Gracewell Healthcare Limited

Gracewell of Sutton Coldfield

Inspection report

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West Midlands
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 07 September 2017. This was the provider's first rating inspection at this location since they registered with us in January 2017.

Gracewell of Sutton Coldfield is a care home that is registered to provide accommodation for up to 65 people who require nursing and/or personal care. At the time of our inspection, there were 45 people living at the home.

There was a registered manager in post; however, the provider had recently appointed a new manager who was in the process of registering with us. In the meantime, the current registered manager continued to provide support and oversight to the new manager as part of the 'hand-over' process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the home were very happy with the service they received because they felt safe, comfortable and respected by the staff that supported them. People felt valued by the staff and were involved in all aspects of their care. Care was personalised and staff treated people as individuals with the utpmost respect; they were kind, caring and compassionate, making all interactions count. People were supported to maintain their hobbies and interests because staff took the time to get to know them and encouraged people to engage in activities that were meaningful to them. Relationships with families and friends were also cherished and developed to enable people to maintain valued contact with people who were important to them. Staff built trusting and supportive relationships with people's relatives and extended this to engaging with people in need from the wider community, through their fortnightly open days and 'reach-out' cafes. All of which contributed to ensuring people received an excellent caring service.

Meal times at the home mirrored a sophisticated social event where people were supported to eat food that was freshly prepared, well-presented and that met their dietary requirements; this was accompanied by a choice of beverages such as wine all in accordance with people's likes, dislikes and preferences. People received the right level of support to both maintain their independence but also to meet their needs discreetly whilst eating. There was a relaxed, calm and social ambience within the home which promoted peoples comfort and well-being.

People felt safe living at the home and enjoyed the security of the staffs' presence as well as the building without feeling unduly restricted in any way; people were supported to feel at home. Staff knew how to keep people safe from the risks associated with their health and care needs and the provider had ensured that there were enough members of staff available, who had been safely recruited to meet people's needs. This meant that people received the care they required when they required it, including their prescribed medicines.

People were protected from abuse and avoidable harm because staff had received training and had the knowledge and skills they required to do their job effectively. Risk assessments and management plans were also in place to promote people's safety within the home.

People's abilities to make decisions were assessed and care and support was provided with their consent, where possible. Where people lacked the mental capacity to consent to their care, people's rights were protected because the provider ensured that key processes had been followed so that people were not unlawfully restricted and that decisions were made within their best interest. These decisions were made in consultation with other professionals involved in their care as well as with friends and relatives, making sure that all relevant persons were involved in meeting people's needs safely and effectively. People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was responsive because people felt involved in the planning and review of their care and were encouraged to offer feedback on the quality of the service; people knew how to and felt comfortable raising a complaint and felt that they would be listened to.

The provider had staff appreciation initiatives to recognise staffs commitment, dedication and contribution to the delivery of a high quality and safe service. Staff felt supported and appreciated in their work and reported the management team to be approachable. The management team had effective systems in place to assess, monitor and proactively promote the quality and safety of the service and were compliant with the requirements of their registration.

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.

People were protected from the risk of abuse and avoidable because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People received care from staff who had received training that was specifically related to their care needs and whom had the knowledge and skills they required to do their jobs effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

Meal times at the home mirrored a sophisticated social event where people were supported to eat food that was freshly prepared, well-presented and that met their dietary requirements.

People received the right level of support to both maintain their independence but also to meet their needs discreetly whilst eating.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Outstanding

The service was very caring.

People received an outstanding service from staff that were extremely kind, caring and compassionate.

People were treated with the upmost respect and were provided with personalised care that recognised them as individuals.

People were supported to make choices in all aspects of their lives. People's independence was promoted and where needed support was provided discreetly so that people's privacy and dignity were maintained.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff. The care and compassion received by people was extended to families who also felt supported by the staff as well as the wider community.

Families and friends were supported to learn about their family member's health conditions through 'reach-out' support sessions, so that they could better understand the impact on people and on themselves.

Is the service responsive?

Good

The service was responsive.

People involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

People were supported and encouraged to engage in activities that were meaningful to them and to maintain positive relationships with people that were important to them.

Is the service well-led?

Good

The service was well led.

The provider had reliably met the requirements of their registration because they had notified the relevant agencies, including CQC of information that they are lawfully obliged to share.

The provider had staff appreciation initiatives to recognise staffs commitment, dedication and contribution to the delivery of a high quality and safe service. Staff felt supported and appreciated in their work and reported the management team to be approachable.

The management team had effective systems in place to assess,

monitor and proactively promote the quality and safety of the service and were compliant with the requirements of their registration.

Gracewell of Sutton Coldfield

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 07 September 2017. The inspection was conducted by one inspector and a specialist advisor. A specialist advisor is a person with an area of expertise related to the service being inspected. They are employed by the Care Quality Commission to support the inspection process. The specialist advisor that supported this inspection was a registered nurse who had experience in caring for older people with dementia and physical health needs.

