Gracewell Healthcare Limited

Gracewell of Church Crookham

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Gracewell of Church Crookham is a nursing home registered to provide accommodation for up to 60 people, including people living with a cognitive impairment. At the time of our inspection there were 60 people living in the home. The home is organised in four household units on two floors; Vogue, Poolside, Tweseldown and Galley Hill. Each of these units is staffed independently and has its own lounge and dining areas. This provided people with a sense of homeliness, while providing additional facilities, such as a cinema and 'Bistro'. Each household was designed to and furnished to meet the needs of the people living in them.

The inspection was unannounced and was carried out on 15 November 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People lives and wellbeing were enriched because they experienced personalised care and support from staff who were flexible and responsive to their individual needs and preferences.

Staff were especially knowledgeable about people's right to choose the types of activities they that were important to them. This knowledge has helped them identify innovative ways of supporting people to engage in activities that reflect their personal preferences and meaningful to them.

The registered manager and staff not only strived to improve the lives of the people using the service but took an active role in the wider community.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and recorded, along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who were knowledgeable in caring for people with cognitive impairments and had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Staff had developed

positive working relationships with healthcare professionals, such as chiropodists, opticians, dentists, GPs and mental health specialist which enhanced the care people received.

The management team and staff protected people's rights to make their own decisions. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff.

People were treated with dignity and respect at all times. Staff demonstrated caring and positive relationships with people and were sensitive to their individual choices. Staff were skilled in helping people to express their views and communicated with them in ways they could understand.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary, in a patient and friendly manner.

People benefitted from a well-managed and organised service. The provider's clear vision and values underpinned staff practice and put people at the heart of the service. Staff were aware of the vision and values, how they related to their work and spoke positively about the culture and management of the home.

The registered manager was approachable and well supported by the provider. There were comprehensive quality assurance processes in place using formal audits and regular contact with people, relatives, professionals and staff. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they would recommend the service to families and friends. The registered manager was responsive to new ideas and had developed links with external organisations and the community.

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.

The registered manager had assessed individual risks to people and taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines safely, at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people. The home was clean and well maintained.

Staffing had recently been increased following feedback from people, their families and staff. There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive to the needs of the people using the service.

People received care that was individualised to meet their needs from staff who knew each person well, their life and what mattered to them. The people using the service experienced a level of care and support that enhanced their wellbeing and improved their quality of life.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs. Care and support was planned proactively and in partnership with the people, their families and multidisciplinary teams where appropriate.

All staff went out of their way to maintain family lives and relationships and staff in the home demonstrated a strong family centred culture and approach to care. People lives were enhanced by being supported to take part in activities they enjoyed and were important to them.

People, their relative's and professional's views were actively sought, listened to and acted on. People knew how to raise concerns, which were listened and positively responded to and were used to make further improvements.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

People and staffs' lives were enriched through actively engaging with the wider community.

There were systems in place to monitor the quality and safety of

the service provided and manage the maintenance of the buildings and equipment.

Gracewell of Church Crookham

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 checked 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 was unannounced and was carried out on 15 November 2016 by two inspectors; an inspection manager; a pharmacist inspector; a clinical fellow who was completing a placement with the Care Quality Commission as part of their training; 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, the provider 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with18 people using the service, six visitors and two health professionals. We observed care and support being delivered in communal areas of the home. We spoke with seven members of the care staff, three team leaders, four nurses, the clinical nurse manager, the head chef, the maintenance manager, a member of the housekeeping team, the deputy manager and the registered manager.

We looked at care plans and associated records for seven people using the service, staff duty records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home had not previously been inspected.

Good

Is the service safe?

Our findings

People told us that they felt safe and able to raise any concerns. One person said, "Gosh I would trust them with my life, I really mean that". Another person told us, "I never worry about anything like that". Family members and health professionals told us they did not have any concerns regarding people's safety. A family member said, "All my family are pleased [my relative] is here, we never worry; we all know [my relative] is in safe hands and so well looked after. [My relative] is so happy here". One health professional said, "I come here regularly without an appointment and I have seen nothing that concerns me. People are always well looked after". Another health professional told us, "I think the home is very good in providing a safe and friendly clinical environment".

