

Gracewell Healthcare Limited

# Gracewell of Church Crookham

## Inspection report

2 Bourley Road  
Church Crookham  
Fleet  
Hampshire  
GU52 8DY

Tel: 01252917100  
Website: [www.gracewell.co.uk](http://www.gracewell.co.uk)

Date of inspection visit:

23 January 2020

24 January 2020

27 January 2020

Date of publication:

17 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Gracewell of Church Crookham is a residential care home which was providing nursing and personal care for 43 people at the time of inspection who may be living with dementia. The service can support up to 60 people.

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

We received mixed feedback regarding staffing levels. There were a number of new staff and still some agency staff being used. This meant a number of staff did not know people and their needs as well as they could. Recruitment processes needed to be more robust to ensure staff were fit to work in the care industry.

Staff understood signs of possible abuse to people and how to raise concerns if needed. The manager and senior staff understood their responsibilities in relation to safeguarding. Risks to people were assessed and understood by staff. Medicines were managed safely. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents.

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;. However, improvements were needed to ensure that where people lacked capacity to consent for themselves, that appropriate people consented on their behalf.

People were supported to eat and drink enough. Staff did not all understand people's needs when it came to mealtimes. Mealtimes were stretched, and the experience took a long time with people waiting for their food.

There were systems in place to monitor and improve the service, however these required further improvements. The registered manager had been in the service for a short time and had made improvements to date.

We received positive feedback about the new management of the service from people, relatives, professionals and staff. However, it was fed back that although there had been improvements, further improvements were still required such as embedding the new staff team and structure. The service worked well with other agencies to get the best outcomes for people.

Care workers had developed caring relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 January 2019) and there were multiple breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, though some improvements had been made and there were no longer breaches of regulations, enough improvement had not been made or sustained to achieve a rating of good and the rating remains requires improvement.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring 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** 

# Gracewell of Church Crookham

## **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

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gracewell of Church Crookham 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, notifications. A notification is information about important events

which the provider is required to tell us about by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service, eight family members, two visitors and three professionals. We spoke with the registered manager, the regional quality manager, one administrator, one registered nurse and four staff members. We looked at the care records for four people. We looked at four staff records, including training and recruitment. We looked at other records to do with the management of the service.

#### After the inspection

We continued to gather information to validate evidence found. We received feedback from a further professional and six relatives.



# 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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to consistently investigate effectively and immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The provider had suitable processes to follow if concerns were ever raised about people's safety. These included working with other agencies such as the local authority and notifying us as legally required when certain events occurred. The provider had addressed and improved the reporting of concerns since our last inspection.
- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had received training in safeguarding and were aware of safeguarding issues, they knew how to respond to them.

Assessing risk, safety monitoring and management, Using medicines safely

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate identified risks to people and to ensure the proper and safe management of people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People had risk assessments in place to manage risks such as the risk of falls or choking. Risk assessments had detailed information for staff to follow to minimise risks. People and relatives told us that staff did not consistently follow guidelines in people's care files or know of people's risks or how to manage them.
- Environmental checks were carried out to ensure people were safe in the premises. Several people expressed concerns regarding their bathroom lights turning off automatically after several minutes. People stated that sometimes the 'sensor' light did not come back on for example if they waved their hand whilst

using the toilet. This meant people may have to try and navigate around the bathroom with no light. One person told us they felt they had to leave the bathroom door open to ensure there was some light. This had been identified as a concern in December 2019, and electricians had been engaged to carry out the necessary works. The provider sent us invoices to show works had been completed in the days following the inspection.

- We noted in people's files where necessary, they had body maps to document and monitor pressure areas, bruises or redness on their skin.

- People received their medicines from trained staff who had their medicines competency checked.

However, medicines training and competencies were only completed once, when staff first started with the provider. The registered manager told us if they had concerns regarding medicines management they would re-train staff. However, following medicines errors we could not see evidence this had been done. The registered manager told us the provider was introducing yearly medicines training and competency checks as they recognised as an organisation that this was best practice. There had been no impact on people.

- We observed staff following procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.

- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. There were no gaps in records.

### Staffing and recruitment

- Records showed the provider calculated required staffing levels based on people's dependency, and that actual staffing levels had been higher than this for some months. However, we received mixed feedback from relatives, people, staff and professionals about whether there were enough suitably deployed staff to meet people's needs. Comments included, "I'm disappointed there never seems to be enough staff", "always understaffed", "Staffing levels are better, good staffing ratio, there is sometimes only one nurse which can be hard to meet everyone's nursing needs. Since more admissions it's getting harder", "improving but we only have one nurse often and used to be two. Lots of agency staff, "Lots of change, I think it's improving but it's hard with different nurses. It's not been consistent and sometimes not always much information such as how long someone has had a cough for. But is improving. It has been stretched with one nurse, I spoke with the new clinical lead today who seems good".

