Gracewell Healthcare Limited

Gracewell of Salisbury

Inspection report

Wilton Road
Salisbury
Wiltshire
SP2 7EJ

Tel: 01722447100

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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

Gracewell of Salisbury provides accommodation and nursing care for up to 63 older people. At the time of our inspection 45 people were living at the home. The home was last inspected in April 2014 and was found to be meeting all of the standards assessed.

This inspection took place on 15 March 2016 and was unannounced. We returned on 18 March 2016 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "The nurses and carers are always there when you need them", "I feel very safe here, there's nothing to worry about" and "The staff treat me well and I feel safe". A relative told us, "The nurses and carers are always there when you need them".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew their responsibilities.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. Comments from people included, "They ask lots of questions about what we want and how we want it" and "I would speak to one of the nurses if I had a problem, they would help to resolve it".

The provider regularly assessed and monitored the quality of care provided at Gracewell of Salisbury. People and their relatives were encouraged to express their views on the service and this was used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and provided the care and support they needed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable knowledge and skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were

treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously. Complaints had been investigated and responded to promptly.

Is the service well-led?

Good

The service was well led.

There was a registered manager who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Gracewell of Salisbury

Detailed findings

Background to this inspection

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

This inspection took place on 15 March 2016 and was unannounced. We returned on 18 March 2016 to complete the inspection.

The inspection was completed by one inspector and a specialist advisor on nursing care of older people. Before the inspection we reviewed previous inspection reports and all 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. We reviewed the Provider Information Record (PIR). The PIR is information given to us by the provider.

During the visit we spoke with the registered manager, eight people who use the service, two visitors to the home and eight staff, including nurses, care assistants and catering staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for seven people. We also looked at records about the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also received feedback from three health and social care professionals who have contact with the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Gracewell of Salisbury. Comments included "I feel very safe here, there's nothing to worry about" and "The staff treat me well and I feel safe".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with appropriately. The home had reported issues and worked openly with the safeguarding team where any concerns had been raised. Prompt action had been taken when necessary to ensure people were safeguarded.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People or their representatives had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for four recently employed staff. The records demonstrated the recruitment procedures were being followed. The registered manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments from people included, "Staff come quickly when I use the call bell" and "Staff usually come quickly when I use the call bell. Sometimes there's a bit of a wait, but it's never too long". We observed staff responding promptly to people's requests for assistance during the visit. This included people calling out for assistance and people using call bells. Staff were able to take their time to provide the support people needed and have a conversation with people. Most staff felt there were sufficient staff to be able to meet people's needs. Some staff said they were sometimes rushed in the mornings, but said they were able to provide the care that people needed. The registered manager said staffing levels were based on an assessment of the dependency levels of people using the service. The registered manager said she was able to increase staffing levels if she assessed this was necessary to meet people's needs effectively.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them. On the first day of the inspection we found that some cream medicines had not been labelled with the date they were opened by staff. This is necessary to ensure the medicine is disposed of in line with the manufacturer's instructions. The clinical lead reported that this had been an oversight and by the second day of the inspection action had been taken to resolve the issue.

All areas of the home were clean and people told us this was how it was usually kept. Comments from people included, "The home is kept clean, I have no concerns" and "The home is always kept clean. The 'pink ladies' (housekeeping staff with pink uniforms) come in regularly and are very friendly". The sluice rooms were clean and well organised, with clean and dirty items separated to prevent cross contamination. Hand washing and drying facilities were available and sinks were clean. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was a supply of protective equipment in the home, such as gloves an aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "The staff look after me well" and "The nurses and carers are always there when you need them". Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's diabetes, dementia and nutritional needs.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the management team had scheduled regular one to one meetings for all staff throughout the year. The registered manager had a supervision tracker to ensure all staff received supervision every six weeks. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have supervision every six weeks. It is useful and I am able to raise any concerns outside of these meetings" and "I have regular supervision meetings and an annual appraisal. I feel well supported". In addition to their regular supervision meetings, all staff had an annual appraisal.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. The service offered specialist training for staff through the 'dementia pathway scheme'. These were provided through knowledge sets, which helped staff to better recognise the needs of people with dementia and provide care to meet those needs. Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. 21 of the 27 care staff had completed formal national qualifications in health and social care. Qualified nurses said they were able to keep their skills up to date and maintain a record of their continuous professional development. In addition to training for staff, the service hosted a dementia friends' session, which was open to people who use the service, relatives and members of the wider community.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Applications to authorise restrictions for some people had been made by the service and were being processed by their local authority. We saw cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked

capacity. Capacity assessments had been completed where necessary, for example in relation to people being supported with their personal care and administering medicines.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "Some meals are very nice. I am able to choose what I have" and "Food is excellent. There is a choice of meals and it is cooked very well". The menu offered people choices and was displayed in written and pictorial format. The chefs served meals to people in the dining areas and people were able to see the food before deciding what they would like. People were able to choose to take their meals in the dining room or their room. The service had responded to negative feedback about the food by working with people to develop different menus. A 'food forum' had been established as a different way of receiving feedback from people and getting people involved in the planning of meals. The work done in response to the concerns had resulted in greater levels of satisfaction about meals in the home.

