Gracewell Healthcare Limited

Gracewell of Sutton

Inspection report

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Date of inspection visit:
06 July 2017

Date of publication:
23 August 2017

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 Sutton is a nursing home which provides care for up to 83 older people. The ground floor was for people who can live independently with some assistance, while the middle floor was called the 'memory floor' and was for people with dementia. The top floor was designed to cater for people with nursing needs although it was not yet open at the time of our inspection. The service had a hairdressing salon on the ground floor and a cinema on the top floor. There were several lounges for people to spend time relaxing in across the service. At the time of our inspection 25 people were living in the service. This was the first inspection since the service registered with us in November 2016.

The service had a registered manager at the time of the inspection. 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 felt safe and were supported by staff who understood how to safeguard adults at risk of abuse as they had received training in this from the provider. The home was secure. Staff assessed risks relating to people, the premises and equipment and developed robust plans to mitigate them. The provider mitigated risks to people in the least restrictive ways possible, for example where some people were at risk of falling from bed staff positioned beds low to the ground and positioned crash mats to cushion falls instead of restricting people in bed with bed rails. The service managed risks relating to infection control well and the home was clean.

There were enough staff to meet people's needs. Staff were recruited through robust procedures to check their suitability to work with people using the service.

People received their medicines safely and procedures to manage people's medicines within the service were robust.

People received their care and support from staff who were well supported with an effective induction, training and supervision from their line manager. Staff supported people in accordance with the principles of the Mental Capacity Act 2005. People were positive about the food they received and staff catered to people's dietary needs and preferences. Staff supported people to access the healthcare services they needed. The provider created the 'memory floor' following some design best practices for people with dementia, such as memory boxes to help people reminisce.

The service was caring. Staff knew people's backgrounds and preferences and developed positive relationships with them. Staff treated people with dignity and respect. Staff supported people to maintain relationships with people who were important to them. People were supported to plan how they would like to receive care at the end of their lives.

People received care and support that was responsive to their needs, including their diverse needs and preferences. The provider assessed people's needs before they came to live at the service and reviewed their needs with them as they changed ensuring care plans remained current and reliable for staff to follow. People were supported people to engage in activities they were interested in. A suitable complaints process was in place and people told us they would speak with the registered manager if they wished to complain.

The service was well led. An effective staff appreciation and reward system was in place which meant staff felt motivated to perform well and enjoyed their jobs. Staff were well supported by the registered manager who had a background in setting up and managing large nursing homes. The registered manager encouraged open communication with people, their relatives and staff and had systems in place to gather their feedback. The provider had a range of processes in place to monitor and audit quality at the service. The registered manager submitted statutory notifications to the CQC including the outcomes of applications to deprive people of their liberty and allegations of abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff to meet people's needs. Staff knew how to safeguard people from abuse. The provider had robust risk assessment processes to mitigate risks to people including risks relating to the premises and equipment.

The service was clean with suitable infection control procedures in place.

The provider checked staff were suitable to work with people prior to offering them employment. Staff managed people's medicines safely.

Is the service effective?

Good

The service was effective. Staff felt supported and received a programme of induction, supervision and training.

Staff cared for people followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) Code of Practice.

People received food according to their dietary needs and preferences and staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring. Staff employed by the provider were caring, knew people well including their preferences and backgrounds and treated people with dignity and respect.

Staff supported people to maintain relationships with people who were important to them. Staff generally communicated with people in the best ways for them.

Staff supported people to consider how they wanted to be cared for at the end of their lives.

Is the service responsive?

Good

The service was responsive. The provider generally met people's needs including their changing needs and preferences.

People were provided with activities they were interested in to keep them occupied.

A suitable complaints procedure was in place and people said they would approach they registered manager if they wished to complain.

Is the service well-led?

Good

The service was well-led. A registered manager was in place with a background in setting up and managing large nursing homes.

The provider encouraged open communication and feedback from people, relatives and staff. A staff appreciation and rewards system was in place which helped motivate staff.

Audits were in place to assess, monitor and improve the quality of the service.

Gracewell of Sutton

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 6 July 2017. It was unannounced and undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection. We also received information about the service from the local authority.

During the inspection we spoke with three people, six relatives, four care staff, the head of nursing, the regional director, the administrator, the activities lead, the chef, the head of maintenance, the head of housekeeping, the deputy manager and the registered manager. We reviewed four people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and the management of the service including three staff files.

Good

Is the service safe?

Our findings

There were enough staff deployed by the provider to meet people's needs. However, one person and one relative told us there were not enough staff. A person told us staff answered call bells promptly, but often only turned off the ringing bell and did not provide the assistance requested. The person told us, "This morning I rang to get up at 8am and someone finally came to help at 10am. I was bursting for the toilet! It also meant that I have only just finished my breakfast [at 11.30am] so I will ask the chef to put back my lunch. They do come when you ring but to tell you that they are busy [and unable to provide the assistance required] and that they'll come back." The same person told us, "I would like to go out more but it needs a staff member to push my chair and they are usually too busy." They told us about a time two weeks previously when, "…after breakfast I was left in my lounge chair for the rest of the day. People whizzing past the door but I'm paying a lot of money to sit in my chair all day." A relative told us they found soiled incontinence pads and soiled clothing where their family member had tried to manage herself and they told us they felt this was because there were insufficient staff to manage people's needs.

