

Gracewell Healthcare 3 Limited

Gracewell of Newbury

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gracewell of Newbury is a 'care home'. People in care homes receive accommodation and nursing or personal care, as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This care home is run by two providers; namely, Gracewell Healthcare 3 Limited and Gracewell Healthcare Limited. These two providers have a dual registration and are jointly responsible for the services at the home. This report is in relation to Gracewell Healthcare 3 Limited. A separate report has been produced for Gracewell Healthcare Limited.

Gracewell of Newbury accommodates up to 68 people in one building over three floors. The first floor was the 'Memory Care' community, which had been designed as a living space suitable for people living with dementia. There were 64 people living in the home at the time of inspection. People living at the service were older people, some of whom were living with dementia.

People's experience of using this service

The service provided exceptionally responsive, person-centred support to people which consistently achieved outstanding outcomes for people. Staff provided excellent consistency and continuity of care which had a major impact on people's quality of life.

Staff were particularly skilled at involving people and their family, together with health and social care professionals in their care and support plans, so that they felt consulted, empowered, listened to and valued.

Staff consistently went the extra mile to find out what people have done in the past to enable people to carry out person-centred activities which enriched the quality of their lives. People were supported to maintain relationships that mattered to them which protected them from the risk of social isolation and loneliness.

The registered manager used concerns to improve the service. For example, a Hydration Project initiated within the service had significantly reduced the number of falls, infections and weight loss experienced by people living in the home.

The service worked closely with healthcare professionals and provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

People were supported by a stable core staff group who were kind, caring and inspired by the registered manager to deliver high quality, personalised care.

People were protected from discrimination, neglect, avoidable harm, and abuse by staff. Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe. People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed. People's medicines management plans were reviewed regularly to ensure continued administration was still required to meet their needs.

High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of

infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

Staff felt valued and respected by the management team, and consistently demonstrated high levels of morale. Staff had the required skills to meet people's needs effectively, which led to good outcomes for people's care and support and promoted their quality of life.

People's care plans were comprehensive, providing staff with the required information about their needs and how to meet them.

The registered manager had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams and was often the driving force to improve outcomes for people, through joined up care provision.

Rating at the last inspection

At the last inspection the service was rated Good (published 26 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

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

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?

Outstanding ☆

The service was exceptionally 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.

Gracewell of Newbury

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Gracewell of Newbury is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with CQC. 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 the inspection

We reviewed the information the registered manager 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 the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection

We spoke with 14 people who used the service and 10 relatives. We also spoke with the registered manager, the provider's director of operations, the two clinical nurse managers, three nurses, three senior care assistants, six care assistants, the activity coordinator, the chef, deputy chef, kitchen assistant, the housekeeper and three members of the housekeeping team. We also spoke with two agency nurses and six visiting health and social care professionals.

We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

We reviewed the service electronic care records, including seven people's care plans and medicine administration records (MAR), 10 people's clinical alerts, relating to skin care, falls management, nutrition and behaviour and the progress notes of 11 people identified to be high priority. Clinical alerts ensured urgent treatment had to be completed before the alert could be closed. We looked at 10 staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance audits and satisfaction surveys.

