

Greenacres Care Home Limited

Gracefield Nursing Home and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gracefield Nursing Home and Residential Care Home is a residential care home providing accommodation, personal and nursing care to 15 people at the time of the inspection. The service can support up to 17 people. The location is an adapted and extended single storey residential building and is located on the outskirts of the rural village of Dry Drayton near Cambridge.

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

Trained staff followed the systems in place to monitor and manage people's risks and keep people safe from poor care and harm. Staff followed guidelines to prevent the spread of infection. Staff who had been trained and their competency checked, managed and administered people's prescribed medicines safely.

Staff received training, supervisions and appraisals from the registered manager that developed their skills and knowledge. The provider and registered manager supported staff to develop through further training. Learning from recent dementia training had meant that the service was being redecorated to be more dementia friendly.

Staff treated the people they supported with kindness. People liked the staff that cared for them. Staff promoted and maintained people's privacy and dignity. People enjoyed the activities that went on at the service. Links were established with the local community and relatives were encouraged to visit the service and attend special events such as festive parties being held.

People were supported to eat and drink enough amounts. People, where possible, were involved in making decisions about their care. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in their care records for staff to follow. This included people's end of life wishes.

The service was well managed by a registered manager. Staff were expected to provide a good-quality service to people. Staff used the governance systems in place such as audits and feedback, to monitor the quality of care being delivered to people. The owner of the service carried out visits to spot check the quality of the service provided.

People and their relatives were made aware of the complaints process should they need to use it. Stakeholders, people, their relatives and staff were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The registered manager and staff worked with external health professionals to make sure people's well-being was promoted.

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

Rating at last inspection

The last rating for this service was good (published 15 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gracefield Nursing Home and Residential Care Home

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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 the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual who is also the owner. The nominated individual is responsible for supervising the management of the service. We spoke with the registered manager, a nurse, a senior care worker, and an activities co-ordinator.

We reviewed a range of records. This included three people's care records, medication records and we looked at a variety of records relating to the management of 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Trained staff understood the processes in place to safeguard people from poor care and harm. A staff member told us, "I would disclose [concerns] to my manager or report it to the external authorities."
- There was a poster on a notice board giving information on how to raise any concerns for people and their visitors to refer to if needed. A relative said about the care and support their family member received, "I think [named person] is safe and it does give me reassurance...I'm aware of the CCTV (cameras) in communal areas of the service and I like it. I like the fact that staff know they are on camera."

Assessing risk, safety monitoring and management

- Staff had access to people's individual risk assessment information within their care records. These gave staff information on how to monitor risks to promote people's safety without removing their independence.
- Trained staff in fire safety were aware of the evacuation process they would go through in the event of an emergency such as a fire.
- Staff supported people's wellbeing by making sure there was equipment and technology such as care call bells, bed sensors and pressure relieving equipment in place.

Staffing and recruitment

- Potential new staff had recruitment checks completed to make sure they were suitable to work with the people they were supporting.
- Staffing levels were worked out using a dependency assessment. This calculated how many staff were needed to support people safely. We saw there were enough staff on the day of inspection to support people's care needs in a timely manner. A relative said, "It seems to be well staffed. There always seems to be enough staff around."

Using medicines safely

- Relatives told us they were not aware of any concerns about the safe management of their family members prescribed medicines.
- Trained staff administered people's prescribed medicines and the registered manager checked their competency to do so. Staff administered, stored and disposed of people's medicines appropriately. To check the accuracy of staffs administration of people's medicines a staff member told us, "At the end of the day night staff check expiry dates on medicines, and stock tallies."

Preventing and controlling infection

- Relatives said, "The communal areas are clean and tidy, and staff will get the Hoover out to clean when

needed," and "[Person's] room is cleaned, no concerns."

- Records showed staff had training in food safety and infection control to prevent the risk of spreading infections. A staff member confirmed, "People's rooms are cleaned every day." Observations showed that staff used Personal Protective Equipment (PPE) such as disposable aprons and gloves.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. A staff member confirmed that there was learning from incidents and near misses and gave us an example how recent training had improved medicine administration records.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed pre-assessments on people new to the service. This review helped ensure staff had the skills and knowledge to meet the persons care and support needs. A relative told us, "Social workers were also involved in the pre-admission assessment."
- Staff used up to date guidance and best practice to support people. The registered manager told us they attended the local authority registered manager forums to keep themselves updated on best practice guidance and legislation. For example, they had organised staff training and put in place oral health guidance to help staff obtain a better understanding of poor oral health.

Staff support: induction, training, skills and experience

- A staff member told us all new staff to the service completed the Care Certificate. This is a nationally recognised induction training programme.
- Staff had their knowledge to deliver effective care developed through a training programme, competency checks, supervisions and appraisals. Staff told us they felt supported by training, supervisions and appraisals. A staff member said, "I still have to do refresher training even though I have been here many years. I have supervisions and appraisals. Supervisions are every two to three months."

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

- Staff monitored people's weight and encouraged people to eat and drink enough to promote their well-being.
- Staff catered for people's dietary needs. Blue coloured plates assisted people with dementia identify the food they were eating. Plate guards were used to promote people's independence who needed a little more assistance. Alternatives to the menu choices were also seen to be offered. One person said, "[The] food is lovely, and I get a choice of food."