As part of the inspection we looked at the information that we hold about the service prior to visiting the home. This included notifications we had received from the provider that they are required to send to us by law, including safeguarding alerts. We also looked at information from the local authority and the clinical commissioning group. The local authority and clinical commissioning group are partly responsible for monitoring the quality of the service and funding for people who use the service. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care services, such as care homes, hospitals, GP services and dentists.

During our inspection, we spoke with seven people who lived at the home and with four people's relatives. We also spoke with eight members of staff including the registered manager, the new manager, the deputy manager, two nurses and three care assistants. We reviewed the care records of four people to see how their care was planned and looked at the medicine administration records of 22 people to check the safety of medicine administration practices. We looked at training records for staff and at three staff files to look at recruitment and staff development processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health, safety and quality audits, medication

administration audits, accidents and incident records, compliments and complaints.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and secure living at the home. One person told us, "I feel very safe here". Another person said, "The staff are very good; look after us very well and make sure we are safe". A relative we spoke with told us, "I know mom is safe here; I have struggled for so long, I just wished I had known about it sooner; its peace of mind knowing she is well cared for here". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff supported people in a way that promoted their safety but also promoted their independence.

All of the staff we spoke with felt that people were kept safe at the home and knew what action to take to reduce the risk of abuse and avoidable harm. One member of staff told us, "We have a lot of training which focusses on safety such as safeguarding training and protecting people from the risk of abuse; there's lots of different forms of abuse that can involve physical and emotional abuse or even medication errors; it is important that we get to know people so we know if anything is out of character for them. If I was concerned, I would report it to a nurse initially or to the manager; I know I can come to you [CQC] too if I needed to". Another staff member said, "I would take any concerns [including safeguarding concerns] to the home manager; I have no doubt that she would act quickly to take action; she is very hot on things like that". We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies as directed by the safeguarding policy.

Records we looked at and information we hold about the service showed that where safeguarding alerts had been raised these had been reported to and investigated with the relevant authorities. The manager was able to articulate their understanding of their roles and responsibilities within this process and was aware that they have a legal obligation to report any safeguarding concerns to the local authority and to notify CQC.

Staff we spoke with and records we looked at showed that risks associated with people's health and well-being had been identified, assessed and included within their care files. These included some of the risks that were specific to their care needs and staff used this information to enable them to meet people's needs safely and efficiently. One member of staff said, "All the information we need is usually all in the [care] files, but to be honest we get to know people so well that we don't have to rely on that". We found that some risks had not always been included within people's formal care or risk management plans but staff we spoken with were aware of these risks and were consistent in their approach to managing them. For example, we saw that one person could become restless and agitated which was a symptom associated with their dementia. At these times, they could pose a risk to themselves and to others; staff knew how to recognise when this person was feeling unsettled and knew how to distract them in order to minimise the associated risks. The manager acknowledged that it would be useful for this information to recorded, particularly for new staff.

Almost all of the people we spoke with, including most relatives told us they thought there was always enough staff available to meet their needs. One person said, "There are times when the staff are particularly

busy but they manage this well and there always seems to be enough of them [staff]". Another person said, "The staff are very good and I think there is enough of them". A relative we spoke with told us, "There is always someone around to speak to if you need them; they make time for everyone. I can't fault them". However, another relative we spoke with felt that at times, more staff was required on the ground floor, particularly during evening meal times. They said, "The staff are excellent, but I feel sorry for them at times because there just isn't enough of them, particularly during the evening meal times and I know one person has had to wait to be assisted to the toilet". We found that these concerns had been shared with the manager at the friends and family meetings. The manager showed us the actions they had taken to address these issues which included recruiting a kitchen assistant to support with evening meal times and the re-deployment of nursing staff to ensure they were available to offer additional support and were not pre-occupied with other duties. Staffing rotas and dependency tools that we looked at showed that the provider had taken in to consideration people's varying levels of needs and that staffing levels were reflective of these. During our site visit we saw that staff were available for people at all times throughout the day on both units. Staff we spoke with did not raise any concerns about the staffing levels in the home. One member of staff told us, "We are well staffed here".

Staff we spoke with told us they had completed a range of pre-employment checks before working with people unsupervised. One member of staff we spoke with told us, "The recruitment was very thorough". They went on to tell us that the provider had asked them for proof of identity, employment references and had undergone a Disclosure and Barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at confirmed this.

We were told that all of the people living at the home required support to take their medication and that only qualified staff administered medicines within the home. One nurse we spoke with told us that they had received additional training in medicine management when they first joined the service and since that time, further training had also been facilitated as the service had changed the pharmacy who supplied the medicines. People we spoke with told us that they received their medicines as prescribed and when required. One person said, "We have all the medicines we need; they [staff] are very good like that". A relative told us, "They [staff] keep on top of things, like medicines; we have had a 'meds' review". We saw nurses administered medicines to people safely and effectively during our visit. People were asked for their consent before being supported to take their medicines, where possible, and staff informed people about what the medicines were for if they did not already know. Some people were given the choice of whether or not they wished to take certain medicines, such as pain relief which had been prescribed on an 'as required' basis.