After the inspection

We spoke with two community health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, their families, staff, visiting professionals and the commissioners of people's care consistently told us they felt the service was safe. One person told us, "I'm safe here, the staff are very kind and nothing is too much trouble." Another person said, "Entirely, oh yes. I feel safe, It's comfortable living here. I have no qualms about the staff. Nothing to worry about." A relative said, "We've never had a problem with safety here. "[Loved one] wanders around which is fine as they are safe."
- People were consistently protected from avoidable harm and discrimination. Staff had completed the required training and understood their role and responsibilities to safeguard people from abuse, including how to report concerns internally and to external bodies. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas. Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking activities that they enjoyed.
- We observed staff completed comprehensive handovers during which staff effectively shared important information about changes to people's needs and risks to ensure they received the correct care and treatment. For example, we confirmed that referrals to relevant healthcare professionals were made promptly.
- Staff understood the provider's safety systems, policies and procedures. For example, monthly fire safety and emergency evacuation procedures were completed to ensure staff were familiar with their roles and responsibilities to keep people safe. People also completed the provider's fire safety awareness training so they would understand staff guidance in an emergency.
- People's individual emergency evacuation plans had been updated when their needs had changed. For example; if they had recently sustained a fracture, their evacuation plan had been updated to reflect the extra support they required to leave the home quickly.
- The management team completed unannounced quality assurance visits at night time. The last visit identified that night staff knowledge and practical experience in relation to emergency safety procedures required to be more effective, which has now been addressed.
- People were protected from environmental risks within the home, which had been assessed and measures been taken to minimise those risks. For example, hot water temperature checks.
- Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Fire safety and moving and positioning equipment was serviced under contract and tested regularly to ensure it was in good working order.
- Risks to people associated with their behaviours which may challenge others were managed safely to

protect people and staff. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe.

Staffing and recruitment

- Rotas demonstrated that sufficient staff with the right skills were deployed to make sure people experienced safe care. The management team were authorised to provide additional staffing when required. For example, when extra staff were required in response to any outbreaks of infection.
- Staff consistently told us there were enough suitable staff deployed to meet people's needs safely. However, staff also told us that during the busy morning period they were often stretched, which meant they could not always spend as much time as they would like to care for people.
- The provider had created a 'Staffing and Ethics Hotline' to support staff to raise concerns if they felt the home was understaffed. Staff had shared these concerns with the registered manager to inform the provider's 'Care and Nursing labour model'. This staff allocation system indicated where care staff and nurses could be assigned in the building and at what time of day to best meet people's needs. Additional staff had been allocated based on this process, informed by the views of staff.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.
- The registered manager analysed staff response times to call bells to ensure people's needs were met promptly. During inspection we observed staff responded quickly to support people who had activated their alarms.

Using medicines safely

- The provider had policies and procedures in place which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Records demonstrated that people have received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.
- Staff supported people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.
- A clinical nurse manager had been appointed as the service 'Medicine's Champion.' They completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Staff accurately completed Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given. Different staff reviewed MARs to make sure colleagues had recorded the administration of people's medicines correctly.
- Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Where people had difficulty swallowing they had been prescribed a thickening agent for their drinks. We observed staff had prepared such drinks to the right consistency, in accordance with people's nutrition support plans.

Preventing and controlling infection

- People and relatives consistently told us the home was kept very clean by the housekeeping staff who were always cheerful. One person told, "It's always very clean, they [housekeeping staff] do a marvellous job."
- Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance.
- Records demonstrated that staff effectively implemented national guidance when there had been an outbreak of infection. Supporting health professionals made positive comments about effective staff response to an outbreak of influenza.
- Staff had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and followed correct procedures wherever food was prepared or stored.

Learning lessons when things go wrong

- The registered manager had developed an open, blame-free culture, which created an environment where staff felt empowered to report incidents.
- All accidents and incidents were recorded and reviewed daily by the management team.
- The registered manager and clinical nurse managers took prompt action to implement the required learning identified from accidents and near misses. For example, lessons had been shared with staff to improve safety across relevant parts of the service in relation to medicine errors and falls management.