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety and were aware of people who were at particular risk of abuse. For example, one person was potentially at risk of financial abuse from a third party. Staff had identified the risks, reported the matter to the police and had put in place suitable precautions to protect the person. All of the staff, including staff not in a care role, and the registered manager had received appropriate training in safeguarding. Staff knew how to raise concerns and to apply the provider's policy. The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person, who was cared for in bed, had a risk assessment in place in respect of the support staff should offer to help change their position and reduce the risk of skin integrity problems. Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

The registered manager had also identified risks relating to the environment and the running of the home. They had taken action to minimise the likelihood of harm in the least restrictive way. Call bells were available to people so that they could alert staff if they needed support or in an emergency. For those people who were not able to operate their call bell, staff carried out regular checks to enhance safety. Observations recorded by staff for each person confirmed these were taking place. Staff followed the practice of 'rounding'. This requires nurses and care staff to purposefully check in on every person regularly and document their interaction.

People and their families gave us mixed views with regard to the levels of staffing in the home. One person said, "There's never enough staff, I have to wait to get up sometimes". Another person told us, "They are sometimes a bit short because of staff off sick but that's not their fault they can't help it. You have to understand that you might just have to wait longer". A third person said, "There are always staff about if I

need them but I can do things for myself". A family member told us there had been a problem with staff but it had improved recently. Another family member said, "I am very happy with the home. [My relative] is settling in well. I have no concerns at all". Health professionals told us they did not have any concerns over staffing levels. One health professional told us, "There is always enough staff. There is always somebody [staff] on hand to ask questions or point you in the right direction with regard to where residents may be".

We raised people's concerns about staffing with the registered manager told us that staffing levels were based on the needs of the people using the service. They explained that each person had a dependency assessment, which formed part of their care record and was reviewed monthly.
They told us that as a result of feedback from people, their relatives and staff, staffing levels had recently been increased by an additional member of care staff on each of the two day shifts, which had improved people's experiences.

Care staff were augmented by other ancillary staff, such as housekeeping, maintenance, catering, activities and administration. This meant they were able to focus on providing care and engaging with the people they supported. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a calm, relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and bank staff employed by the home. The registered manager and the deputy manager were also available to provide extra support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. However, the records did not always show where gaps in the employment history of potential new staff were fully explored. We raised this with the registered manager who took immediate action to ensure these was correctly recorded in the future.

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the registered manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person's MAR had a sheet with a photograph of the person and information about any allergies. Records showed that people's medicines were consistently available for them. Staff made regular checks of the MARs to make sure people had received their medicines correctly. Staff were aware of the action to take if any mistake was found, to ensure people were protected.

Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. Some people received medicines that required additional support, such as a medicine that required regular blood tests to check the correct dose. Staff kept the results of these tests with the relevant medicines administration records, so they were able to check they were giving the correct dose. Some people were prescribed creams and ointments. These were kept in people's bedrooms and applied by care staff when they provided personal care. Staff recorded when they applied creams and ointments. The records included body maps to show where staff should apply the preparations.

There were suitable systems in place to ensure the safe storage and disposal of medicines and suitable arrangements were in place for medicines which needed additional security. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored appropriately and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicines did so in a safe, gentle and respectful way. People were given time to take their medicines without being rushed. Staff explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

People and their families did not raise any concerns regarding the cleanliness of the home. One person said, "The 'pinkies' keep everywhere lovely and clean; they are wonderful and will do anything for you". 'Pinkies' is a nickname given to housekeeping staff by people because of their pink uniform. We found the communal areas of the home, the kitchen, the bathrooms and people's bedrooms were clean and appropriately maintained. Staff and the registered manager had received infection control training. While observing care we saw staff using their personal protective equipment, such as gloves and aprons when supporting people in line with the Department of Health Guidance.