We looked at how medicines were managed which included checking the Medicine Administration Record (MAR) charts for 22 people. When people were prescribed a medicated skin patch to be applied on different parts of the body, the available records documented where the patch had been applied. For example we looked at the MAR chart for one person prescribed pain relief patches. Records showed that staff had checked that the old patch had been removed before applying a new patch and to make sure the site of application was rotated to minimise side effects. However, for one person we found that the administration of the patch was being recorded on the patch rotational chart rather than the MAR chart. We discussed this with the manager at the time of our inspection and the recording error was rectified immediately. It was evident that this was an isolated event and had no impact on the person because they had received their medicine as prescribed. Nevertheless, the manager recognised the significance of the recording issue and arranged for staff supervision around this practice as a matter of urgency. Records of administration showed that people were getting their creams applied as prescribed.

Supporting information for staff to administer 'when required' (PRN) medicines was available. There was person centred information available to support staff to make a decision on when to give the prescribed medicine. For example, we saw that some people were prescribed medicines for pain relief. Protocols were in place that informed staff when and how these medicines should be administered, including information for those who may be unable to request it such as people living with dementia. We saw that medication records indicated people's pain levels and that this was being monitored in order to evaluate the effectiveness of the pain relief. Staff also used the Abbey Pain Scale for people who were unable to tell staff about their pain. This is particularly important given that it is estimated that about 50% of people living with a dementia experience pain on a regular basis and are at high risk of being under treated due to the person's capability to express and describe their pain due to cognitive decline or word finding difficulties.

We saw that medicines were stored securely within locked treatment rooms and the recommended temperature ranges for safe medicine storage were monitored, which included refrigerated medicines. The treatment rooms were clean, tidy and well organised. Some medicines had short expiry dates such as liquid medicines and eye drops; we found that arrangements were in place to ensure that medicines with a short expiry were discarded when the expiry date was reached.

Medication records we looked at were found to be accurate, legible and detailed with the isolated exception for the medicinal patch noted previously. We saw that there were processes in place to ensure that any unused medicines were disposed of appropriately and systems were also in place to identify missed medication early. For example, regular counts of medicines were made for accuracy checks which made it easy to check that people had been given their medicines as prescribed. The provider also reported to have a good rapport with the local pharmacy to ensure that people received their medication when they needed it.

Good

Is the service effective?

Our findings

People we spoke with, observations we made and records we looked at showed that staff had the knowledge and skills they required to do their job safely and effectively. One person told us, "They [staff] are very good; it surprises me really just how much they do know and what they do for us" Another person said, "The staff are very good here; very skilled". A relative we spoke with told us, "They [staff] are faultless; very skilled and very dementia aware". Staff we spoke with were complimentary of the induction process and on-going training provision. One member of staff said, "The induction was thorough and we have on-going training; it's very good". Another member of staff told us that if additional training was needed in response to particular incidents, specific health conditions or staff professional development requests, that these were facilitated. For example, staff we spoke with and records we looked at showed that the provider had implemented an enhanced training programme which focussed on fire safety since the tragic events at the Grenfell Tower. Another example was 'sensory impairment training' where staff engaged in a practical session which placed them in a position to replicate what it was like to live with one or multiple sensory impairments. The deputy manager explained, "This was fun but a very insightful session that got staff thinking about what it is like to live with these impairments and to give them [staff] something to think about when they are providing care. One member of staff couldn't believe how sick they felt being wheeled in a wheelchair blind folded; they said that it will really make them think differently when they are supporting someone with visual impairments in a wheelchair in future". Observations we made throughout our inspection showed that staff supported people with patience, time and consideration; demonstrating that the training had had a positive impact on the way people were cared for by staff.

We saw that the provider kept a record of staff training which detailed the dates of when staff had completed various training and the implementation of training in to practice was monitored during observations, supervisions and appraisals.

We found that the provider had a designated department dedicated to the continual professional development requirements of qualified staff. This meant that nursing staff were supported to maintain and develop their professional knowledge, skills and competency to ensure they worked in accordance with current best practice. The deputy manager had a passion for dementia care and was proud to tell us about their award winning achievements in this area of practice. They spoke about their motivation, commitment and aspirations to work with people, relatives and staff to further develop dementia awareness and initiatives within the home to ensure that people received the best possible care in accordance with evidence based practice. This involved their implementation of dementia care that had been introduced by leading professionals within this field. We saw that the environment was dementia friendly, with clear signage, orientation aids and included areas to promote sensory and occupational engagement. The Deputy manager said, "We have so many plans to enhance this further; I feel very excited by the opportunities available to us". We saw that people had reminiscence boxes outside each of their rooms so that they could recognise their room through personal and meaningful memorabilia but also to equip staff with details of each person's interest in order to engage in meaningful conversation and engagement.