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

Good: 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

- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs.
- People's assessments were person-centred, holistic and considered all aspects of their lives.
- People, relatives and professionals consistently told us staff had the necessary skills and expertise to meet people's complex health and emotional needs. One person told us, "They are great, lovely to us. They couldn't be nicer." A relative told us, "They [staff] have been excellent. They know what they are doing and keep us in the loop."
- Relatives and professionals consistently reported that staff understood people's needs and knew how they wished to be supported. One person told us, "The carers [staff] know me and my ways and how I like things done."
- People's needs were assessed regularly, reviewed and updated. People had detailed care plans, which promoted their independence and opportunities to maximise their potential.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended accordingly to ensure people received the care they required.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Staff used nationally recognised tools to assess and monitor risks to people and then effectively managed them. For example, people at risk of developing pressure areas, experienced the correct support from staff and were provided with right equipment to prevent them.
- In 2018 the provider had identified through their quality assurance monitoring that there was a higher than average level of falls being experienced by people living at the home.
- The registered manager and clinical nurse managers have worked together with the specialist occupational therapist and specialist physiotherapist from the local authority Care Home Support Team to identify potential causes for the high incidence of falls and implement measures to prevent falls.
- The registered manager had developed and implemented an action plan based on recommendations from the Care Home Support Team. At the time of inspection there had been a reduction in the level of falls at the home, although the provider continued to monitor all falls and complete root cause analysis to identify other measures, which would reduce the risk of falls further.

Staff support: induction, training, skills and experience

- The provider used training, competency assessments, supervision and appraisal meetings to ensure staff developed and maintained the required skills and knowledge to support people according to their needs.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as

training in caring for people living with dementia. Staff confirmed their training was very good.

- New staff told us they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them, before they were authorised to work unsupervised.
- Records confirmed that staff had regular meetings with their supervisor. Staff confirmed that supervision allowed them to discuss their work, resolve concerns and plan for future training.
- The registered manager had an effective system to monitor training, which was up to date at the time of our inspection.
- Senior staff had completed management courses relevant to their roles and responsibilities and the provider effectively supported nurses with their continued professional development and to maintain their accreditation.

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

- The provider placed a strong emphasis on the importance of eating and drinking well.
- The staff provided good quality food with a variety of different options to choose from each day.
- The head chef and their team were passionate about protecting people from the risks of malnutrition and dehydration and took the lead in this respect.
- The head chef visited each person when they first moved into the home to introduce himself and complete an individual nutrition profile. This was so he knew their allergies, intolerances, their likes and dislikes, together with any specific dietary requirements.
- People's nutrition profiles were displayed in a secure area within the kitchen and were reviewed daily by the head chef. People's profiles were placed on different sections of a board which visibly identified those people at high risk, medium risk and low risk of malnutrition and dehydration. These boards were updated daily to demonstrate people's changing dietary needs.
- Staff were aware of risks to people, individual preferences and their patterns of eating and drinking.
- Staff protected people from the risks associated with eating and drinking by consistently following the guidance provided by dietetic professionals.
- Staff had received additional training to support people with specific nutritional needs. For example, staff had completed training in relation to diabetes and dysphagia. Dysphagia is a medical condition which describes the difficulty people experience when swallowing foods or liquids.
- The head chef has offered their service as a training host for the provider's dysphagia champions.
- The head chef had extensive knowledge in relation to providing texture modified food to keep people safe.
- We observed staff made mealtimes an enjoyable and sociable experience, with music, friendly chat, and discrete support when required.
- Kitchen staff were accomplished bakers and created fresh cakes daily.
- The head chef and kitchen staff worked closely with the activities coordinator to maximise people's enjoyment of special events linked to food such as a celebration of British Food, Chinese New Year, American Independence Day, Pizza Parties and Curry Nights.
- In 2018 the head chef won the National "Care Dine With Me" award for care homes. The head chef told us the inspiration for the winning dish came from feedback from people. He told us, "They [people] loved the sea bass dish so much, that every time it is served you can see the happiness in their eyes." When asked why they liked the dish so much one person said, "This reminds me of a holiday by the sea".

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

- Staff worked with GPs and specialist nurses to make sure care and treatment met people's needs. • Staff

made prompt referrals to relevant healthcare services to ensure people's needs were met.

- A visiting healthcare professional told us, "There are some super carers here and they always call me if there is a problem and always do what I ask."
- People consistently experienced positive outcomes regarding their health and wellbeing.
- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.