- The provider had a recruitment process in place, this included the necessary checks that showed candidates were suitable to work in the care sector. However, this was not always consistent or complete. If the provider had not received evidence of a staff member's good conduct in previous employment they had not put measures in place to gain this in other ways. The registered manager told us they would do this in future. We also saw staff files did not always include a full employment history, this was sought and files updated during the inspection. The provider did ensure all staff had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There had been no impact on people and the registered manager acted promptly to address the issues identified.

### Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.

- Staff had access to hand gel, disposable gloves and aprons. We saw throughout the inspection staff used these.

- Staff received training in infection control and food hygiene.

- There were reasonable steps in place to protect people from the risk of acquiring an infection.

### Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to identify lessons and make



improvements to people's care. The registered manager told us a person's wishes may not have been fully met at the end of their life. Following this, the provider ensured people's wishes were fully documented and their wishes known. The registered manager also told us how improvements had been made in responding to complaints following this as it was an issue and problems and complaints were escalated.

# 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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We received mixed feedback with regards to people's mealtime experiences. One person told us, "It seems a bit slow, meal is served from 12.30 they [staff] come just after 12 to escort me, it seems a long time to sit there before they start serving the ones [people] in the dining room because they [staff] serve people in their rooms first and we are just sitting around." One relative told us, "If [Loved one] doesn't like what is on offer the chef makes an omelette or something else."
- We observed mealtime and saw some people were sat at their table waiting for their meal for a while. Staff were varied with their knowledge of what support and care people needed when eating and drinking. We heard staff members correct colleagues to ensure they supported people effectively. One staff member told another when they were going to take food to a person in their room, "No they [person's name] has to be assisted." Another staff member stopped a colleague from pouring someone a glass of wine saying, "They can't have that they are on antibiotics." One person was helping another person to eat (feeding them), staff did not seem to notice or intervene. Staff were trying to serve in the dining room and people's rooms at the same time which made the process slow. People were sat at their tables long periods of times waiting for their meal and desert.
- One person fed back to us they required a specific diet, but staff were not knowledgeable about what they could and could not eat. When asked for an alternative this was catered for. We discussed this with the registered manager who said they would refer this person to the dietician for assessment and support.
- One person was supposed to be on thickened fluids due to their choking risk. We were told by relatives that they were being given both thickened and non-thickened fluids due to not all staff knowing the persons needs. A professional working with this person confirmed they had observed there were non-thickened fluids in the person's room. We reviewed this person's fluid chart, and it was unclear whether fluids given were thickened or not. There had been no impact upon the person because of this. We discussed this with the registered manager who was looking in to this to ensure they received consistent care in future.

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 understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.
- Some people had a power of attorney (POA). A POA is a legal document that allows someone to make decisions for a person or act on their behalf if a person is no longer able to do so for themselves. We reviewed people's files and some people who had a POA had consent signed for them in areas they did not have POA for. For example, consenting to health decisions when the persons POA only had this for finances. The registered manager told us they would look in to this and make the required changes.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us and records confirmed the service worked together with a number of health professionals such as GP's, pharmacists and speech and language therapists. However, we received feedback from professionals that communication and consistency of guidance given by other professionals was not always to a good standard or followed by the service.
- We read a complaint that had been made by a health professional about lack of feedback from the provider on a person's condition. The professional had specifically asked the service to feedback as there were concerns for a person's health. This had not happened.

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

- People and their relatives told us they received mostly effective care.
- People's care needs were assessed and care plans were created and were individual to the person.
- Staff we spoke with told us care plans contained the information they needed to support people according to their needs and preferences, and that information was clear so staff knew what the person's care needs were. We observed and received feedback that not all staff knew people's needs well.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider had very recently improved their induction process making it longer and more comprehensive. We could not assess how effective this had been yet, but we did speak with two new staff who confirmed the induction included all they needed and they felt well supported to start their new roles.
- Staff completed mandatory training such as manual moving and handling, as well as training specific to people's individual needs, such as dementia and end of life care.
- The management team had a system to monitor that mandatory staff training was completed. Some staff

were over due to complete training, but this was being arranged and timescales for training to be completed changed, so staff were in the process of completing this.

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

- The service was a purpose-built building in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had their personal belongings and family photos in their rooms.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs. Décor and design was used to support people who may be living with dementia to distinguish different areas of the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments where required.
- People had access to a GP who visited regularly, a dentist, opticians and other healthcare professionals.

# 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 requires improvement. At this inspection this key question has now improved to good.

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; equality and diversity

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "Very caring, nice attitude, they usually ask how you are." One relative told us, "Very caring, we had an incident in the dining room where [Loved one] got upset, didn't like the food, they [staff] brought her back to her room sat and spoke with her to find out why she was so upset."
- We observed staff and management being very kind, caring and warm with the people they were supporting.

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

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate.
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through surveys online or a comments box. Some comments said, "It takes the worry off myself as I know [loved one] is being very well looked after and they [staff] advise me if there are any issues." "Lovely home and atmosphere with very caring staff."