The provider also offered training to relatives and other visitors to the home to promote their understanding

and awareness of care related topics, including dementia awareness. We found that the deputy manager had organised a 'Reach Out' café which was a coffee morning that they facilitated for carers of people living with dementia on a monthly basis; this was available for friends and relatives of residents but also for those caring for people living with dementia in the community. The deputy manager told us how this was linked to research they had studied in to the prevalence of loneliness in older age and also within the caring role. They said, "It can feel very lonely and very confusing for carers as well as for the people living with dementia and we wanted to provide a safe environment for open discussion, support and companionship to everybody who is affected". They also told us about their 'open Wednesday's' events where they provided entertainment and refreshments to anybody who wished to attend, including people from the local community, again for similar reasons. This meant that people affected by loneliness or who potentially found it difficult or isolating living on their own or caring for a loved one at home, could come and spend time with other people in a caring, social and supportive environment. Everyone we spoke with told us that this was an enjoyable time for all involved and that people living at the home also enjoyed seeing 'new faces'. There was a clear sense of bringing the community together and the notion of bringing the 'outside in'.

Staff we spoke to told us that they received regular supervision and felt supported in their work. One member of staff said, "We have supervision every two to three months and dates are being prepared for annual appraisals". Another member of staff told us, "We have regular supervision where we can discuss any problems or general queries; it is supportive".

We were told and records showed us that the provider held daily 'huddle' meetings which discussed pertinent issues for that day such as any concerns relating to people's health, any accidents or injuries that may have occurred, planned activities for that day and if anybody was having a birthday or preparations were needed for upcoming birthdays, including staff birthdays. Records we looked at and observations we made showed that the welfare and experience of people were at the focus of these meetings and people benefitted from the discussions held. For example, on the day of our inspection, we heard the manager talking to a resident about it being a staff member's birthday and they both started to sing to the member of staff. We also saw a hand written letter from a person who had celebrated their 99th birthday at the home, expressing their sincere gratitude and pleasure at the 'fuss' that had been made of them by everyone for their special day.

We found that the provider held regular team meetings which were offered at different times to provide flexibility around working patterns to optimise attendance. We saw that minutes from these meetings were also recorded and made available to staff who were unable to attend. One member of staff told us, "We have a lot of meetings to make sure we are kept informed with what is going on and that we have what we need to care for people in the best ways that we can". Another member of staff said, "We have regular meetings about the care we provide to people".

People we spoke to told us that care was provided with their consent. One person told us, "They [staff] are very respectful; they are always giving us choices and asking us what we want; like we have choices at meal times, they ask me if there is anything I want to do or if I want to join in with things [activities]". It was evident when speaking to the registered manager and the staff that they had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed that they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's

rights and the need for consent. One member of staff told us, "It is important that we speak with people and always ask their permission before doing anything". Another member of staff said, "Sometimes people may not always be able to tell us what they want or need and we have to follow the correct processes to care for them within their best interests, but most people are able to make some choices and it's about getting to know people well and being patient". We saw staff giving people choices and asking for consent throughout the day. Staff spoke with people in ways that they would understand in order to enable them to make decisions. For example, we saw one member of staff assisting a person to drink. They said, "We are just adding some of this [pointed to thickener] to your drink; it's been prescribed by your doctor to help you to swallow; is that ok?".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who are over the age of 18 and who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. At the time of our inspection we saw that authorisations or applications had been made because some of the people living at the home were receiving their care within their best interests. This meant that any decisions made on behalf of people were done so lawfully.

People we spoke with were highly complementary about the food that was available and prepared for them at the home. One person said, "The food is lovely; we get choices and there is always a vegetarian choice. The meals are always cooked well. We get three courses but breakfast is always my favourite; I have cereal, toast and a cooked breakfast if I want one!". Another person told us, "The food is lovely; we always have a good choice". A third person stated, "The food is excellent, there is lots of choice and it always looks lovely. If you fancy something that's not on the menu, the staff make it for you and this is even outside of meal times; even if you fancy a sandwich late at night". Staff we spoke with told us and we saw that food, drinks and snacks were available to people throughout the day. One member of staff told us, "We have a wide variety of food stores to make additional snacks and sandwiches between meals or if people are hungry during the night". They went on to show us a pantry that was fully stocked with a variety of ingredients and provisions.

We found that one of the contributing factors to people having such a positive experience at meal times was the introduction of a 'residents food forum'. This was a meeting that had been arranged by the registered manager and provided regular opportunities to people to specifically speak about their preferences and aspirations for meal times within the home. It included meal planning, feedback on the quality of the food and dining experience and looked at ways in which these could be improved. The deputy manager told us, "The food forum has been so successful that we are now looking at setting up an activities forum".

