

Macleod Pinsent Care Homes Ltd

Gracelands

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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Gracelands is a residential care home providing personal care and accommodation for 18 people aged 65 and over at the time of inspection, most of whom were living with dementia. The home is registered to provide accommodation and personal care for up to 31 people.

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

People told us they felt safe. Relatives did not have any concerns about people being safe. Medicines were being managed safely; improvements had been made since the last inspection. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were carried out to make sure people received their care safely. The service had experienced challenges with staffing and had processes in place to ensure that staffing levels were sufficient to ensure people received support safely.

People were supported to maintain their health and wellbeing. People enjoyed the meals provided and were offered foods to encourage a varied diet. Staff demonstrated a good understanding of people's needs and preferences and the provider had ensured staff received appropriate support and training. The service had made improvements to the environment for example, some flooring had been replaced and areas of the home had been adapted to manage safe visiting during the global COVID-19 pandemic.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us about activities they enjoyed. We observed people spending time with each other and engaging with a Robopet. Support plans provided details of people's choices and preferences and staff were observed supporting people in line with those choices.

There was no registered manager in post at time of inspection and this required improvement. The provider had monitoring systems in place and the manager monitored the quality of the service. The quality assurance systems in place were used to good effect and to continuously improve on the quality of the care provided. This had improved from the last inspection. The service worked in partnership with other agencies to ensure quality of care across all levels.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 18 November 2019 breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracelands on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well led

Details are in our well-led findings below.

Requires Improvement ●

Gracelands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector with an assistant inspector gathering feedback over the telephone from staff and relatives.

Service and service type

Gracelands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service. We were not always able to communicate with people, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We spoke with four members of staff including the manager, two senior care workers and a catering assistant. We spoke with a health professional who was visiting on the day.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We made feedback calls to four relatives of people using the service and five staff. We continued to seek clarification from the provider to validate evidence found. We looked at infection control data and quality assurance records. We spoke with two health professionals who have contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

CQC undertook a comprehensive inspection of Gracelands on 18 and 19 November 2019. At the inspection there was a breach of regulations. The provider had failed to ensure the safe management of medicines to ensure people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider was required to send CQC an action plan detailing steps to address this failing. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were managed safely.
- At last inspection (18 & 19 November 2019) failings were found in relation to safe management of PRN (as required) medicines. At this inspection improvements had been made. People who had been prescribed PRN medicines had clear protocols in place to guide staff on when people may need these medicines.
- The manager had ensured agreements were in place for people who took "over the counter" medicines or "homely remedies". This ensured consideration had been given to the risk of possible contra-indications this may present to the person.
- People received medicines in accordance with their care plan. We observed staff demonstrating an understanding of individual preferences, this ensured people received medicines in accordance with their wishes. The provider had completed capacity assessments and considered people's consent to administer medicines in line with the Mental Capacity Act 2005.
- People's care records included specific information about their health conditions, the medicine they took and the level of support they required with it.
- Senior staff administered medicines and had received medicines training. Systems were in place to assess staff competencies. We observed staff acting in accordance with their training and good practice guidance.
- Records were well maintained, and Medication Administration Records' (MARs) had been signed as required.
- Medicines were stored securely. Medicines that required extra control by law, were stored securely and audited weekly. The ordering and disposal of medicines was safe.
- Medicine audits were completed and actions resulting from those were driving improvements. This ensured the service was monitoring the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. People told us they felt safe and the staff looked after them well. One person told us, "They [the staff] are lovely".