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire. Fire safety equipment was maintained and tested regularly. An emergency grab bag and file had been prepared, containing contact details for staff and management out of hours, together with personal evacuation plans for people, which included details of the support people would need if they had to be evacuated in an emergency. Staff had also been trained to administer first aid.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "You can just tell they know what they're doing. They never get in a flap or panic but just always know the right thing to do". Another person told us, "I was a nurse myself so I know what it's all about and so do they; [they are] very good". A third person said, "Staff are very positive and professional. They understand my needs". Health professionals told us the staff were knowledgeable about the people they supported and they did not have any concerns about the staff's ability to look after people effectively. One health professional said, "People are well looked after both physically and mentally".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, there was a record of a best interest meeting which had taken place and determined that the person would prefer to remain at the home for future care should their health deteriorate. The meeting was attended by two family members, a nurse and the deputy manager. Best interest decisions were also made in respect of the use of restrictive equipment such as bed rails and pressure mats.

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. The application procedures for this in care homes are 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 were being met. We found the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for 16 people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "Yes, they ask you and make you feel included; they don't just come into your room and do things without speaking to you first". Staff we spoke with told us they would explain the care to be given and seek the person's consent before providing care or support, such as offering support to help them mobilise. We observed staff seeking consent from people using simple questions and giving them time to respond. Daily records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Since April 2015, staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. Training events were run at different homes owned by the provider to ensure there were courses available when staff needed them.

This included essential training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, dementia awareness, MCA and DoLS. One member of staff told us they had received a "full day" on caring for people with dementia which was "very interesting". A senior care worker told us they had undertaken a five day course to become a moving and handling trainer and a team leader had achieved a diploma in care for people with dementia. Staff were supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

The registered manager maintained a list of when nurses' revalidations were due. Nurses told us they had opportunities to develop their skills. A nurse said they had recently participated in a clinical skills day that included catheterisation, end of life care, use of syringe drivers (for pain relief medicines) and observing people's vital signs. Other nurses were due to attend this training. Another nurse told us they were the tissue viability link nurse for the service. They liaised with the community tissue viability nurse and were due to attend training on this topic later in the month.

Staff had regular supervisions with a nurse, deputy manager or registered manager. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said, "It's delicious and there's always plenty". Another person told us, "I don't like anything garlicky or spicy so they never give me anything like that". A third person said, "I have my supper about six but I always have a drink and some biscuits later and even if I woke up in the night they'd do me some toast". A person with complex health needs told us that staff provided full support with their nutrition and hydration needs. They told us there was "always plenty of water around". We saw that people had drinks in their rooms and were offered drinks regularly.

Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. The head chef told us the menus followed a four weekly cycle for a three month period. The head chef also prepared a one-off menu for special events such as, Halloween, Christmas, summer barbeques and people's birthdays.

A nurse showed us a 'dietary notifications' charts for people, summarising their nutritional needs. Information included the person's body mass index (BMI), likes and dislikes and any special requirements such as food supplements. We saw that a person benefited from 'regular small amounts' and 'snacks'. Some

people who lived at the home required fluid and food thickeners. Thickeners may be prescribed for people with a swallowing difficulty following assessment by a speech and language therapist (SALT). Records showed that people were receiving these as prescribed.

Meals were appropriately spaced and flexible to meet people's needs. Meals were served at the same time in each unit from a hot trolley, in the kitchenette area joining each dining room and people had a choice from the menu including the size of their portion according to their preferences. In one of the units, where people were living with severe cognitive impairment, the head chef prepared two sample dishes, which were shown to people to help them choose which meal they would prefer. If people did not want what was offered, alternatives were available, such as poached eggs, jacket potato or sandwiches. Drinks, snacks and fresh fruit were also offered to people throughout the day.

