

Gracewell Healthcare Limited

Gracewell of Kentford

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Gracewell of Kentford provides nursing and personal care for up to 88 people, some people were living with dementia. At the time of our unannounced inspection of 12 and 13 July 2017 there were 83 people living at the service.

At the last inspection of 17 December 2014 the service was rated Good. At this inspection the service remained Good and met all relevant fundamental standards.

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 continued to receive safe care. The staff understood how to keep people safe and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans for each person were in place. The nursing staff had a clear system to manage and attend to people's dressings and nursing needs. There were structured arrangements in place for the safe storage, receipt and management of people's medicines.

There continued to be sufficient numbers of qualified nurses and care staff to meet people's assessed needs. There were effective recruitment procedures in place.

People continued to be 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.

The systems in place continued to support people to maintain good health and a nutritious and health diet.

People continued to be treated with understanding dignity and respect for their individual choices and needs. Each person had an individual care plan which had been written with them and relatives as appropriate to identify their needs and how these needs would be met.

The care plans were reviewed on a planned basis and as required as the result of an event. The plans also documented people's preferences and choices for how they wished to be supported. Activities continued to be planned and were in line with the interests of the people.

There was a complaints procedures in place and a recent change to the monitoring of complaints had emphasised upon the resolution and lessons to be learnt from any complaint.

The registered manager used a number of methods to manage, assess and the monitor the quality of the service. This showed that the service continued to maintain good quality care and identify areas for

improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Gracewell of Kentford

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 unannounced comprehensive inspection visit took place on 12 and 13 July 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience on the first day of the inspection and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with 12 people who used the service and four relatives. We also spoke with the registered manager, clinical lead, one qualified nurse, chef, seven members of care staff, one member of the activities staff and one member of the domestic staff. We also spoke with two professionals visiting the service during the inspection.

During our inspection we used the Short Observation Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of eight people who lived at the service, staff recruitment and training records and arrangements for meal provision. We also viewed staffing rotas with regard to people's assessed needs, the recorded complaints and compliments, medicine records and audits of care.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they felt safe in the service. One person said, "I feel very safe, staff are around day and night and my call bell makes me feel safe." Relatives confirmed that people were kept safe. One relative told us, "Staff pop in a lot to keep an eye and we had a meeting recently. I asked about [my relative] at nights and they showed me the charts with two hourly checks, that was reassuring."

Staff had received training to recognise the signs of abuse and what actions to take should they suspect any abuse had occurred. A member of staff informed us about the training which had covered the different types of abuse. Staff were confident they could raise any concerns with any of the senior staff and they would be acted on.

Risks to people's safety continued to be identified and recorded in their risk assessment. These were reviewed regularly and after any event. Staff knew how to provide care with regard to risks whilst allowing people to be as independent as possible to do things for themselves. Staff knew who was at risk of choking and were supportive by ensuring the food was appropriate, given this risk. Each person had a personal evacuation plan to guide staff on the assistance they would need if the service needed to be evacuated. Relevant checks had been completed in relation to utilities, fire and safety equipment to check they were safe and fit for purpose and reduce the risks to people using the service and others.

The service continued to have systems in place to care for people by sufficient numbers of qualified nursing and support staff in order to meet their needs. The nursing staff informed us that they managed the staff on duty to support them to provide each person with their assessed care. We saw that the staffing rotas accurately took into account people's dependency needs to determine the number of staff required. Some people informed us that staff were busy sometimes at lunch times and weekends but there were enough staff to keep them safe.

Prior to any member of staff commencing at the service pre-employment checks were completed. The staff files contained evidence of proof of identity, disclosure and barring service checks, employment histories and that the qualified nurses were up to date with their nursing registration.

