Gracewell Healthcare Limited

Gracewell of Weymouth

Inspection report

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14 July 2017
23 October 2017

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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

We carried out an unannounced inspection of Gracewell of Weymouth on 11 and 14 July and 23 October 2017. When the service was last inspected in November 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

As a result of the findings of the inspection in November 2016, we set requirement actions in relation to the four breaches of regulations. The provider wrote to us in January 2017 to tell us how they would achieve compliance with these requirements which we reviewed during this inspection. During this comprehensive inspection we found improvements had been made.

Gracewell of Weymouth is a purpose built nursing home, over three floors and registered to provide nursing care for up to 70 people in the centre of a residential area of Weymouth. The ground floor is for people with residential care needs, the first floor is for people who require memory care and the second floor is for people whose care needs where associated to nursing. At the time of our inspection there were 56 people living in the home.

There was a registered manager in post. 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, relatives, health professionals and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses that were trained and qualified to give medicines. Monthly medicine audits were carried out by clinical leads.

Staff had a good knowledge of people's support needs and received regular training such as health and safety and infection control as well as training in response to people's needs for example dementia.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

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

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food was regularly discussed and recorded on food preference sheets. The head chef told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. A GP visited the home every Friday.

People told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People and relatives were provided with opportunities to feedback through meetings and surveys.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered and service manager both encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring audits were completed by the registered manager, deputy manager. Clinical leads and the care and quality nurse. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses that were trained and qualified to give medicines.

Is the service effective?

Good

The service was effective. The service was acting in line with the requirements of the Mental Capacity Act

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that used person centred approaches to deliver the care and support they required.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected them and their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives told us they felt able to raise concerns with staff and/or the management.

People and relative meetings took place which provided an opportunity for people to feedback and be involved in upcoming events and changes.

Is the service well-led?

Good

The service was well led. The registered manager and operations director promoted and encouraged an open working environment by including people and recognising staff achievement.

The management team had a good oversight on the delivery of care to people through the use of quality monitoring systems which were in place.

Gracewells of Weymouth was led by a management team that was approachable and led by example.

Gracewell of Weymouth

Detailed findings

Background to this inspection

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

This inspection took place on 11, 14 July and 23 October 2017. The first day was unannounced and the second two were announced. The inspection was completed by one adult social care inspector on days one and two. On day three the inspection was completed by an inspector 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. Their experience related to elderly care and dementia.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people and seven relatives about their views on the quality of the care and support being provided. We met with one health care professional and spoke to another on the phone. The health professionals had an understanding of the home.

We spoke with the registered manager and operations director and had discussions with twelve staff members. We looked at documentation relating to five people who used the service, staff recruitment, meeting and training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in November 2016 we identified that people were not protected from harm because plans to mitigate identified risks were not always followed. Risks were not appropriately assessed because reporting systems were not used effectively. The provider was not doing all that was practicable to reduce the risks people faced. During this inspection we found the provider had taken some action to ensure improvements had been made.

Where people were at risk we saw assessments had been carried out. Assessments covered areas where people or others could be at risk such as moving and handling, risk of falls, use of bed rails, evacuating in the event of an emergency, risk of malnutrition and risk of pressure ulceration. We found some of the risk assessments required more specific information relating to the risks. For example, one person was identified as not being able to use bed rails, there was a generic risk assessment in place, however this did not cover the risk of the person falling out of their bed. Where people were at risk of becoming anxious we found there were not always specific plans in place to guide staff on how to support the person. We discussed this with staff who had a good knowledge on how to respond to people if they became anxious. We fed this back to the registered manager who told us they would ensure detailed plans were put in place. On the third day we reviewed these again and found changes had been made. We found that no one had come to any harm as a result of this.

A person told us they were happy in the home and had discussed their own needs and risk assessments around the care being provided. Another person was assisted by the staff with getting up/going to bed and bathing using hoists. We found that guidance was in place for staff to minimise risks of harm. The person said they felt safe and that the staff were very good and supportive of their needs.