People had an assessment of risks in relation to malnutrition, which took into account people's weight, any unintended weight loss and people's medical conditions. This information was used to plan how any identified risks should be managed. The chefs had detailed information in the kitchen about people's specific dietary needs. This included the texture of the food people needed, information about people who had lost weight and medical conditions which affected the diet people followed. The chef working on the day of the inspection demonstrated a good understanding of people's needs, including the updated needs of a person who had returned to the home from hospital the previous day. This demonstrated the systems for communicating people's changing needs worked effectively. The registered manager told us the home was participating in a trial run by the local NHS trust. This involved greater input from the community dieticians to identify people who may be a risk of malnutrition, training for staff and audits to ensure the training was implemented by staff.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. The registered manager also reported people had regular input from a tissue viability specialist nurse, palliative care specialist nurse, Parkinson's specialist nurse and the mental health team. People's care plans described the support they needed to manage their health needs and reflected the input from specialist health professionals. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very kind. They're all lovely girls, and a few men, and are very caring" and "I'm very happy with the care provided. They're all so nice and kind to me". A relative told us, "The nurses and carers are always there when you need them". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. For example, we saw staff providing discreet support for people to go to the toilet and providing comfort and reassurance to one person who was distressed.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents meetings, which were used to receive feedback about the service and make decisions about activities in the home.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. The provider stated they planned to work at all times in ways that were led by the principles of kindness, integrity, trust, empathy and respect. Staff were aware of these principles and told us they were referred to regularly in training and support meetings. We observed staff working in ways that supported people to maintain their independence, including encouraging people to be independent when eating and supporting people to make decisions by giving them clear information about their options.

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts activities, games, exercise sessions, visiting entertainers and religious services. Activities were organised for each morning and afternoon. The programme was designed with input from people who use the service, with feedback provided individually and through a monthly residents' committee. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. One person told us, "There's plenty going on. I like some of the activities that are arranged and I can also suit myself in my room". Some people told us they preferred to spend time in their room and make their own entertainment, for example watching television, listening to the radio or reading. We observed staff providing company and interaction with people in their rooms and in communal areas throughout the visit. The home organised a number of community social events, in partnership with local community groups. This helped to ensure people did not become socially isolated.

The home had a 'wishing well', in which they encouraged people to write down their wishes so that staff could try to make them a reality. Examples that staff had supported people to do included, "I would like a knitted hat", "a gin and tonic" and "a teddy to cuddle". The registered manager told us she wanted to ensure they facilitated life enriching events and embraced people's interests, experience and talents.

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'Who am I' section, which allowed people and those who know them well to set out details of what is important to them and how they want care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. Comments from people included, "They ask lots of questions about what we want and how we want it".

We saw one example of a care plan that contained contradictory information. The clinical lead explained that one part of the plan had been missed when the person's needs changed and the rest of the plan was updated. Although part of the plan contained old information, staff demonstrated a good understanding of the person's needs and the support they should provide. We saw that the plan had been fully updated by the second day of the inspection.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or their relative if there was anything they were not happy about. One person told us, "I would speak to one of the nurses if I had a problem. They would help to resolve it". The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether

suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed. We saw that action had been taken to change the menus and food service following a number of similar concerns which had been raised. The registered manager had involved people in the review process to ensure they were addressing the specific concerns people had raised.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Gracewell of Salisbury and they were available throughout the inspection. In addition to the registered manager, there was a deputy manager and head of different departments in the service making up a management team. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on Gracewell's values of kindness, integrity, trust, empathy and respect. The registered manager told us her view was the service they provided had to "be the very best" and all of the team needed to work together to make sure they instil the values of the organisation.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The registered manager is very supportive, she is a good manager" and "The management team provide good leadership. I have never had a manager be so supportive of me".

There was a system of audits and reviews of the service, which was used to create a development plan for the service. There were systems in place to track certain events in the service and plan action to minimise them. For example, analysis of falls in the service had identified specific times and people who were at higher risk. Action to minimise the risk of falls had resulted in a 50% reduction in falls between October 2015 and February 2016. Other events that were tracked included hospital admissions, pressure ulcers and infections.

The registered manager completed a daily audit of the service, in which she walked round the service, received feedback from people and staff and assessed how the service was operating. There was a brief daily heads of department meeting, which was used to ensure everyone knew what was happening that day and there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

The provider operated a 'mystery shopper' scheme, in which an unknown person would make an enquiry about moving into the service and visit to look around. The mystery shopper completed a report of their findings, setting out information about how their specific enquiry was dealt with and general observations on the running of the service. These reports were shared with staff to ensure good practice was recognised and to address any issues where the service could improve.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

All of the quality assurance information was collated and presented to staff at governance meetings. The performance of the service was compared against other services operated by the provider. This gave staff clear information about the assessment of how the service was operating by the management team and set out any actions needed to improve the service provided.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any concerns and the registered manager worked with them to find solutions. The service operated two staff recognition schemes, one awarded by the management team and one in which staff are nominated by their peers. These were used to help recognise and reward staff who demonstrated the values of the organisation and put them into practice.