- A relative said of the staff, "They're very helpful and keep [person] safe", another relative when asked about their relatives safety, told us, "Yes, absolutely, [person] was living on their own at home...and was unaware of risks at home".
- Staff had received training in safeguarding and were clear about the process they followed if they had a concern.
- Records confirmed that safeguarding concerns were investigated and referred to the local authority as required.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to keep people safe. The provider used an online care management system and at the time of the inspection key records relating to people's safety and risks were readily available.
- Records relating to care were detailed and person centred. Information included background information, communication plans, step by step instructions which accounted for people's preferences and risks. The records contained information to support staff to manage health risks and provided instruction on what to do in case of emergency.
- Risks to people were managed to improve their health and well-being and to keep them safe. The service conducted assessments to identify risks to people's physical and mental health, including behaviours that may challenge.
- Staff demonstrated a good understanding about how to support people safely. For example, one person chose to walk around the service independently, staff had considered specific risks and had adapted the environment to minimise those risks to the person and others.
- Risk assessments informed people's care plans and had detailed guidance for staff to follow. For example, guidance was available regarding behaviour support. We observed staff supporting people throughout the day who displayed behaviours that could challenge. Staff gave people reassurance, spoke calmly and used diversion techniques to support people and keep others safe.
- People had Personal Emergency Evacuation Plans (PEEP's), this is essential information detailing action to be taken in the event of a fire.
- The provider monitored potential risks with the building, carried out environmental checks and identified tasks to be completed by maintenance staff. The service was in need of some refurbishment. The provider has a service improvement plan in place and was able to provide details of work completed.

Staffing and recruitment

- People continued to be supported by enough staff to meet their needs. The manager told us a number of staff resigned in December 2020, this included the registered manager and as a result the service experienced staffing challenges. The provider implemented interim support measures which included the service receiving additional support from the quality manager. The manager was appointed in February 2021 and continued to be supported by the quality manager. At the time of inspection, the service was using agency staff, who were "block booked." This meant they worked regular shifts at Gracelands, and this ensured people received consistent care and support.
- Relatives told us they had concerns about staffing levels. One said, "They are rushed off their feet. It takes ages for them to answer the door and that's because they are caring for people. They could do with another person to do activities and support with topping up drinks". The manager provided assurances of work they were doing to improve staffing concerns.
- Staff told us, "It was an incredibly difficult time. We all had to do longer hours, but we are gradually getting back to normal".
- Throughout our inspection our observations reflected staff were able to respond to people's requests promptly.

- The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. Appropriate pre-employment checks were completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The visitor's policy reflected the current government guidance. Gracelands had a visiting room next to a separate entrance for visitors. Visiting also took place outside in the garden.
 - We were assured that the provider was admitting people safely to the service. People who had been recently admitted were subject to a 14-day isolation period in line with government guidance at the time of inspection.
 - We were assured that the provider was using PPE effectively and safely. The service completed audits which included monitoring staff practice.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had recently replaced carpets with washable flooring on the ground floor, in addition to providing washable chairs.
 - We were assured that the provider was meeting shielding and social distancing rules. The quality manager said, "Social distancing is difficult due to the diagnosis of dementia residents have... two lounges where residents can sit apart from others and if they choose to, they can stay in their room. residents are supported by living as normal a life as possible". Observations through the day confirmed that people were using various communal spaces within the home.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A relative explained the process, "I ring up and make an appointment. I understand the screening process they have in place".

Learning lessons when things go wrong

- Staff maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The manager reviewed these and considered ways to prevent them from happening again. For example, a person who was at risk of falls was provided with a sensor mat which alerted staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At last inspection 18 & 19 November 2019 we reported on areas of the home requiring decoration. At this inspection there had been some improvements made, some carpets had been replaced with washable flooring and some items of furniture had been replaced.
- A relative said, "It's quite run down, could do with a ... good facelift", they added "I would rather [person] was cared for by people that genuinely care rather than a plush new building".
- The provider had an improvement plan in place and maintenance staff continued to work through tasks. The service had focussed on urgent works which had included adaptations to provide a visiting room during the current global COVID-19 pandemic and works which improved the homes ability to manage hygiene levels.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we reported decisions had been made about peoples' care without the correct steps being followed under the MCA. At this inspection we found improvements had been made.
- Staff had completed mental capacity assessments in line with the principles of the MCA and implemented a best interest checklist which considered potential restrictions for people, this included consideration of the least restrictive options for people.
- DoLS had been applied for where people were under continuous control and supervision, in line with the requirements of the MCA and records were available detailing these. The provider kept a tracker of DoLS renewal dates this ensured decisions were regularly reviewed.
- The manager and staff were able to demonstrate they understood the principles of the MCA and acted in accordance with any DoLS that were in place for people.