One person found it difficult to sit down in the dining room for the whole lunchtime period and paced the corridors. Staff reassured the person and reminded them to eat and drink. When the person sat down at the nurses' station, a member of care staff brought the person's dessert course to them. The person sat at the nurses' station and finished eating their ice cream. This showed flexibility and a person-centred approach. Mealtimes in the dining room were a social event and staff engaged with people in a supportive, patient and friendly manner. Drinks were available for people with their meal including, red and white wine and one person had a glass of whiskey with their meal. People were able to choose where they had their meals.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One person said, "Everything you need is available to you, chiropodist, a very nice hairdresser and I get my eyes checked too. Look, they even do my nails for me". Another person told us, " I have to go to hospital for regular appointments and my daughter or my friend like to come with me but they [staff] always check and one of them will come if I need them to". A health professional said, "I am confident they [staff] know what they are doing. They are not overtly reactive to challenging people. They are really good".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, "They [staff] are so friendly here and always smiling, it makes you feel they care about you". Another person told us, "I used to have panic attacks but that's all gone now and they know I'm fine as long as I know what's going on and they forewarn me". A third person said staff were, "very kind and will do anything for you". A family member told us, "They are so caring and respectful". Another family member said, "You just can't fault how they are and they never lose their temper". Health professionals told us staff were caring and supportive of people living in the home. One health professional said, "This home is ideal [for the people they support]; everyone is happy and clean and patients are always laughing".

The registered manager had identified that coming into the home could be very unsettling for new people. She had identified a person living in the home who was happy to provide support to people and help them settle in. That person told us, "When someone new arrives the staff will introduce me and if they want me to I'll spend time with them talking to them and reassuring them. I know how worried I was when I came here but they have no reason to be worried so it's important for them to know. It means I've got friends in [different parts of the home] so I go around wherever they need me".

People were cared for with dignity and respect. Staff spoke to them with kindness, respect and warmth and were observed laughing and joking with them. They smiled got down to people's level and gave good eye contact, allowing people time to respond; they placed a comforting arm on people's shoulders and offered to hold hands to guide and reassure people. One member of care staff patiently helped a person to get their TV remote control to work because they knew how important it was to the person to watch the soaps. Another member of staff saw a person was looking distracted, they spoke with the person in a quiet and kind voice asking if they would like to read a magazine. The member of staff then engaged with the person about the contents of the magazine. Staff were attentive to people and checked whether they required any support. One person told us, "They really notice how I am. I think they know me better than I know myself and if I'm a bit down they come and cheer me up".

Staff understood the importance of respecting people's choice and privacy. They spoke warmly about how they cared for people and we observed that people were offered choices in what they wanted to wear, where they wanted to sit, what they preferred to eat and whether they took part in activities. A nurse doing the medicines round knocked on a person's door, and politely asked if she could administer the person's medication. The person smiled and agreed and they engaged in cheerful conversation together. As people arrived in the lounges they were greeted warmly and staff asked how they were. "Good morning [person's name], how are you? That blue jumper suits you. Where would you like to sit? Are you happy here with the other gents"?

Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. One member of staff asked a person, "Would you like to come along to flower arranging today?" When the person declined they said, "If you change your mind just let me know". Other examples of staff offering people choice included, "Morning

[person's name]; are you okay, can I get you anything? Let me know if you need me", "Shall I get your cushion for under your arm", "Where would you like to go and I'll help you" and "How are you feeling [person's name]? Would you like to get up into your chair for a little while"?

We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. One person said, "Yes they always knock on my door and close the door if they're helping me". Staff took care to make sure toilet and bathroom doors were closed when they were in use and described practical steps they took to protect people's privacy when delivering personal care. These included keeping the person covered as much as possible, explaining what they were about to do and checking people were ready and willing to receive the proposed care and support.

People and, where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. One person told us, "My care plan is in a folder and from time to time we go through it and check everything is up to date for me". A family member said, "Yes they keep those up to date and I've noticed when we have a review any changes along the way have already been updated". We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People were encouraged to be as independent as possible. We observed a member of staff supporting a person to mobilise out of a chair. They encouraged the person to push down on the arms of the chair to stand by themselves, placing a hand gently on the person's back to provide reassurance and support. One person told us, "I like to be as independent as I can and don't want them fussing over me and they know it and know I'll ask them if I need them".

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. The foyer of the home included an area set aside as a 'Bistro' with comfortable chairs and a snack bar area. One person said, "The bistro in the entrance is very thoughtful. When your visitors come along there's always a warm welcome and it means a lot that they can get a drink and there's always cake; isn't that so nice"?

People's bedrooms were individualised. They told us they were very happy with their rooms and found them comfortable and enjoyed having personal possessions, photos, memorabilia and furniture around them. One person said, "My room is gorgeous and I have all my family in here with me; look at all my photos". Another person told us, "I've a garden right outside my door and look see all my pots and I've a table and chairs".