Risk assessments were also in place for activities that people took part in. These included cooking, gardening, animals and arts and crafts. The head of activities told us these are regularly reviewed and updated and that all new activities are individually assessed. For example, people were taken out on a boat trip. We found that this had been planned and risks assessed prior to the event taking place. The head of activities told us that they ensure all activity coordinators and supporting staff read these.

People had Personal Emergency Evacuation Plans in place. These plans detailed how people should be supported in the event of a fire. We reviewed the fire safety record which recorded regular fire alarm and equipment tests. Gracewell of Weymouth had an emergency plan in place for staff to follow should there be any type of emergency. Situations covered included; loss of power, gas leak, flooding and staff sickness absence. We found that emergency grab bags were made available which held resources such as torches, foil blankets and hi vis jackets.

We found medicines were managed safely. People had medicines prescribed by their GP to meet their health needs. People received their medicines when they needed them including 'when required' medicines such as pain relief. Medication Administration Records (MARs) were accurate and up to date. Medicines were

supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home and those returned to the pharmacy. Medicine audits were completed monthly and MAR sheets were checked daily for gaps by either the deputy manager or clinical leads.

One person was receiving their medicines covertly in their drink; we saw the persons GP had been involved in making this decision.

Some people were prescribed creams and ointments to be applied to their skin by staff. We found the records the care staff completed when they administered the cream were not always completed; this meant we were unable to determine if the creams had been applied. We also found there was not always clear guidance for staff on where they should apply the creams. We discussed this with the registered manager who told us they would ensure this was addressed. On our third day we found that guidance was in place.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people

Staff told us staffing levels had improved. The registered manager told us that the kitchen now have hosts for each floor who serve and support people which freed staff to help people with feeding and personal care needs. A visiting professional commented that there were a consistent nursing team present in the home. A staff member said, "There are enough staff to keep people safe and I feel confident". Another staff member told us, "There are sometimes enough contracted staff working. Agency staff are used to cover vacant shifts and some staff take on additional shifts. We have never run understaffed. People are never put at risk". A health professional said, "There always appears to be staff around".

A relative told us, "There are enough staff to keep my loved one safe". Another relative said that there had been staffing issues two days before our third day. We discussed this with the operations director who explained that there had been two staff who had phoned in sick that morning and told us that the emergency staff cover procedure had been followed. The night nurse had stayed on whilst agency staff were sought and the clinical lead was called in. By 12pm agency staff had started. We were satisfied that there had been no negative impacts on people during the time it took to seek agency staff cover.

The registered manager completed a staffing dependency tool which supported them to ensure sufficient numbers of staff were in place. The operations director told us that during their audits they spend time with staff to gather feedback on and observe staffing levels. Improvements had been made for people during their meal time experience and additional staff in the mornings to deliver personal care. Hostess's had been recruited to serve and provide additional support to people during meal times;

People said they felt safe living in the service. One person said, "I feel very safe and comfortable in the home". Another person told us, "I feel safe the staff all do a good job of looking after me". A health professional said, "It's safe here, there is 24 hour nursing, I have no concerns". A relative told us, "I am given piece of mind that (name) is safe".

Staff told us that they believed the home was safe for those who lived there. One staff member said, "People are safe, staff are confident, communication is good, concerns are shared/handed over and people are cared for safely".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with management. Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team and Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. Staff and relatives told us that they did not have any safeguarding concerns.

People were protected from infection. We observed staff regularly wearing Personal Protective Equipment (PPE) such as gloves and aprons throughout the three days of our inspection. Hand sanitizers were wall mounted and in various areas of the home. Hand washing guidance was readily available. There was a comprehensive infection control policy and audit in place and up to date. We observed domestic staff regularly cleaning people's bedrooms and communal areas. Domestic staff worked around people and asked if they could enter people's rooms to clean them. The home was free from offensive odours.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in November 2016 we identified that people's rights were not fully protected. This was because the correct procedures were not always followed where people lacked the capacity to make specific decisions for themselves. At this inspection we found the provider had made some improvements for example, where one person was receiving their medicines covertly we saw a capacity assessment and best interest decision had been made. We found there were capacity assessments and best interest decisions for people who had bedrails. Relatives told us that they were involved in making decisions about their loved ones health and wellbeing.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records demonstrated DoLS applications had been completed where required.