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

- Gracewell of Newbury was purpose-built considering the general nursing needs of the people living there.
- The home had been designed to promote the independence and safety of people who live with dementia. For example, signage, decoration and lighting was used to provide more support to people who may experience confusion or disorientation. People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences.
- Nurse stations were located on each floor where nurses could be aware of what was happening on the floor.
- There was a dedicated activities room, a library, a room for quiet pursuits such as jigsaw puzzles, a mobile sensory station and a piano, which some people enjoyed playing.
- There was an accessible, enclosed garden which people appreciated.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We found the service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated.

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.

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were highly motivated and inspired to offer care that was caring and compassionate and were determined and creative in overcoming any obstacles to achieving this.
- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "They [staff] are very caring. I feel they care, including the house keeping staff who do a sterling job." Relatives made positive comments including, "[Relative] is beautifully looked after. I can't question the care", "It's invaluable to feel [relative] is made to feel so special", and "The carers [staff] are all lovely, kind and interested in [relative]."
- Visiting professionals consistently made positive comments about staff interactions with people, which they described as "kind and considerate". For example, one professional said, "The staff are welcoming, helpful and definitely polite. They [staff] seem genuinely caring and have a good relationship with the residents."
- People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them.
- Staff demonstrated pride and passion in relation to supporting people living in the home. For example, one staff member said, "Every day you come into the home, you feel proud and privileged and it is so rewarding knowing you make a difference, no matter how small."
- Throughout the inspection we saw staff talking with people in a friendly, caring manner.
- Thank you letters from people's families consistently referred to "exceptional care", "patience and consideration", and "compassion and sympathy".
- Where people had needs arising from their social or religious background, such as food preferences, these were respected.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures.
- All staff were invested in and demonstrated the provider's caring ethos. For example, people and relatives regularly told us about the interest taken in their well-being by other staff, such as the maintenance manager, the receptionist and housekeeping staff. People told us this made them happy and feel valued.
- People's equality and diversity needs were identified and set out in their care plans.
- We observed staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- Staff understood how to care for each person's emotional and spiritual wellbeing in line with their wishes and support plans.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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 to the extent they wanted to be. One person said, "There are no rules or regulations. We get up when we want. Go to bed when we want." Another person told us, "The carers [staff] are very good. They always talk to you to let you know what's going on and ask you if it's okay before they do anything. They are very caring."
- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and by the staff team who knew them well.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.
- Throughout the inspection we observed and heard staff providing reassuring information and explanations to people whilst delivering their care, particularly when supporting them to move.
- People's views on how the service was run and the support they received was regularly sought.
- People confirmed there were regular 'resident's meetings' where the registered manager and staff listened to their opinions and ideas. One person told us, "I go to the resident meetings, but you can just talk to any of the staff at anytime and they will sort things out."

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- People's dignity was respected. On several occasions we observed staff discretely support people to rearrange their clothing to maintain their personal dignity.
- During our inspection, we saw that all staff behaved and spoke in a respectful manner with people. For example, we observed a person who was disorientated after dozing briefly. Staff immediately provided gentle reassurance, which eased the person's anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles or by touching them, which showed people were comfortable and relaxed with staff.
- We observed staff speak with people in a way that was appropriate to meet their needs and ensure their understanding. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.
- When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion.
- Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder.
- Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example, ensuring they were in the right position and at the right level to communicate with people effectively.
- Relatives consistently told us they felt welcome and could visit at any time they wished.
- Staff held all confidential discussions about people's needs and wishes in privacy of their own rooms or other preferred locations which afforded privacy.
- Care plans contained information about respecting and promoting people's dignity.
- Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered during support with their personal care.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- People's care plans focused on what they could do for themselves and how staff could help them to

promote their independence safely.