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Outstanding ☆

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "I get up when I like and I go to bed eight, nine, ten or eleven o'clock; it's up to me". Another person told us, "I have a shower as often as I like and I've got my pink shower cap just there ready". A family member said, "I like [my relative] to have his own bedding to make him feel more at home and they're fine with it. Nothings too much trouble". Another family member told us staff, "know [my relative] can be quite cheeky and they understand and have a good laugh with him. He likes to go out into the garden to watch the planes as they come over quite low". Health professionals told us that staff were organised and responsive to people's changing needs.

Those people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Throughout the inspection we observed staff positively interacting with people in ways that met their needs. For example, a member of staff asked one person, who was living with dementia and had limited verbal communication, a series of closed questions to see whether they would like a hot drink and if so, which drink they would like. The person indicated a cup of tea and when it arrived they appeared to be happy and enjoyed drinking it. Other examples included where staff crouched down making eye contact with people, speaking slowly to them; where appropriate staff offered a simple choice of what they wanted to wear or showed them sample plates of food to help them choose what they would like to eat; and where the person suffered from hearing loss staff spoke close to the person's ear so they could understand what was being said, without the member of staff shouting, thereby maintaining their privacy and dignity.

People lives and wellbeing were enriched because they experienced personalised care and support from staff who were flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. For example, the registered manager told us about a person who had moved to the home in May 2016 to receive end of life care. When he moved in, he had already been cared for in bed for several months, his skin integrity was compromised and he had been given a very poor prognosis. Within a short time of moving in, both his physical and mental well-being had dramatically improved. He became fully mobile and sought out social interaction which he had previously not been doing. Following completion of a satisfaction survey, it became evident that he did not feel he had a real sense of purpose or fulfilment. The Registered Manager had a meeting with him to look at ways of enriching his life so that he could begin to look forward again. A consequence of this was that he wanted to feel useful and productive again. A maintenance uniform was ordered for him so that he could work alongside the Maintenance Manager. During our inspection we spoke with this person who had been assisting the maintenance team to paint the windows in part of the home. He told us he was very happy and enjoyed the work. We observed friendly banter between him and members of staff, which reflected his experiences from his previous employment as a painter and decorator.

Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. One person's care plan read '[the person] still has episodes of distressed behaviour that can be resolved by using distraction techniques. This can be simply just a cup of tea or by talking about football or maybe chatting about [the person's] married life'. They also included specific individual information to ensure medical needs were responded to in a timely way. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs.

Each person had a named nurse and an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. The registered manager told us they had developed weekly sessions known as Key Worker Presentations. In these sessions a key worker presented a detailed life story of a specific person that they care for. The presentations have enhanced the staffs' understanding of people's social and cultural diversity, values and beliefs that has influence how they supported people. This approach had enable staff to identify innovative ways of supporting people and provide an enhanced sense of wellbeing and exceptional quality of life. A health professional told us, "Something I really like is, I was invited to come to a patient history session, where a member of staff had to find out about a person's life history and then present it to the rest of the staff".

Examples of how this approach has enhanced and enriched people's lives include; where staff had identified that one person had been a lifelong supporter of a football club. They found out that the football club was about to win a major trophy so they arranged a special event for him to watch the final deciding football match in the home's cinema; a person who was living with dementia had become agitated around lunch time, and would not sit in the dining room or anywhere else to eat his meals. As a result of the keyworker initiative they identified that the person had been a builder and probably never had a formal meal at lunchtime. Staff came up with the solution of giving the person a flask and packed lunch at midday. He then happily took himself off to a quiet place and enjoyed his meal; another person living with dementia would get up in the early hours of the morning, often appearing anxious and lost. His keyworker identified that he used to be a postman and obtained a postman's sack from the post office and collected used envelopes. The person now spends time in the morning sorting through all the envelopes, placing them in his sack in tidy piles. This small change greatly reduced the person's agitation and improved their sense of wellbeing.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. Handover meetings were held at the start of every shift and supported by a communication book. These handovers provided the opportunity for the management team and staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People had access to activities that were important to them. In addition to those activities described above, focused on people's individual needs, we saw other people engaged in group activities during the day such as, flower arranging which took place in the entrance 'Bistro'. This was a lively and engaging activity that people clearly enjoyed. It promoted conversation and laughter and people were happy and proud of their finished results. The activity coordinator also led an "Oomf" session, for people living with dementia, which was related to music and using pom poms to shake and exercise at the same time. The activity leader was very interactive and ensured people were included by supporting those who needed a little prompting.

