines management, accidents and care planning. The service received regular support from providers' head office and the audits' results were discussed during the meetings and ensure there was a clear action plan when any areas for further improvement had been identified. The acting manager shared with us a copy of their ongoing service improvement plan, in which they identified areas needing attention, such as staff training. They promptly ensured actions identified were followed up, for example, on the day of our inspection we saw training was taking place.

The team at Gracewell of Adderbury worked in partnership with other organisations. This included local social and health professionals. The feedback received from professionals was very positive. One professional said, "I think this care home is clearly making great strides in being effective and providing excellent care for their residents".