People told us they were happy with the food provided they told us how nice the food was and that it was freshly prepared on site by a good chef and their team. One person commented, "The food is good, I like most of it and the chef is approachable." We observed lunchtime and saw people were offered the choice of where to sit. Staff showed people the two meals available to enable them to make a choice of what they wanted to eat. We observed people received adequate nutrition and suitable plates and crockery were made available to ensure people were able to remain as independent as possible. The home provided plenty of drinks in both residents rooms and in the dining/lounge areas of the home throughout the day.

The head chef had a board displayed in the kitchen with each person's food profile. These listed people's dietary requirements, food likes, dislikes and any allergies. Each profile had a photo on of the person so that the kitchen staff and hostess's could identify them. The head chef told us, "I attend resident and relative meetings, I take a walk around every day on each floor and ask people for feedback. This is important to me". We were told that food and drink surveys were sent to people before the menu changed. We noted that the menu changed every three months. The head chef confirmed that alternative options were always available each day where necessary.

People had access to health professionals and were able to see a GP who attended the home every Friday. A visiting health professional told us staff were good at identifying any issues and they followed any guidance given. A relative told us they were kept up to date with the outcomes of any appointments their family member attended. Another relative said, "(Name) had a chest infection. The doctor wasn't due to attend the home that day but staff prompted a visit".

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as health and safety, moving and assisting, infection and first aid. Staff told us they received enough training to carry out their role and they had access to good training opportunities. A staff member said, "I feel that we get enough training opportunities". We were told that the majority of training was delivered through e-learning with the exception of moving and assisting, first aid and fire training. One staff member said that they felt dementia training would be better if it was classroom based. The registered manager told us that they had just started delivering a two day dementia training programme which some staff attended last week and is something that all staff will receive.

Staff told us they felt supported in their roles. Staff received supervision. A staff member told us, "We receive three monthly supervisions. These are a good opportunity to bring up ideas, reflect on practice, and develop". The majority of staff told us that they worked as a team and that there was good team moral. One staff member said, "I think it is really good here, great team and nice home".

Staff completed inductions which included training and shadow working in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member told us, "My induction was really good. I was new to care. The senior and management were really good and very supportive".

The home had a variety of communal and private areas for people and their visiting families and friends to enjoy and use. This included; lounges, a cinema, a games room, a hair salon and a bistro in the reception area. People told us that they had access to these areas at all times. During the inspection we observed people using a number of these spaces. The home had been tastefully decorated to help make the environment feel homely. A relative said, "Gracewell of Weymouth is like a five star hotel". Another relative told us, "The home is tastefully decorated, nicely laid out and homely. I like the purpose built aspect, additional rooms and facilities".

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Each person's room had a name and number on the door. There were also memory boxes with personal memorabilia often brought in by families displayed in a lit up box outside peoples rooms, this helped them to identify their own rooms.

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During inspection the atmosphere in Gracewell of Weymouth was relaxed and homely. We noted a number of relatives and friends visiting people in the home. People told us that they felt the level of care and support was of a very good standard and they felt comfortable, safe and happy being in the home.

A person said, "Staff are lovely". A relative told us, "Staff are caring and take time to reassure my loved one as and when necessary, I stood in the doorway once and observed staff supporting him. Calm, kind and compassionate. It was lovely to see". Another relative said, "Staff are very attentive, professional and caring. They really know our loved one". A health professional said, "Staff are respectful and know people very well".

A staff member told us, "I am caring. I like to go home knowing I have made a difference and done a good job". Another staff member said, "I believe the care is good. I care for people, take an interest in them and treat them how I would want to be treated".

The care files we reviewed held pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information supported new and experienced staff to understand important information about the people they were supporting.