We observed most of the time there were enough staff to care for people, although for short times there were no staff to support people who were disorientated to time and place in communal areas of the memory floor. All staff we spoke with all told us they were able to carry out their duties without rushing as there were no staff shortages and the registered manager told us they believed there were enough staff. Records showed the registered manager assessed the levels of staff people required before they came to live at the service. The registered manager told us they reviewed staffing needs across the service based on these assessments of people's individual staffing needs. The registered manager explained they took care to ensure all shifts were allocated, with staff working overtime or agency staff booked and rotas confirmed this. We recommend the provider seeks specific feedback from people and relatives regarding staffing levels.

People told us they felt safe living at the service. One person said, "Having carers and nurses here 24 hours makes me feel safe especially if I know they are Gracewell staff." A relative told us, "The home is physically secure". The relative told explained their family member required supervision to remain safe as they had gone missing from a previous home and were now safe in this home. The provider trained staff in safeguarding people from abuse and neglect. Staff understood signs people may be being abused and understood the actions they should take to keep people safe. The registered manager had raised safeguarding concerns appropriately, informing CQC and the local authority safeguarding team of allegation of abuse which had been made. The registered manager had cooperated with investigations carried out by the local authority.

Risks to people were mitigated because the provider assessed and managed risks to people well. These risks included those relating to malnutrition, choking, pressure ulcers and moving and handling. The provider ensured suitable management plans were in place and these were kept up to date as people's needs changed so they were reliable for staff to follow when supporting people. The provider managed risks of people falling from bed, using the least restrictive method possible to maintain people's independence while keeping them safe. Where they assessed a person was at risk of falling from bed they generally lowered their specially designed bed to the floor and positioned crash mats next to the bed to cushion any falls. Bed

rails were used only as a last resort where less restrictive methods were assessed to be unsafe for people. For a person who experienced a high number of falls staff carried out a falls analysis to identify the reasons for this. A physical condition was identified as the main cause and they were receiving treatment for this. In addition the person agreed to have a motion sensor in their room to alert staff when they were mobilising so staff could provide them with additional support to reduce the risks of them falling.

People were protected from risks relating to the premises and equipment. This was because the provider had risk assessments and management plans in place relating to the environment, water systems, fire safety and other systems. The maintenance team ensured regular checks were carried out internally and by external contractors so the premises and equipment were maintained safely, including lifting equipment, hot water temperatures to reduce the risks of scalding, portable electrical appliances and call bells.

People were protected from risks relating to infection control as the provider had good arrangements for keeping the service clean and the housekeeping team followed best practice relating to infection control. People and relatives commented on how clean the service was and these comments were in line with our findings overall. However, we observed a person's chair in their room remained soiled after the housekeeping team had serviced the room. The room had a strong smell of urine which staff told us was due to the carpet retaining the smell of urine. We discussed this with the head of housekeeping and we saw they arranged for the chair to be cleaned immediately. They told us the carpet was washed many times during the week but the carpet continued to be soiled regularly. The senior managers, including the registered manager, they us told us they would address issues relating to the carpet when we feedback our concerns.

The provider recruited staff through robust procedures to check their suitability to work with people. These procedures included background checks and employment history, qualifications, criminal records, right to work in the UK and health conditions. Staff received a probationary period during which they received two-weekly supervision with their line manager and their performance was closely monitored.

Staff managed people's medicines safely and supported people to manage their own medicines where appropriate. One person told us, "After a lot of discussion I am able to manage my own medicines. I order them and keep them in my room. I want to be independent with my medicines." Medicines were received, stored, administered and disposed of according to best practice. Staff made records of medicines administration according to best practice and there were no unexplained gaps in records. Our checks of medicines stocks indicated staff administered medicines to people as prescribed as stocks tallied with the expected balances. The provider arranged for people's medicines to be reviewed by their GP to ensure they continued to meet people's needs safely.

Good

Is the service effective?

Our findings

Staff were supported by the provider to deliver effective care to people. Staff received an induction in line with the Care Certificate, a nationally recognised qualification to enable care workers to achieve standards in caring for people. The positive feedback from people and relatives about how staff performed their roles indicated staff demonstrated knowledge for caring for people during their work. Staff told us the training they received was good quality and provided them with the knowledge and skills they needed to support people. All staff across the home received mandatory training in a range of areas including dementia awareness, safeguarding and fire safety. In addition staff were provided with further training specific to their role, including diplomas in health and social care for care staff and management courses for line managers.

Staff received regular one-to-one supervision and annual appraisals were planned by the provider. Staff told us that during supervision they were provided with opportunities to reflect on their practice and receive guidance on improving support to people. Line managers also reviewed training needs with staff during their supervision.