The activities schedule was posted on notices boards to provide an opportunity for people to decide what they would like to engage with. These included: pat dog visits, exercises, quizzes, daily news, piano, arts and

crafts, men's and ladies clubs, scrabble and pre-dinner drinks, of which one person said "Cocktails; that's always fun". Where people did not want to engage in group activities staff interacted with them on a one to one basis. One person told us, "In the afternoons I love doing my colouring. I find it ever so therapeutic". Another person said, "There's lots on offer, I enjoy the flower arranging and the singing. I've been told the films in the cinema are very good too". The registered manager told us, "We work with a mini bus company who provide outings for our residents; these days out include shopping, theatre and museum trips. Our residents have also been invited to visit local Christmas markets. This year we are creating Christmas pantomimes in the home, which will allow team members to work alongside residents to create sketches and plays".

The registered manager and staff not only strived to improve the lives of the people using the service but took an active role in the wider community. The registered manager told us, "Our home benefits from community links with local primary schools, [a charitable group], and [a neighbouring pub] where our residents and team members enjoy lunches, supper and evening drinks together. The Arts and Performing Arts departments at the local college are planning to visit our residents this holiday season". They also told us of an initiative by the head chef, staff, people living at the home, friends and families to run a soup kitchen in a near-by town for Christmas. People were planning to make hampers for the homeless with non-perishable foods, wet wipes, blankets, socks and gloves, etc. The registered manager said, "We have had a great response from the entire team as well as residents' relatives. Some of our residents have even volunteered to knit items in our 'Knit and Natter' group".

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. One person told us, "The manager also does these drop in sessions so you can talk to her". We saw that residents' meetings and relatives' meeting took place on a regular basis. One person said, "Yes we have meetings but in all honesty I don't have any complaints but it's a good time to get together".

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families and staff. The registered manager told us they had sent out a survey in October/November 2016, which was in addition to the provider's annual survey which was completed in July 2016. The registered manager had responded to each person who had submitted a survey and where concerns or ideas were raised action was taken. For example, issues relating to staffing had been raised as a concern and as a result additional staffing had been arrange and people told us they had noticed an improvement.

The registered manager valued concerns and complaints as part of driving improvement within the home. The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was available in a format suitable for people's needs. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager had also identified that coming into the home could be very unsettling for new people, who may not feel confident in raising concerns. They had arranged for another person living in the home to provide support to people, help them settle in and act as a 'friend' if they had any concerns or worries.

The registered manager told us that people's keyworkers would support them to raise any complaints initially and people also had access to independent advocacy services if they needed them. All of the family members we spoke with knew how to complain but told us they had never needed to. We reviewed the

action the registered manager had taken to resolve a complaint from another family member. The matter was resolved and the family member was happy with the outcome. When the family member's relative subsequently passed away they wrote to the registered manager inviting them and members of staff to the funeral stating: 'To all the staff a Gracewells, thank you all so much for the care and kindness [my relative] received from you all. We could not have asked for a better place for [my relative] to spend his remaining days'.

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. One person said "Everything is very well organised". Another person told us, "It's all so pleasant and you always have a chuckle. Everyone is so friendly and it feels quite cosy". A third person said, "We all gel and it has a homely feel". A family member told us, "It was worth waiting to get [my relative] in here. [My relative] was in hospital for thirteen weeks but I stuck out for this place. To start with they said [my relative] could only stay for four weeks but I said I'd chain myself to the bed if they tried to chuck him out". Another family member said their relative "came here and three days later didn't want to go home. [My relative's] healthier and happier here than at home. [My relative] is so much more relaxed and loves holding court. It's a lovely place and there's always someone milling around in that lobby area". Other comments from family members included, "We couldn't ask for anything better" and "The care is outstanding and they do a special job". Without exception, everybody said they would recommend the home to family and friends, describing it as "the right place" for them or their loved ones.