- People's abilities were reviewed and any change in their independence was noted. People consistently told us staff encouraged them to be as independent as they could be.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Excellent consistency and continuity of care provided by a stable staff team had a major impact on people's quality of life.
- People had experienced exceptional person-centred care, which consistently achieved outstanding outcomes.
- For example, one person moved into the home with complex needs, which included multiple sclerosis, depression, mental health issues and an extreme risk of malnutrition. Staff developed a holistic approach and worked effectively with relevant professionals to improve the person's well-being, which then allowed dietetic specialists to effectively improve their nutritional intake. The coordinated support had led to a significant improvement in the quality of the person's life. The person had increased their weight by 33% to achieve a healthy weight. Their mental well-being had significantly improved, which had led to improved mobility and engagement in social activities.
- Staff were exceptional at involving people and their family, together with health and social care professionals in their care and support plans, so that they felt consulted, empowered, listened to and valued.
- For example, one person moved into the home recently from an alternative service. This person had a complex diagnosis. They had experienced a specific condition, which resulted in symptoms similar to a stroke. Prior to moving to Gracewell of Newbury this person had refused to take their prescribed medicine. This had an adverse impact on their mental health and behaviour, which had led to them becoming socially isolated and losing weight. During the pre-admission assessment the clinical nurse manager identified that the person was refusing to take their prescribed medicine because they did not trust the staff administering the medicine. The person was supported to develop trusting relationships with particular staff administering medicines, which led to the person becoming actively involved in the administration of their prescribed medicines. The head chef held a meeting with the person and their family to identify their favourite meals. During this meeting the head chef identified that where the person sat in the dining room caused them anxiety, which led to a loss of appetite and affected their ability to make choices. Staff explored different seating options and how to support their ability to choose. The person now sits in their favourite spot, which has reduced their anxieties and the chef prepares two show plates for this person, together with a description of how they were made, which is their preferred way to choose their meals.
- This person-centred holistic approach has had an extremely positive impact on the quality of this person's life and their mental and physical health. They have built meaningful, trusting relationships with staff which has led to a reduction in their anxieties, promoted healthy eating and weight gain to reduce the risks of malnutrition and dehydration and allowed them to socially interact and develop friendships with other people. This has led to a dramatic improvement in their emotional and physical well-being.
- The provider effectively identified and met people's communication needs so they could understand

information, including information about their service.

- Arranging accessible means of communication that were individual to the person showed an awareness of legal obligations around communication needs.
- Staff consistently go the extra mile to find out what people have done in the past and evaluate whether they can accommodate activities and make them happen. This enables people to carry out person-centred activities and encourages them to maintain hobbies and interests, which enriches the quality of their lives.
- For example, an older person living with dementia moved from another care home where they remained in their room, did not verbally communicate or socialise and did not engage in any activities. The activities coordinator (ACO) immediately engaged with this person in one to one visits and identified they had previously led a full and active life with many hobbies and interests. The ACO developed an action plan with the person which began with one to one reading activities and then more complicated arts and crafts. An incremental strategy has led to the person becoming more physically and cognitive active, enjoying a full social life again, engaging in their favourite hobbies and pastimes.
- The person's relative said, "To my great surprise [ACO] taught her [loved one] to knit again. This gave her a great sense of purpose and confidence, which has reduced her anxiety. Gradually her sense of humour returned, and I would walk in and find her smiling and joining in. As [loved one's] mobility has deteriorated staff have encouraged her to walk every-day, encouraging her to use the exercise bike whilst watching a video of where she is going. I would like to add that emotionally this not only improves the quality of her life but also mine, as I don't go in there wondering what I am going to find. I know the very best is being done for her."
- Arrangements for social activities met people's individual needs and followed best practice guidance so people can live as full a life as possible.
- People, relatives and professionals overwhelmingly praised the dedication and enthusiasm of the ACO and other staff supporting people to engage in activities, which had a positive impact on people's health and well-being. Such comments included, "The ACO has relentlessly encouraged [loved one] to engage in a variety of activities that would not have been possible before moving into Gracewell of Newbury", "[ACO's] energy and commitment seem to know no bounds, her passion for her work and compassion for every resident are clear to see every day" and "We feel incredibly fortunate that [ACO] is in [relative's] life, there is no doubt that his life is more joyful and fulfilled as result of her care."
- The activities coordinator had gone the extra mile to find out what people had done in the past and provided activities to maintain these skills and stimulate happy memories. For example, a herbal and vegetable garden had been created, together with an allotment and raised planting beds.
- The provider sought to provide people with the opportunity to lead as full a life as possible. For example, the provider had created a pub and coffee shop within the home. This meant that people who were less mobile could still experience a pint of beer and fish and chips or have a chat with friends over a coffee and slice of cake.
- The registered manager had an innovative approach to the use of technology, to promote timely and responsive care and support. For example, one person who was at risk of leaving the home unaccompanied had a discrete tracking device placed in a shoe insole. This promoted the person's independence, whilst ensuring their safety.
- Other people had experienced outstanding outcomes through using the virtual cycling exercise bike. For example, people's physical and cognitive abilities had significantly improved through using this technology.