People continued to receive their medicines at the times they were prescribed. One person told us, "My blood pressure tablets are so important and they [staff] have never missed any." Arrangements were in place to receive, record, store, administer and dispose of medicines safely and securely. A nurse informed us about the medicines that were prescribed as required (PRN), protocols were in place to support a person, when they experienced pain.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People informed us staff were well trained and skilled. One person told us, "I need to be hoisted and there is always two staff and they know what they are doing." A relative told us, "It is perfect, staff are on the ball, I can speak to any of the staff and get information." A member of staff informed us about the training and supervision they received. They told us, "Supervision is helpful because it is a time to think things through." They also informed us that they had learnt new skills from the training to support people. We saw from the training schedule staff training was planned throughout the year. A qualified nurse told us, "I have renewed my nursing qualification as I am required to do. The training provided such as tissue viability has helped me to achieve that."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training and from our discussions with them understood the process and effects of the MCA

Where people lacked capacity they continued to receive care which was identified as being in their best interests. The registered manager, deputy manager and clinical lead were knowledgeable in this area and had sought advice as needed. Appropriate authorisations had been sought as required and we saw evidence of best interest meetings. Where people had capacity and could communicate their wishes staff were respectful and we saw written evidence that staff had sought people's consent prior to providing support.

The service continued to have systems in place to reduce the risks to people relating to not eating or drinking enough and maintaining a healthy diet. The chef informed us how they were kept informed by the person and staff of their likes and dislikes plus any allergies to be avoided. They ensured there were at least two choices of meals being provided each day, plus soups, sandwiches and snacks. One person told us, "Food is good, enough choice, very good food." We saw a member of staff offering a person a choice of food. Both plates were shown to a person to help them chose. We saw plate guards being used to assist a person with their meal. This showed that people were supported to maintain their independence when eating and choosing their meals.

Staff were knowledgeable about people's diet and fluid needs. When a food and or fluid chart was in use, the nursing staff checked that they were accurately recorded to ensure that each person had enough to eat and drink. When they were concerned about a person's diet and fluid intake they would consult other professionals such as GPs and speech and language therapists.

The service continued to work with and consult other professionals to provide care to the people. One visiting professional told us, "It is very good, they [people] are well looked after, we do a weekly visit but they do ring if there is something urgent. Nurses are knowledgeable and helpful."

A nurse informed us how they organised and recorded all nursing procedures when on duty and made accurate recordings in the person's care plan. This procedure was confirmed by the clinical lead and when they were on duty the senior person in the service would check with the nursing staff that the required nursing care had been provided at each handover. This meant care was planned and checked that it was delivered with regard to people's personal needs.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We received positive feedback from both the people using the service and their relatives about the care provided. One person told us, "Very nice carers, if I need them they are there, I would give them top marks." A relative told us, "I love it, they are very welcoming, [my relative] is always clean and we are happy with their care."

Staff continued to be compassionate and caring in their approach with people, supporting them in a kind and sensitive manner. Staff usually worked in the same area of the service and had got to know people well. This had built up trusting relationships and we observed many positive communications and jokes being exchanged.

During our observations we found examples of how people's dignity was maintained. We observed staff knocking on people's doors and waiting to be invited in. One person told us, "They do knock and never presume to just walk in." When personal care was being provided doors were closed to preserve people's dignity.

People received nursing care in a home which the staff had worked on to make into a homely environment. Everywhere was clean and decorated throughout in different styles. People were supported to choose how they furnished and made their own room personal to them as they chose. This was to empower people as per the service philosophy to promote people's independence and choice. The senior staff promoted values which placed person-centred care as the aim of the staff.

Care plans continued to be individualised and centred upon the person's wishes as well as their needs. This included how they liked to be addressed and how staff could support them to maintain their interests and independence as far as possible. One person told us, "The staff do listen to me, always ask what I would like for breakfast?" They also explained to us that staff did not assume, what they wanted and always asked. "You have choice of a bath or showers you please yourself, I like the bath, it is a good experience." Staff explained to us how they supported people to choose and select what to wear that and not to assume themselves what to get out of the wardrobe.