People told us they could choose what they wanted to do and how to spend their time. One person told us, "There is lots of choice here and very little restrictions." Staff promoted choice and decision making. They supported people to make these in relation to their care and support as much as possible. For example, we observed people being asked for choices of food, drink, activities and places to sit on several occasions. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I offer people choices to help them make decisions. I sometimes use pictures, different items of clothing or other resources such as different plated food so people can choose meals". Another staff member said, "I ask people to make choices and decisions for themselves as much as possible. I show people options, use flash cards or touch and noise".

Relatives told us they could visit when they liked and could "Come and go" as they pleased. Another relative said, "I am always made to feel welcome when I visit. I can move around and use different areas of the home with my loved one". Another relative told us, "I regularly visit (name) they always appear content and staff have a caring nature".

We saw compliments received by the home which stated the staff, "Treat people with great dignity" and they, "Address any issues with "The deepest compassion and dignity."

Staff we observed were polite, treated people in a dignified manner throughout the course of our visit and knocked on doors before entering people's rooms or communal bathrooms. We asked staff how they respected people's privacy and dignity. Staff told us that they close doors, cover private areas and talk to

people at their level. We observed this practice during the course of our inspection. Two people told us staff were very helpful and supportive of their needs and that they were treated with dignity & respect. The people's family were with them at this time and echoed what the people had told us.

Good

Is the service responsive?

Our findings

Gracewell of Weymouth were mainly responsive to people's changing needs. Staff completed records of the care and support they gave to people. We found some of these records were not completed consistently. For example, we found records of the amount of fluids people received were not always completed fully. We discussed this with staff who told us it was the senior's responsibility to ensure these were completed. One person had recently been assessed and required more frequent 30 minute checks. We found that between the 20 October and 23 October observation checks which took place at night recorded hourly checks. We discussed this with the registered manager who told us this would be addressed with night staff that night.

A relative told us, "If there are any changes in our relative's needs we are informed by the home straight away. On one occasion they were sick a few times. It was thought to be a reaction to food. The chef was informed and dietary needs reviewed". A health professional said, "Assessments are followed by staff who come back to us for advice or if they notice needs have changed". They went on to say, "Staff always know why and when I am coming in, they also accompany me as required". Another health professional told us the staff team were very responsive and had relevant information to hand as and when required.

People who wished to move to Gracewell of Weymouth had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. Care plans were developed with input from people and their representatives and we saw they were involved in reviews of people's care. Care plans included information about people's likes, dislikes, interests and hobbies. A relative said, "The admission process went well and worked smoothly. (Name) has settled in well". Another relative told us, "I feel involved in planning and reviewing (relatives) care. We have six monthly reviews". Another relative said, "I am involved in reviews. I'm kept up to date with changes. It's person centred care here".

We reviewed a compliment which stated the home provided, "Great activities." We observed group activities being carried out in the home. People from all of the floors came to join in. On the first floor a games room was set up for two nights during the week. We observed people in communal areas listening to music which they appeared to enjoy. We met with the head of activities who explained the different types of events, outing and activities available to people. These included, pet visits, afternoon teas at a local hotel, boat trips, themed events, cinema evenings, flower arranging and a gentleman's club. There were activity photos and information displayed on each floor. A timetable was put together for people. The head of activities told us they would make this more visual to support those who may not fully understand text. A relative told us, "The activities staff are very good. There was a magician in recently and visiting animals which my loved one really enjoyed".

People's spiritual and religious needs were met. We were told that currently Christian and catholic services took place and that the home had celebrated harvest festival last month. They collected food tins, packets and other essentials were donated by Gracewell of Weymouth to the local homeless shelter.

The head of activities told us that they have started a piece of work to look at how to involve people who

receive care in bed more in activities. We were told that a recent opportunity involved making individual bread and butter puddings. The ingredients and options were trayed up and taken to people in their rooms. Those who wished to take part could from their beds. This demonstrated an innovative approach to involving people who may not be able to come together in communal areas. We observed the resident guineai pig being taken around to visit people.. We were told that group activities were also promoted for social inclusion and interaction. Some people told us they liked to come together whilst other said they preferred their own company in their rooms. People's preferences were respected by staff. One person said, "I am quite happy and content with my books and my own room where I can enjoy life happily".