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

- People's needs were assessed prior to admission. This assessment formed the initial care plan which was developed further as staff got to know the person. Records relating to care demonstrated the service followed an holistic approach to the assessment and this resulted in care plans which provided staff with essential information and details of the person's preferences, needs and interests.
- A staff member told us about one person they supported to make choices, "[The person] likes the wardrobe doors wide open so they can see the whole wardrobe. I'll spend a good five minutes holding different items out so [they] can look at everything".
- People with specific needs were supported by equipment and technology. For example, people who were at risk of falls had sensor mats in place.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as essential in areas such as safeguarding, health and safety and infection control. In addition, specialist training was provided to ensure staff were skilled to meet people's individual needs. Staff had completed training in dementia and diabetes.
- A relative said, "Yes, they're very helpful and keep [person] safe. When I have been it's the same staff faces."
- Staff told us they were well supported by the manager and the quality manager. The manager provided details of the processes they had implemented since commencing their role, this included supervision meetings with all staff to provide support following a difficult time for everyone in the service. A staff member said, "The new manager has had a lot to deal with but we're getting there", another said, "It's definitely better than it was." This was a view shared by a number of staff we spoke with.

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

- People were supported to eat a healthy and nutritious diet and encouraged to drink enough to keep them hydrated. They were provided with a nutritious and balanced diet that met their needs and preferences. People described the food as "lovely".
- People were monitored and assessed to determine if they were at risk of malnutrition. Staff recorded people's weight on a monthly basis and made referrals for professional advice when concerns were identified.
- We observed the lunchtime experience, people were supported to eat where they chose. We noted some people had chosen to remain in their rooms. Others were in the dining room.
- Staff demonstrated an understanding of peoples' specific needs and were observed ensuring they received meals in accordance with their needs and choices. People received appropriate levels of support.

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

- Staff supported people to access healthcare professionals.
- People received effective, timely care for specific health conditions, a relative said of how the service manages a health condition, "They have a system in place, understand and monitor it."
- Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant staff were able to provide continuity of care.
- A healthcare professional told us, "[Staff] are very good at alerting us, or the doctors, if they have concerns, communication is very clear." They gave us a specific example about how confident they felt that staff would monitor people's health when they were unwell.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to engage in interests relevant to them. People were engaged in conversations with each other, watching TV, reading and some were enjoying music. We observed staff busy providing support to people throughout our visit. On occasion they engaged people with music and conversation.
- People were being supported to maintain relationships. During the inspection we observed people being supported to receive visits from relatives and friends and another supported with a phone call.
- The global COVID-19 pandemic had impacted on activities in services with restrictions particularly affecting how outside activities were managed and any visiting entertainers. The manager had identified this was an area in need of improvement at Gracelands and was working with people and staff to develop this further.
- The service had recently purchased a "Robo pet" who had been called "Gracie", we observed several people through the course of our inspection enjoying interaction with this "pet" in the lounge. One person in another area of the room, was watching TV and appeared to be enjoying the programme.
- A person spoke to us about their regular visits to the shops. The manager told us how by working with commissioners, the service had ensured the person benefitted from regular access to the community.
- A relative told us about activities, they said "They have music, colouring and drawing and skittles."

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

- At last inspection we reported records relating to care had not always been accurately maintained. We have noted improvements at this inspection. Staff were ensuring essential records were kept up to date and used a computer care management system to support this.
- Care plans were personalised and reflected the needs and choices of the person. Initial assessments had provided essential information about people. More details were added as staff got to know the person, this resulted in care plans which detailed the needs and choices of people. Staff accessed these records through the computer care management system and managers were able to ensure reviews were completed.
- Staff knew the needs of people and were observed using techniques to put the person at ease. For example, staff used music they knew would help to relax a person whilst they took medicines.
- A relative told us how they had been involved in planning and reviews, "They consult me about [persons] care or if they need to change things".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Communication needs were met for individuals. Key care records contained detail about the person's communication needs and guidance for staff.
- Our observations of staff evidenced their understanding of a person's individual communication needs. For example, staff were observed talking slowly to ensure a person had the opportunity to lip read and understand what was being said.