The clinical lead told us about how people and their families, as agreed with the person, were involved with writing and reviewing the person's care plan. One person told us, "I have a care plan and talk with the staff and they write the important things down." We noted that staff had discussed with people and their relatives their views and preferences regarding end of life care. This meant that the staff would know about individual preferences and would be able to respect those wishes.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they received a personalised care service which was responsive to their needs from the staff. One person told us, "I am happy here, everything is nice, get up when I want, go where I want, have meals in my room which is my choice and go to activities, enjoy the card games and music. There is something going on all of the time."

Care plans continued to reflect people's needs and preferences and had been regularly reviewed so that they remained relevant and up to date. One person told us, "The staff go through my care plan with me and we agree any changes." People's care was based on their specific needs from assessments prior to them coming to the service which had been reviewed and updated upon a regular planned basis and as required.

Care plans had been written so that sufficient guidance was provided to the staff on how to meet the person's needs. There were no pressure ulcers recorded at the service and the nursing staff informed us that this was because the staff assisted people, who were in bed, to change position, as required. This is to relieve pressure from one part of the body to another. They also encouraged and supported people to get up if they so choose and spend time in their bedroom, lounge or garden. This showed that the staff continued to respond to people's needs.

Activities were available seven days a week to ensure people continued to be actively engaged in living a full and enjoyable life. One person told us, "I join in the activities, I like the singing, bingo and quizzes." We saw people playing cards and other people were being supported by staff to bake treats. As well as providing games and activities in the garden, arrangements had been made for entertainers to come to the service on a regular basis. Members of the local church had been invited by people to come to the service for reading and discussing bible stories. A member of the activities staff informed us that as well as making arrangements such as group activities they also focused on supporting people that required or preferred one to one support.

People's complaints, views and opinions continued to be sought and acted upon. People had been provided with a copy of the complaints procedure. They were also asked if they had any concerns or complaints at residents meetings and at reviews. We saw that complaints were recorded and responded to by the manager as per the service policy. One person told us, "I would speak to one of the managers if I had any complaints but do not have any, everybody talks to me and they listen." Another person told us, "I have no complaint and would speak to the manager if I did he is nice to talk to."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People spoke positively about the management of the service. One person told us, "I see one of the managers every day, I can always talk with them if needed." People told us they were happy with the care they received. One person told us, "Like everywhere there are the odd occasional problems with food not as good as the previous day or sometimes at weekends the staff are very busy. But this is rare and it is very good on the whole." A relative told us, "I am always made very welcome whenever I visit." A member of staff told us, "I love it here, manager is understanding, positive and is there to support you."

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. The manager provided strong leadership. A member of staff said, "I respect the manager as he will always talk with the staff and explain his decisions."

There continued to be an open culture in the service where people and staff were asked for their views of the service and their comments were valued and acted upon. Feedback about the standards of the service were sought from people and their relatives. This was done from verbal discussion with senior staff, surveys and care reviews. A relative told us, "Staff are approachable and will try to help in anyway they can do so."

We observed one of the daily head of department meetings chaired by the manager. The purpose of this daily meeting was for the heads of department to share any positive information as well as communicate with each other to problem solve any issues together. The heads of department passed on the information discussed and decisions made to the staff on duty for which they directly managed. This meant identified problems and resolutions regarding the smooth running of the service were discussed and communicated to the staff.

There continued to be quality auditing processes to ensure the quality of the service delivered. A weekly audit was completed by the registered manager from information supplied to them from the respective heads of department. This included an audit of medicines. The manager was in turn supported by their manager and regional staff dedicated to driving improvements forward. Recommendations from these audits were implemented in a timely fashion having been planned by the registered manager. Changes were made as agreed to policies and processes as they were reviewed. We saw the complaints recording process had changed so that the registered manager could record their actions clearly on the complaints log against each complaint. This showed that the service continued to improve.