People and relatives were provided with opportunities to feedback to the service. People meetings took place bi monthly. In the meeting activities were discussed, some people had requested for a cocktail evening to be arranged. We were told that the activities team were planning this. Other areas discussed were food, care and welfare, housekeeping and maintenance. We were told that any issues raised are reported to the relevant department.

Relatives meetings took place twice a year. A relative told us, "Relative meetings take place. These are a good opportunity to share experiences. All departments are present including housekeeping and the head chef. At the last meeting a person from Gracewell head office came to talk to families about dementia". Relative's feedback was welcomed, respected and acted upon. For example, some relatives found that their loved ones laundry was being misplaced or taken to other people's rooms. Actions were taken and we were told that this had improved.

Where complaints had been raised we saw these were responded to timely and clearly recorded. Relatives and staff we spoke with all said that they would feel able to raise any concerns they may have. A relative said, "If I have any concerns staff address these and put things in place". We were told that the registered manager made time for relatives on a one to one as and when necessary. We saw that the registered manager took time during the inspection to talk to a relative who had concerns. We were told that the matter was resolved and that all parties were happy with the outcome. The relative confirmed this.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection in November 2016 we identified that some of the systems available to staff to ensure the safety and quality of the service was not being used effectively. People were put at risk of inappropriate and unsafe care because lessons learned from incidents were not applied effectively and we were not being notified of significant events by the provider in line with their legal responsibility. At this inspection we found the provider had made improvements.

We found that the registered manager and management team at Gracewell of Weymouth had to developed and embedded more robust quality monitoring systems. Staff we spoke with told us that there had been a number of positive changes brought in by the management team. A health professional commented positively about the management of the home, stating there had been "Vast improvements" over the past two years. They commented the registered manager was always available to discuss any issues and the team worked well together. A relative told us, "The management are always keen to improve standards. This was important to me when choosing a home for my loved one".

The director of operations told us that monthly quality indicators were completed by the registered manager. These included any incidents, falls, safeguarding's or DOLs authorisations. These were then submitted to the organisations care and quality nurse for analysis and overview. Any identified themes or trends would be discussed and actioned by the registered manager. We reviewed a number of audits and checks the management team carried out which included; infection control, medicines, hydration and records. We were told that the care and quality nurse completes quarterly audits at the service. These audits covered areas such as staffing, people's experiences, nutrition, care file sampling and complaints.

Relatives and staff commented on how well the service demonstrated good management and leadership. A relative told us, "I would rate the service good. People's needs are met. Issues and concerns are addressed. Food is nice. Laundry service has improved greatly. Communication is good. (name) has interaction with others and activities to do". Another relative said, "I'd give them 8/10. Registered manager is approachable, good and will always accommodate me and listen". Another relative said, "Gracewell of Weymouth is a very well lead home. We have had our relative in this home for two years and three months and put her longevity down to the excellent care she is having. The registered manager has turned the home around and has worked hard to reach a good standard". A health professional told us, "I'd give them an eight out of 10. The initial feel is very good, homely, nice open plan reception; staff know what's going on and appear competent in their roles". A staff member said, "The registered manager is lovely. I feel supported. They are friendly, approachable and always has an answer or will find out for me". Another staff member told us, "The management are good leaders and work the floor. I think this is important and that it sets a good example". Staff were recognised for their hard work and entered into Gracewell annual staff awards. The majority of staff told us that moral was good within the team.

Staff told us meetings were held for each floor and also for the whole home. Staff talked positively about working at the home. In addition to staff meetings we found that clinical governance meetings took place. These meetings involved registered nurses and management. We reviewed the most recent notes which

covered areas such as; pressure care, weight loss, infections and accidents and incidents. There were clear action plans in place to manage any areas of concern identified. Nursing staff told us that these meetings were effective.