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. This included weekly visits to the service by the local GP. A relative said, "[The] doctor visits weekly and when an ambulance turns up staff make sure people's privacy is kept."
- The registered manager told us about the health professionals they can call for advice. They said, "I have referred people to SALT (Speech and Language Therapist) team. We will also refer to the dietician, occupational therapist and physio team."

Adapting service, design, decoration to meet people's

- The provider had made adaptations to the service to ensure people were able to move around safely. The building was on one level. The bedrooms and corridors were small, but staff told us they managed this. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently where possible.
- Dementia signage, and different primary coloured bedroom doors helped orientate people around the service. People had access to indoor and outdoor spaces where they could choose to be on their own, sit with other people or join in activities.

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.

- Staff assessed people's mental capacity to make decisions. Where people lacked mental capacity, applications were made to the local authority supervisory body to put legal restrictions and where appropriate conditions in place. A staff member told us how they supported people with dementia to make choices. They said, "You use visual prompts and pictures for food to try to enable the person to make the choice. You can make a choice for a person in their best interest. Quite a few people [here] lack mental capacity and so are under a DoLS."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection staff were kind and caring towards the people they supported. Staff used distraction techniques to support people's behaviour when they became distressed or anxious. This was done in a patient manner.
- People and their relatives gave positive feedback on care and support given by staff. One relative said, "I think things are wonderful really. The way staff interact with the residents, I come up every day for a couple of hours, I see what goes on." A person told us, "I love it here. They do everything here, they help all the time."

Supporting people to express their views and be involved in making decisions about their care

- Staff communicated to people and involved them in decisions about their care and support needs. This included speaking face on and clearly to the person they were communicating with and at the person's eye level. This all helped promote understanding.
- Relatives said staff knew their family members well. A relative said, "Communication is good."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity by not discussing people's support and care needs in front of other people. Staff also knocked before entering a person's room.
- A relative told us, "[Named person] is always clean and tidy and well-presented. That promotes their dignity. The care here is fine."
- Staff supported people to maintain relationships with relatives and friends. Staff welcomed people's visitors to the service. A relative confirmed, "Staff do make me feel welcome when I visit."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff got to know the people they were supporting well including their likes and dislikes. A person said, "I like the staff." A relative told us about decisions around their family members care. They said, "We spoke to the manager before coming here and they got to know [named person's] needs... [Staff] keep me informed."
- Care records were reviewed yearly or sooner if needed. This helped ensure that people's care plans were up to date.

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.

- Information was available to people in picture form or large print to aid with their understanding. We saw that photographic pictures on display helped people understand the menu choices for that day.

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

- Staff encouraged people to maintain their interests and take part in activities such as playing games, taking part in quizzes and arts and craft.
- A person told us, "There is enough for me to do. I like bingo and I won the prize today. I like films. I have a TV in my room and I watch it." A relative said, "Activities? If you want to take part, you can."

Improving care quality in response to complaints or concerns

- The service user guide had information for people and their relatives on how to make a complaint and the process this would take, should they need to do so. This information was also discussed at a recent meeting for people and their relatives.
- Relatives told us communication was good.

End of life care and support

- Nobody currently using the service was on end of life care. We saw an end of life care plan for a person who was recently deceased. The care plan gave lots of individualised detail as guidance for staff trained on end of life care, on how the person wished to be cared for. This included working with external health professionals such as the person's GP. This was to ensure they had a dignified death in line with their wishes.

- The registered manager told us they were currently applying for accreditation to the gold standard framework on end of life care. The gold standard framework is a nationally recognised model to enable and promote good practice. The registered manager said they and other staff members attended people's funerals. Then after a person's death, the registered manager met with staff and discussed how did they supported the person and their family and whether anything could have been done better.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the registered manager and staff team and the service they provided. One person said, "They look after me."
- The registered manager encouraged staff to act when an improvement was identified. For example, setting up a meeting with the external pharmacy who supplied people's medicines following a recent medicines audit. At this meeting improvements were suggested, and actions taken to make the necessary improvements.
- The provider and registered manager encouraged staff to develop their skills and knowledge through training and project work. A recent project completed by a staff member following dementia training had resulted in the redecoration of areas of the service to make the service more dementia friendly.

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 provider and registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people's relatives were informed in line with the duty of candour.
- The provider and registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff attended team meetings where information about the service was shared with them.
- Staff undertook audits to monitor the quality of the service provided. The owner also visited the service and any improvements noted were added to the annual business plan. These improvements were either completed or on-going.

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

- The registered manager and staff were working hard to establish links within the local community. Examples included trips out of the service and a religious service held within the service. One person said, "Staff support me and go shopping with me to help me buy my [named item]."
- Stakeholders visiting the service were asked to give feedback. Responses seen gave positive feedback on

the care and support staff provided. Relatives and people were also invited to feedback on the service provided via an annual questionnaire and attend meetings should they wish. These meetings kept attendees up to date with the service and any changes. They were also a place to discuss any suggestions people may have had.

Working in partnership with others

- The registered manager and staff worked in partnership with external organisations such as GP's, district nurses, and the falls team. This helped make sure people received joined up care and support.