We joined people for a meal time on both of the units and found it to be a social, relaxed and sophisticated experience for people. Food was served by 'hosts' which were members of staff specifically employed to promote a restaurant experience for people by preparing the dining rooms, dressing the tables and serving the meals in a waitress/waiter role. They were distinguishable by their traditional uniforms. People were offered a choice of drinks, including a selection of alcoholic beverages such as beers, white or red wine with their meals and a choice of meal options were offered to people visually. For example, food was plated and taken around to people for them to see what was available which allowed them to make an informed choice of what they wanted to eat. Food was beautifully presented and looked and smelt extremely appetising. The food we sampled did not disappoint; it was served hot and was very tasty. Three courses were served and people were given the opportunity for second helpings. We heard one person say, "That was absolutely lovely; compliments to the chef". They were offered seconds and they replied, "I'm surprised there is any left, it was that nice; but of course, I'd love some more please".

We saw that where people required assistance to eat, staff supported people in a way that was discrete, dignified and also, where possible, promoted people's independence. For example, we saw that one gentleman was served his meal. Staff whispered to him whether he wanted them to assist him to cut up his food, to which he nodded. People were offered napkins to protect their clothing and if a person required any other personal care assistance during the meal, this was provided without any hesitation or disruption to the running of the meal time.

People we spoke with and records we looked at showed us that nutritional assessments and care plans were in place for people; these detailed their specific needs and risks in relation to their diet. Referrals had been made and advice sought from the relevant professionals, such as speech and language therapists and/or dieticians where necessary. People's weights were monitored in accordance with their health needs and action was taken to accommodate for any changes where necessary.

We found that people living at the home had access to doctors and other health and social care professionals. One person told us, "I see a doctor if I need to, they [staff] arrange for us to see a dentist or opticians". During our inspection we saw appointments were scheduled with and people attended to by specialist practitioners and social workers to discuss issues related to their health and care needs. People we spoke with and records we looked at showed that the provider advocated for people's health and comfort by inviting in external organisations to support with assessing and catering for peoples varying health and social care needs. For example, we saw that the provider had organised a 'sloppy footwear week' where a local shoe company had visited the home to measure people's, visitors and staffs' feet and made recommendations on safe and appropriate footwear. A similar event had been organised with a local optician. The home had their own, modern and stylish hair and beauty salon that people could use but also allowed for independent hairdressers to use these facilities if people wished to maintain contact with their own mobile hairdresser.

Outstanding ☆

Is the service caring?

Our findings

People received an outstanding service from staff that were extremely kind, caring and compassionate; people were supported to have meaningful and enjoyable lifestyles.

Without exception people and relatives we spoke with told us about the exceptional standard of care that they received from the staff that cared for them. One person said, "As far as care homes go, I am certain this is the Rolls Royce of them! It is remarkable what they do for us here". Another person we spoke with said, "They [staff] are all so very kind and caring; I can't fault any of them; if I still owned my care home, I would employ every one of them". A relative we spoke with told us, "I need to tell you just how wonderful this place is; I have struggled for so long, I just wished I had known this level of care was available. Everyone, and I mean everyone in here are wonderful; I cannot praise them enough for what they do for my mum, but also, for others and for me. They are always so patient, gentle and kind. Nothing is ever too much trouble; they are so compassionate. They understand that it is a difficult transition but they ensure that I feel reassured; I know mum is safe and I can contact them at any time. I have nothing but praise". This was echoed by other people, relatives and visitors we spoke with too. Comments we received included, "They are all so kind", "They are wonderful", "You're never made to feel like a nuisance; nothing is too much trouble", "If you need them [staff]; day or night, they come straight away". "My friend loves it here; she refers to the staff as her 'friends', it is like one big family". "They [staff] are all wonderful".

Observations we made throughout our visit reflected the feedback that we had received. We saw staff interacted with people in a way that was friendly, personable, kind, caring and compassionate. Staff reassured people when they needed it, for example, by offering a gentle touch, or by engaging them in activities that were meaningful or of interest to them as a way of distraction. We saw that one person liked to walk around the home a lot; they were considered to be at risk of falls, but also at risk of disturbing other people at times and therefore were continuously supported by staff on a one to one basis. Staff engaged with this person by singing, dancing and walked with them, often seen arm in arm or hand in hand, showing an appropriate level of affection; enough to offer comfort and enjoyment. We saw that another person became upset at the thought of having 'lost' their partner. All of the staff that supported this person, at separate intervals, did so with a consistent and caring approach; offering the same information to provide reliable reassurance and comfort.

Everyone we spoke with told us that all members of staff got involved with supporting people regardless of their job role within the home and that there was a clear ethos concerning the enhancement of people's quality of life and well-being. We found that this reflected what we had experienced during our visit. There was a clear sense of 'togetherness' within the home, with everyone working towards the same shared interest of providing a high quality, caring service to people; with people at the heart of all that they did. For example, we saw that one person was supported to go down to the café area for a cup of tea and a chat by a member of the administration staff when they became upset. We later saw them enjoying coffee and cake with this staff member in a more relaxed mood; laughing and chatting with the member of staff in a social capacity. Another example was whereby a member of the homes admissions team (this person's role was linked to sales and the financial aspects of admissions) had taken a resident to the local shops with their

dog as they knew that this would be something that they would enjoy.