Supporting people to develop and maintain relationships to avoid social isolation

- People and relatives consistently told us that staff were very imaginative at supporting people to maintain relationships that mattered to them. This helped protect them from the risk of social isolation and loneliness.
- For example, a married couple living in the home were unable to see their daughter to celebrate her birthday. As a surprise staff supported the couple to record them singing happy birthday their daughter,

which they then sent via social media. The daughter responded happily saying, "Thank you for that. It made me cry. You are superstars."

- The service collaborated with family members to arrange one couple's 58th wedding anniversary and a person's 100th birthday. The kitchen staff baked special cakes to celebrate people's birthdays for example one cake used 100 strawberries to celebrate each year of the person's life, whilst another replicated a workman's toolbox, with individual tools crafted from marzipan. One person who could only eat pureed food was surprised by a special pureed cake created by the head chef.

Improving care quality in response to complaints or concerns

- The registered manager used the learning from concerns as an opportunity for improvement. Investigations were comprehensive, and the provider used innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective approach.
- For example, the provider's quality assurance processes identified people were experiencing a high level of falls. The registered manager engaged with healthcare specialists from the local authority integrated care home service to identify areas for improvement to reduce the incidence of falls.
- Research into the falls identified most people who had fallen had been treated for infections which better hydration may have prevented.
- The increase in prevalence of falls, weight loss, and infection among people living in the home prompted the initiation of the provider's Hydration Project in February 2019. The Hydration Project provides and monitors the consumption of drinks hourly.
- Analysis demonstrated that the Hydration Project had a positive impact on the reduction of falls, infections and weight loss experienced by people living in the home.
- In response to the high level of falls the registered manager decided to increase the level of clinical oversight and two clinical nurse managers posts were created. Since the appointment of clinical nurse managers, analysis demonstrates that the incidence of medicine errors has also reduced.
- People and relatives knew what to do and who they would talk to if they had any concerns.
- They were confident action would be taken if they did raise concerns.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- There had been five complaints made to the service since our last inspection.
- These had been well documented and managed in accordance with the provider's policy.
- The registered manager used complaints as an opportunity to improve the service.

End of life care and support

- The service worked closely with healthcare professionals and provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death.
- Professionals consistently told us the service was focused on providing person-centred care and it achieved exceptional results.
- There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of a person's life. For example, nurses with extensive experience in hospice care.
- Staff had received end of life care training to a recognised standard.
- People's end of life wishes were sensitively considered and comprehensively explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- On the night prior to our inspection two people had sadly passed away. We spoke with members of the rapid response and treatment team, who praised staff for their swift response to people's changing care needs.
- We spoke with family members of three people who had recently passed away, who consistently described the care and compassion of staff as exceptional.