Improving care quality in response to complaints or concerns

- People were observed to be relaxed and happy in the service. Relatives were confident in actions taken when concerns were raised.
- One relative said, "[Person] was saying people were coming into their room. [The manager] looked at the night recordings. And now they can monitor." This demonstrated an example of how the service responded to concerns. Another relative said, "I tend to speak to the staff in the office, I mention things to them, and they address it".
- Staff demonstrated an understanding of the processes they followed if a concern was raised. A staff member said, "Listen to [the person], take notes as soon as I can, report it to my manager."

End of life care and support

- People's wishes and preferences were supported in relation to end of life care. People had anticipatory care plans which set out the actions to take at various stages of a person's end of life journey. Records contained information that was person-centred.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

CQC undertook a comprehensive inspection of Gracelands on 18 and 19 November 2019. At the inspection there was a breach of regulations. The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service and maintain an accurate, complete record in respect to each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider was required to send CQC an action plan detailing steps to address this failing. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had recently left their post. There was visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. A manager had been recruited and was available during the day to give support and direction to staff. The manager was not registered with the Care Quality Commission, as required and this needed to be addressed.
- Staff told us they were positive about how things had changed since the manager started, one said "There is better communication. I feel we are more listened to."
- Relatives we spoke with described the manager as, "Lovely" "approachable, very, very nice".
- The manager was aware of their responsibilities on the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.
- The provider understood their obligation to provide information to CQC in the form of statutory notifications about changes, events and incidents affecting their service or the people who use it.
- The service had an effective quality assurance system in place. This monitored standards and identified improvement actions. At the last inspection shortfalls were found with medicine management and complying with requirements of the Mental Capacity Act 2005. We completed a review of these processes and found improvements had been made.
- Medicine audits were effective and identified actions for improvements. One example from a recent audit questioned whether MARs had a means of identifying the person. The audit had identified the need for

action in this area. A review of the MARs during the inspection noted all had a means of identifying the person. The systems in place were effectively monitoring and improving medicine management.

- Records confirmed mental capacity assessments had been completed in line with requirements of the MCA. Best interest decisions had been recorded and people who were subject to restrictions had the appropriate measures in place. The service kept a register of Deprivation of Liberty Safeguards (DoLs) and monitored when these were due to be reviewed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work. The service had experienced a difficult time when some staff left, however, feedback from staff and relatives was positive about the changes and demonstrated the open door approach the manager had.
- Overall team spirit throughout the work force was good and staff were committed to their work with their colleagues. A staff member told us how morale had improved, "It's very good. Things are looking up; things are looking brighter".
- People and relatives spoke highly of the manager and staff.
- Records identified the manager had ensured staff had supervision opportunities, this was confirmed by staff who spoke with us and felt, "More people are working together now". The service provided opportunities for staff to complete "reflective accounts" which were as a result of specific incidents. This provided assurances staff were benefitting from opportunities to learn from practice.
- The manager had a clear understanding of the challenges the service faced and worked with the staff team to consider specific areas. On the day of inspection we observed how the manager and staff were in discussion about how to manage a specific issue.
- The provider's governance framework helped monitor the management and leadership as well as the ongoing quality and safety of the care people were receiving. For example, systems and processes provided checks on accidents and incidents, the environment, care planning and medicine audits. These helped to promptly highlight when improvements were required.

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

- The manager spent time talking with people and their relatives and encouraged people to share their views. They had been recently recruited and had focused on getting to know people and staff. Throughout the inspection the manager had engaged with people and demonstrated an understanding of their individual needs and communicated in a calm encouraging manner.
- Staff we spoke with described the leadership of the service being approachable, listening and considering the views of staff.

Working in partnership with others

- The manager and staff worked in partnership with other professionals and agencies to ensure people received a positive and consistent service. These included commissioners, safeguarding and other professionals involved in people's care.
- A health professional visiting the service told us about their experience of working with the service, "I have no concerns, they are very good. Communication is timely and appropriate".
- We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made, we saw staff had good communication systems in place to share information about people's needs