We found that this collectively caring approach extended beyond the home in to the community through the open Wednesday sessions, 'reach out' cafés and through a further charitable community engagement project called 'HIVE'. This was a project whereby the provider worked in partnership with a local college for people living with learning disabilities and offered voluntary work opportunities for students within the home. The manager told us, "We have a student volunteering with us in the kitchen at the moment; she is brilliant and we get a lot of satisfaction, pleasure and indeed valued assistance from the project but by knowing we are helping others in more ways than one makes it very rewarding".

There was a vibrant and friendly atmosphere to the service. People appeared comfortable and relaxed both within the highly maintained environment, but also in the company of staff. We found that people were treated with the upmost respect and were provided with personalised care that recognised them as individuals. People living with dementia were spoken to in an appropriate way with staff taking time to pay attention, listen and understand what the person had said or communicated either verbally or through their body language, facial expression and gestures.

The high standard of care enhanced people's quality of life and well-being. One person told us, "We are both so much better here now; I get to be with my wife and I know she is being looked after and I don't have all the worry and the work to do; they help me too; but I am still very independent but it is nice to be waited on [laughed]". On that comment, the door knocked and a member of staff returned the persons laundry, all neatly pressed and organised it away in to the relevant drawers and cupboards; they [person] said, "See, its first class!".

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs, likes, dislikes, hobbies and interests; they were able to build positive relationships with people. One member of staff told us, "People have such diverse and interesting backgrounds, I love listening and getting to know people; we can then use this information to ensure we are providing person-centred care". Another member of staff said, "We get to know people very well; we know their likes, dislikes, interests, little daily routines and quirks, it all helps to ensure people receive individualised care." A third member of staff took pleasure in telling us about some of the people they cared for including a person who was well-known for their work as a seamstress and they showed us books that the person had published on the topic, which were presented in a display unit outside of the persons room. This helped the person to recognise their bedroom but also gave them a sense of pride in their achievements. Other staff members told us about a person who worked as a GP and how they would often sit and ask him for his advice and consultation on various medical conditions which we were told would provide hours of shared enjoyment. One staff member said, "It's wonderful, he loves taking our blood pressure and telling us about different medicines". Another member of staff told us, "We often sit with [persons name] with the BNF [British National Formulary is a reference guide used by medical professionals when prescribing, dispensing or administering medicines] and he will talk to us about lots of different medicines and how they can help, side effects and so on, it's really interesting and amazing to see him 'at work'". We also heard about how another person was a keen diver and the staff had arranged for a member of the local diving school to come and reminisce with him about diving. One member of staff told us, "They [member of local diving school] brought loads of different bits of diving equipment in and they were speaking for ages about it all; it was fascinating and by the end of it we were all crying because of how moving it was to see him so enthusiastic and engaged".

People were supported to make choices, where possible, in all aspects of their lives from the food they ate, the clothes they wore and the activities that they engaged in. Where possible, people were also involved in choices about the care they received. One person we spoke with said, "Oh they are very respectful, they

never take it upon themselves to think they know best, they always consult you". A relative we spoke with told us that they were very involved in the planning of their loved ones care and that they were able to have sight of anything like care plans, risk assessments (where appropriate) and were involved in all care reviews and key decisions.

We found that people's independence was promoted and where needed support was provided discreetly so that people's privacy, dignity and sense of well-being were maintained. We saw how staff provided support and engaged a person in meaningful activity as a distraction technique which enabled their husband to leave the unit independently. This provided the husband with some personal time, space and promoted their independence and sense of identity. We spoke with this gentleman and they told us, "I enjoy my daily walks; I like to maintain my mobility and it gives me a break away for a little while; I can do this with the peace and reassurance of knowing she [wife] is safe and being reassured that I'll be back". They went on to tell us about how staff promoted their privacy and dignity too. They said, "They [staff] knock on doors before they come in; I am very independent but my wife needs a lot of assistance and she always seems at ease with their assistance". We saw that people were well presented in their appearance and everyone we spoke with praised the staff for the attention to detail they gave when supporting people with their personal care. For example, we saw that one person was supported to change their trousers three times throughout the day in order to maintain their appearance and dignity. Their relative told us that they had always been a 'proud' person and that this would be very important to them. We also found that the home had an integrated hair and beauty salon which was well used by residents to maintain their personal appearance in addition to the day to day personal care support that was provided by the staff. People had the choice of using the provider's hairdresser, or if they preferred, they could invite their own mobile hairdresser in and continue make use of the well-presented and modernised salon facilities. This meant that people were supported to maintain contact with people outside of the home and the continuity of pre-established relationships.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff. The care and compassion received by people was extended to families who also felt supported by the staff. Families were supported to learn about their family member's health conditions through 'reach-out' support sessions, so that they could better understand the impact on people and on themselves.