- For example, one person's favourite member of staff read a very special poem beside the person's bed, whenever they requested, which family members said brought them inner peace. The person also enjoyed listening to a local singer, especially their rendition of the person's favourite song. Staff contacted the singer who kindly volunteered to come in and sing the person's favourite song to them in their own room.
- Since our last inspection the registered manager had received many glowing testimonials regarding the outstanding quality of care extended to people and their families when their loved one's had passed away.
- For example, one letter read, "The kindness, support and friendship mum received after dad's death was simply fantastic. Mum loved all the staff who looked after dad but three girls [staff] went above and beyond supporting mum on the day of dad's funeral, which meant we could grieve without worrying about mum. We cannot thank them enough for giving us that opportunity."
- Staff consistently told us they were supported by the service with empathy and understanding when people passed away.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were effective management systems in place to promote person-centred care.
- The registered manager had identified the need to improve clinical leadership and had appointed two clinical nurse managers. This demonstrated their commitment to drive continuous improvement and deliver high quality, person-centred care.
- The registered manager, clinical nurse managers and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
- People and relatives described the service as well managed and very organised. A person told us, "The manager is very nice, and the senior nurses are marvellous. They always come to see you if you are worried." A relative told us, "The manager is very caring and always wants to hear about what they can do to make things better for [loved one]."
- The registered manager and clinical nurse managers had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best person-centred care possible to people.
- People, relatives and health and social care professionals described the registered manager and clinical nurse managers to be dedicated to the people living in their home, who led by example and provided good role models for staff.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- The management team understood their Duty of Candour, to be open and honest when things went wrong. For example, when relatives raised concerns the registered manager and home manager listened to the concerns, apologised where necessary and took swift action to address the concern.
- Without exception, relatives praised the management team for being open and honest whenever they had raised concerns.

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

- There was a clearly defined management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager, clinical nurse managers, other heads of department and staff understood their

individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.

- The management team often worked alongside staff and monitored the quality of their care in practice.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- Health and social care professionals were consistently impressed by the person-centred approach of the management team and had confidence in the staff's capability to follow their guidance and meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- We observed the management team were highly visible within the service and readily approachable. The registered manager spent meaningful time with people, relatives and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes.
- People's and relative's views were listened to and acted upon.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. One staff member said, "It is amazing here. Everyone supports one another, whatever their job. We are just like one big family."
- The provider recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the registered and home manager encouraged them to share their ideas to improve the quality of care people received. We observed the management team were responsive to suggestions and ideas.
- There was an employee of the month 'Heart and Souls' award with gifts appropriate to the employee's cultural background and preferences, based on nominations from people, relatives and colleagues. The provider also celebrated National Nurses Day and Carers Day by providing appropriate gifts to recognise their contribution to people's lives.
- The provider also demonstrated their appreciation by arranging team building events such as the staff sports day, 'Happy Thursdays' where staff were invited to enjoy a full breakfast prepared by the chef and kitchen staff and 'Pamper Fridays' where staff had the opportunity to experience a relaxing massage.

Continuous learning and improving care

- The registered manager effectively operated a quality assurance system which identified and drove improvements which was interlocked with annual business and continuity plans.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings with the provider's operations director, which also formed part of their quality assurance process.
- Staff recorded accidents and incidents, which were reviewed daily by the management team and provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe. For example, implementation of the provider's Hydration Project to reduce the incidence of falls.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager and clinical nurse managers, which motivated them to improve, enabled them to develop and understand what action they need to take.

Working in partnership with others

- The management team worked effectively in partnership with health care professionals from multidisciplinary teams. For example, the collaborative work between the head chef and the integrated care

team, speech and language therapist.

- This ensured people were integrated into their local community and had their health and social care needs met.
- The registered manager and staff had worked effectively with other partners to improve the experience of people being discharged from hospital into the home.
- People's relatives, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.
- We observed effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.