Health professionals told us they felt the home was well led. One health professional said, "There is a nice feel about the home. [The registered manager] seems to know all of her staff well and when I come to speak with her she always knows what is happening and where the person [I have come to see] is". They added "They have a good mix of RGNs [registered general nurses] and RMNs [registered mental health nurses] so they know what I am talking about". Another health professional told us, "What strikes me about the home when I go in, is its open and friendly atmosphere. They are welcoming and visible from a nursing point of view and the managers". They added "I have built up a good relationship with all the nurses and both the manager and deputy manager".

The service was organised in four household units on two floors; Vogue, Poolside, Tweseldown and Galley Hill. Each of these units was staffed independently and had its own lounge and dining areas. This provided people with a sense of homeliness, while providing additional facilities such as a cinema and 'Bistro'. Each household was designed to meet the needs of the people living in them. For example in Tweseldown, where staff supported people living with severe dementia, people had a glass fronted memory case on the wall, which contained photos and objects of reference relating to the individual person, to help to make them feel as home and at ease. There was a clear management structure, which consisted of a registered manager, deputy manager, clinical nurse manager, head chef, head administration advisor, team leaders and senior care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. A nurse told us that the managers were "helpful". A member of care staff said they had "never known such supportive management".

Following the inspection the registered manager provided addition evidence in respect of the length of time the management team, which includes the heads of departments within the home had worked together. They told us they had all been in place since the home opened in June 2014 and work extremely well together. This has provided continuity of leadership and a consistent approach to identifying new ways to make the service better.

The provider was fully engaged in running the service through the operations director and described their philosophy of care as "providing people with open and honest care, for us to care for each other". Staff were aware of the vision and values and how they related to their work. One member of staff told us "It's a nice place to work. You feel that you're helping." They added that staff were "doing the maximum for people and their wellbeing". Another member of staff said, "Outsiders say you've got such a good team" and explained that staff at the home saw themselves as part of a larger team, not just of one unit. Staff also gave positive examples of where they had received support from the management team and their colleagues, these included, such as providing flexibility with shifts to support childcare needs; one member of staff described how they went on holiday to Europe following a particularly difficult shift where two people living at the home had passed away. The registered manager had phoned him while when was on holiday to make sure he was okay following the difficult shift; another member of staff had an accident while they were on holiday in South America. They did not have insurance and staff helped raise money to pay for treatment and their return home.

The registered manager and the management team positively acknowledge the commitment and achievements of staff at the home through "Heart and Soul" Awards. These were given in recognition of staff team achievements, commitment and attention to detail. The registered manager had also identified that when staff become fully engaged with delivering a person-centred approach to care, they become emotionally involved with that person. This means that may also grieve when a person passes away. Therefore, the registered manager had made arrangements for support to be available to staff through a local Chaplain who was a trained bereavement counsellor.

Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed.

Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided. The provider had suitable arrangements in place to support the registered manager, for example through regular meetings, which also formed part of their quality assurance process. The registered manager told us that support was available to them from the provider. They were also able to raise concerns and discuss issues with the registered managers of other locations owned by the provider.

The registered manager worked closely with other professionals to ensure people received care that was in line with current best practice. A regular health and well-Being clinic was held at the home, which was open to people, their loved ones, staff and people living with dementia in the community. This clinic was run by the Specialist Nurse for Dementia for North East Hampshire. They told us, "Each home has a link practitioner, which for here [Gracewell of Church Crookham] is me. They allow me to use the home as a base. I am really lucky to have the training facilities here and I am able to hold dementia meetings here as well. I also run a health and wellbeing clinic for people in the home. This was the home's idea and they give me the staff to do it".

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The provider carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. The deputy manager was the quality assurance lead for the home and they carried out regular audits which included infection control, the cleanliness of the home, medicine management, wound management, people's weight loss, accidents

and injuries.

There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. The registered manager and deputy manager also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The registered manager understood their responsibilities in respect of their duty of candour and the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.