Everyone we spoke with told us that there were no restrictions on visiting times and that visitors were made to feel welcome. One visitor we spoke with said, "I always feel very welcome when I visit and I am on first name terms with all of the staff including the managers". Another relative said, "There is always a warm welcome, from the first person you meet at reception, to the staff and the residents". During our inspection we saw some maintenance work was being done in the reception area to make it more inviting. The height of the reception desk was being lowered to ensure it was inclusive and accessible to all visitors to the home. We also saw that the home had a 'coffee lounge' in the entrance of the building which had a coffee machine that was free for people, visitors and staff to use with a variety of freshly baked cakes and biscuits available to people to help themselves to. People, relatives and staff we spoke with explained that this was a well-used area, particularly when people had visitors as it was a more relaxed environment which provided a feel of visiting a local café, with a variety of authentic drinks such as lattes, cappuccinos, expressos, tea's, and hot chocolates. We saw relatives and visitors helped themselves to the complimentary refreshments and had the autonomy to choose where they spent time with their loved ones. For example, we saw that some chose to spend time in the communal café area, whilst others made use of the 'quiet' lounges on the units or visited people in their own rooms.

The provider had a clear understanding and appreciation for the importance of end of life care planning.

Records we looked at showed that people's choices and preferences about how they wished to be care for at this stage of their lives had been considered and planned for, in accordance with best practice guidelines. We saw that some people had been involved in making decisions about whether or not they wished to receive lifesaving interventions at the end of their lives, where they wanted to spend their final days and what arrangements were to be made after death. Staff we spoke with confirmed that they received all of the relevant information they required to ensure they supported people in accordance with their final wishes and how important it was to promote a peaceful and dignified death for people. Staff also spoke with compassion about the care they provided to people and their loved ones after death.

Good

Is the service responsive?

Our findings

People we spoke with and records we looked at showed us that people were aware of having a care plan and they were involved in this process. A care plan is a written document which details people's care needs and preferences; it informs staff of how a person wants to have their care needs met and how they can support them and provide this care. One person said, "We have all of that [care plan] but I prefer to leave it up to the staff really; that's just my choice, they always do what we ask and I can't ask for more than that". Relatives we spoke with confirmed that staff kept them informed and involved in any changes to people's care needs or associated plans, as appropriate.

On the day of our inspection we saw staff interacting with people and supporting people to engage in activities they enjoyed throughout the day. For example, we saw people engaged in quizzes, watching television, singing and dancing. We found that activities were facilitated with people on both individual and group basis and that some were organised activities whilst others were 'ad hoc'. For example, we saw a group of people enjoying a 'cinema experience' and watching a black and white movie in the cinema room. The room had 'blackout' facilities, comfortable red seats and was complete with a popcorn machine and a movie projector to create the ambience of an authentic cinema screen. People we spoke with told us that this is a part of the typical routine within the home and that staff are always encouraging and supporting them to do the things they enjoy. Other people enjoyed 'helping' the staff with domestic chores on an individual level and we were told that this promoted purposeful routine and stimulated activity in accordance with evidence based practice. One person said, "We have to keep the place in top shape!".

We saw lots of people enjoying the communal café area throughout the inspection. One member of staff explained, "We often come here with people as a social thing to provide a change in environment; we hold social activities in this space, giving people the opportunity to sit and chat over a cup of coffee and a cake; like they would if they met friends in a café when they lived at home; it's no different". Observations we made verified this feedback.

The manager told us that they had recently introduced the role of 'Activity Motivators'. This is a role that is allocated to a given carer or senior carer, per unit, per shift to be responsible for supporting activities within the home. They support residents to attend organised activity sessions but are also responsible for facilitating activities with people on an individual basis. The manager said, "I found before we had this role, that the activity organiser (often termed 'activity co-ordinators') regularly struggled to get the care staff involved. It has had a very positive effect".

People and relatives we spoke with told us that their cultural and personal preferences were respected within the service when it came to things like receiving gender specific care, engaging in cultural or religious activities or maintaining their sense of individuality and identity. We found that people were given choices about who provided their care (male or female), whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremony's or celebrations. We found that people were supported to maintain their personal relationships and that their privacy within these relationships were respected. For example, we saw that there were some

married couples living together at the home and that they were given the space to spend time alone or together. The manager told us that they were an inclusive environment and whilst they were not aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, that all people would be made to feel welcome, comfortable and treated as individuals. They said, "We had an enquiry from a gentleman who was looking for a care home for his partner; we ensured that they knew that this was an open, inclusive and welcoming home for people from a variety of backgrounds. This is definitely something we are looking at promoting more in the future".