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff confirmed people were treated with dignity, respect and that their independence was promoted as much as possible.
- We observed staff respecting people's privacy dignity and encouraging independence. Staff knocked on people's doors before entering. Asked if it was alright to carry out tasks such as giving them their medicines. We asked one person if they felt their independence was promoted and respected, they told us they always had choice, and made their own decisions.

# 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.

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

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in care plans that were comprehensive and contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of their protected characteristics as defined by the Equality Act 2010. For example, ensuring people were supported to practice their religion. One person's needs were met by staff ensuring support and privacy was given so their sexual needs could be met. People supported by the service were respected and there was no evidence of any discrimination in the service.

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.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as using visual aids and signs.

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

- The provider had activities co-ordinators who supported and encouraged people to join in activities. These included arts and crafts, games, ageless golf and exercise such Thai chi. The home also had a cinema room. On the dementia unit there was sensory equipment and an interactive table for people to engage with. People could also engage in sending postcards to pen pals. Comments from relatives regarding activities included; "I think it's wonderful, the entertainment is amazing, [Loved one] is benefitting from the activities", "It makes a difference to [Loved one], the trips out" and "[Loved one] loves to dance with [staffs name]."
- The activities co-ordinators arranged themed days to mark certain days such as Valentine's day, Christmas, Easter and during our inspection they were celebrating Chinese New Year. The chef cooked Chinese food and the registered manager also came in to cook a Chinese dish. Families were welcome to join their loved ones.
- The home had recently purchased a mini bus to go for external outings. There was also an interactive bike with a virtual scene that looked like people were riding through the mountains. People were encouraged to

engage in physical activity if able.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We saw the registered manager had improved the way complaints were dealt with since our last inspection and responded appropriately and in line with their policy to complaints.
- People and relatives we spoke with told us they were aware they could complain and that complaints were being dealt with in a more timely manner.

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- The provider had advanced care plans in place which detailed the person's wishes if they came to the end of their lives.
- People's families were given emotional support during and after their loved one's final days.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure compliance with legal requirements. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made and the provider was no longer in breach of Regulation 17.

- Governance processes had improved but had not been consistently effective. Whilst a new care model, staff structure and action plans were now in place people, relatives, professionals and staff still had some concerns and felt further improvements were needed in the service. These included the staff team being complete and embedded, and embedding and sustaining improvements to people's care. Comments included; "Improvements are happening, but I'm disappointed it is taking so long", "Slow pace of change", "Very difficult time, I think it's not until this process is finished we can judge. Had quite a few communication letters explaining the changes. They are having difficulty employing a deputy manager, just in the middle of the changes, I don't think it's 100% yet."
- Quality assurance processes had improved since our last inspection and the new registered manager had put new processes in place to monitor and improve the service, however these had not identified some areas for improvement such as recruitment files, staff not always knowing people well and consent not always being appropriate. Therefore, further improvements were needed in this area.

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

- People, relatives, professionals and staff were positive about the new registered manager and felt they had begun to make improvements and were positive about their ability to continue to make improvements. Comments included, "[registered managers name] is very good. A lot of improvements have been made. Lots of staff changed so not all know people well yet", "Improving since [registered managers name] started, lots of training, offering chance to grow, offering further qualifications now", "[registered managers name] is up front, everybody is lovely, hardworking individuals but the team are not right yet."



- We observed and received feedback to say that the culture within the staff team had improved. Longer standing staff due to the past concerns in the service, and that there were a lot of new or agency felt quite pressured and stressed still. However, they did feel positive about the changes that were happening. One staff member told us, "it's been tough, I think the new roles will make a real difference."
- The provider had recently implemented a new leadership team structure. The role of shift leader had been in place since December 2019. A new memory care manager and clinical nurse manager were undertaking their induction at the time of the inspection. The provider had also recruited a new head of care and head of hospitality. The management team felt these were positive additions to the home in supporting other staff roles and overseeing the clinical side and dementia unit in the home.

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 was aware of their responsibilities in relation to the duty of candour and told us they would act appropriately should things go wrong.
- The registered manager told us they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- In addition to day-to-day contact with people who used the service and residents' meetings, people and relatives could feedback regarding the service using an online form. The registered manager told us how open communication with people meant things were responded to quickly and people were happier with the service.
- Staff were able to discuss concerns in the new daily meeting 'The huddle', this was a meeting where any updates or concerns with people were shared with the 'heads of' departments to cascade to staff.
- Staff had not received supervision as often as the providers policy stated, this was an area for improvement as staff and professionals did feel staff would benefit from more support.
- The provider hosted the 'heart and soul' awards ceremony yearly for staff who had gone above and beyond. This was to recognise great work and help staff to feel valued.

Continuous learning and improving care

- The management team had a system to monitor and improve people's care.
- Actions came from audits and quality assurance processes. This system had been effective in driving improvements, such as; improvements being made with the amount of food that was served.

Working in partnership with others

- Collaborative working with agencies and organisations was in place. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GP's and commissioners.