People we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. For example, we saw that the provider held regular residents and relatives meetings. Where issues were discussed, an action plan was formulated to inform people of what the provider planned to do to address the concerns raised. One relative we spoke with told us that they had used this forum to share their concerns about staffing levels at evening meal times. We discussed this with the manager and they showed us copies of the meeting minutes. These outlined the action that the provider had taken to remedy this concern by way of recruiting an additional kitchen assistant and the re-deployment of nursing staff, to ensure that all staff members were available to support people to have an optimal dining experience.

Other people and relatives we spoke with were aware of the complaints policy and knew who to speak with if they had any queries or concerns. One person said, "We can speak to any of the staff, they will sort anything out, but [manager's name] is the boss if I needed her for anything, I know I can go to her".

Good

Is the service well-led?

Our findings

During our inspection, we saw a clear leadership structure in place within the service. The service was required to have a registered manager as part of the conditions of registration. There was a registered manager in post at the time of our inspection as well a newly appointed manager who was in the processes of registering with us. The manager told us, "We are well supported as managers and we do our best to support the staff; there is always someone available to speak to; we all work as a team".

We saw that there were systems in place to monitor the quality and safety of the service, and that these were used effectively, including feedback forums, staff recruitment process and internal and external quality assurance practices, such as audits. The management team were recognised to be proactive and responsive in their approach and the quality assurance systems in place allowed them to independently identify areas in need of improvement. We saw evidence that the information gathered as part of these processes had been analysed, evaluated and actions had been implemented and monitored. For example, we saw that medication audits had identified a pattern of medication errors and that each month improvements were made to reduce these errors. Outcome measures showed that medication errors had reduced significantly following the changes that had been implemented. Where people had provided feedback on the quality and safety of the service, this was cascaded appropriately to ensure that the relevant departments received the feedback that was most pertinent to them and that the action taken was a targeted approach but also gave others the opportunity to share in the learning.

All of the people, staff and most of the relatives we spoke with were complimentary about the management team at the home. One person told us, "It [management] is very good; they are quick to respond". A relative told us, "It's an open door here; they are never too busy to listen". However, two relatives we spoke with were unsure about the new manger's approach and explained that this was different to the way in which the registered manager had 'handled things' before. When we explored this further, we found that the existing registered manager had been tasked with the initiation of the service, whilst the new manager was working on embedding certain aspects of practice and making the relevant changes to ensure the service was sustainable. Some of these changes were necessary but had not been foreseen by some of the relatives. For example, we were told that the new manager had 'cut the hours of the reception staff which meant that they only worked until 5pm and not 8pm. One relative we spoke with explained that this was unhelpful to family members that visited 'out of hours' because they often had to wait for care staff to open the door which meant there was a delay in them accessing the home but this also added additional pressures on to the care staff. We discussed this with the new manager and they explained that unfortunately, when the home had first opened, an administration error meant that the reception had been over-staffed. They told us that this had been discussed as part of the friends and family meeting and we saw that this was reflected in the meetings minutes. In response to the concerns shared with us, the manager said, "It is regrettable that people's expectations were raised by putting in the wrong hours to start with. I'm not happy that people are waiting to be let in. I am happy for our regular visitors to have the front door code and I will get this sorted tomorrow. After 5pm the home is very quiet and there is actually very little need to have a receptionist on duty". The new manager informed us that she would continue to effectively monitor visitor access as part of existing review processes.

Staff we spoke with were complimentary about the support they received and reported the provider to be a 'good' employer to work for. We saw that the provider had implemented various staff appreciation initiatives to ensure that staff felt appreciated and valued in their work. The manager told us, "We are very supported by the provider and staff are very much recognised and appreciated by us; the provider gives us [management] money as part of our budget specifically to spend on staff appreciation initiatives." These initiatives included the Heart and Soul awards whereby staff are nominated for their unique contributions within the home. The provider also utilised 'thank you cheques' which were 'cheques' that were sent to staff to acknowledge their hard work. These were collected every three months and the members of staff with the most 'thank you cheques' were awarded with a certificate and a gift. In addition to this, we were told about 'recognition days' that were held for different departments to thank them for their contribution to the success of the home in providing a high quality and safe service to people. We saw that the housekeeping department had been nominated to be in receipt of this recognition. The manager told us, "We celebrated the Housekeeping team here at Gracewell of Sutton Coldfield by thanking them for all their hard work and dedication to ensuring our residents' rooms and living areas are beautifully clean and that their clothes were kept freshly laundered. They received an insulated Gracewell mug and the Chef made them a cake to enjoy at tea-time. This is just one example of how we appreciate and recognise all the team for everything they do for our residents". We saw photographs of the staff enjoying their recognition day. We also heard how the senior management team outside of the home had recognised the housekeeping department at the Sutton Coldfield location for their outstanding achievement in a recent audit; showing that the staff recognition initiatives are at the heart of the provider.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly. All of the staff we spoke with told us that they felt comfortable raising concerns with the registered manager and other members of the management team.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.