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 found the service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. One relative told us that they were legally authorised to make decisions on behalf of their relative. They said, "I have been impressed that the home have involved me with a change in care or medication. It's always discussed." Staff understood their responsibilities in relation to MCA and DoLS well. The documentation relating to people's DoLS authorisations was available for staff to refer to. However, these lengthy documents were not always summarised within people's care plans so staff could more readily understand the details and conditions of people's DoLS and ensure they complied with the conditions in place. The deputy manager told us they would ensure they included information in all people's care plans where they had a DoLS in place.

People we spoke with were positive about the food they were provided. A relative said, "Dining is a pleasant experience." Staff recorded people's preferences and dietary requirements in their care records. Staff had a key fob with a laminated card for each person detailing their dietary preferences and requirements. The chef positioned these cards on display in the kitchen for his team to refer to when preparing people's meals. Staff also recorded this information in people's care plans. People received a choice of food at the point of service, which meant they were provided with an alternative if they no longer wanted the meal they had

earlier selected with staff. Although there were set mealtimes, people told us staff provided them with food if they required this outside of the mealtimes.

Staff supported people to maintain their health. A person told us, "You ask to see the doctor on his weekly round and it usually happens." A person told us, "You ask to see the doctor on his weekly round and it usually happens. Yesterday they missed me but I caught him at the desk." A relative told us staff put effective strategies in place to support their family member when they were losing weight. Staff monitored people's weights closely and took appropriate action to support them when there were concerns, including following guidance from the GP or dietitian to help them maintain a healthy weight. Staff also supported people to access healthcare professionals such as their GP, dentists, psychiatrists and physiotherapists. Staff maintained records of appointments for others to refer to.

The 'memory floor', floor of the home reserved for people with dementia, incorporated some adaptations to help meet people's dementia-related needs. Display cabinets had been built into the walls outside each person's door as a 'memory box' to place pictures of people or items that were important to them to help orientate themselves. The handrails contrasted with the wall which made them easier to people with dementia to notice. Photographs and pictures of local places and people dated from the last century were on display in communal areas to encourage people to reminisce about their past.

Good

Is the service caring?

Our findings

Staff employed by the provider to support people were caring. Agency staff working at the service were sometimes less caring, but the registered manager took appropriate action when instances of uncaring behaviour by agency staff were reported to them. One person said, "The staff treat me very well. When I fell a few weeks ago somebody stayed with me until the ambulance came." However, another person told us staff employed by the provider were caring but agency staff were less caring. This person talked about care they received from an agency staff member the previous day, they said "I wasn't listened to and when I was spoken to it was rudely. I was very cross… it's just one example of how we have to put up with poor care when agency staff are brought in." They also said, "Today I was brought into the shower and left there. I heard the agency carer in the corridor say that she didn't have time to 'do' me and that someone else would have to carry on and she left. I was furious but couldn't do anything." Following the inspection, the registered manager was able to demonstrate that these concerns were acted on at the time. The agency worker was removed and has not returned to the service at the provider's request.

We observed staff caring for people with kindness and consideration during out inspection. People and relatives told us the regular staff employed by the provider had developed positive relationships with people. Staff supported people to eat by allowing people to set their own pace and reassuring and encouraging where necessary. We observed a nurse gently rest an arm on a person's shoulders when they needed additional reassurance to eat which the person appeared to benefit from. A person was watching a film when it was time for lunch. Staff offered to pause the film so they could resume watching after lunch and the person responded, "That would be lovely." Staff spoke to a person as if the doll they were holding was their actual baby, which was respectful and reassuring to the person as this was in line with their own beliefs. When it was time for lunch staff offered to babysit the baby and make sure it was fed and kept warm while the person had lunch which the person responded well to.

Staff understood people's needs and backgrounds and knew people's preferences, the people who were important to them and their life stories and this information was recorded in people's care plans. A relative told us, "The regular people know [people] and that helps us to feel relaxed visiting." Our discussions with staff showed they knew people well and we observed staff talked with people about things they knew they were interested in.

We observed staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and asked for their permission before entering and referred to people by their preferred name. Some people chose to have doorbells to their rooms which staff rang before entering. Staff closed doors when providing personal care and staff took care not to discuss people's needs within earshot of anybody else.

Staff kept people informed about their care. For example, a member of staff told a person, "I'll be back in five minutes to take you through to lunch, is that OK?" and then they did as they had promised when the person agreed. We also observed staff offering choices to people about how they could spend their day.

The provider created care plans setting out how the best ways to communicate with people to guide staff.

One person's speech was slow due to their medical history. This was outlined in their care plan and we observed staff showing patience and respect when communicating with them, in line with the guidance in their care plan. Staff used a sheet of pictures of items such as drinks and food to help a person whose first language was not English to express their needs. However, pictures of actual meals on the rolling menu were not available to support people who were sometimes confused by spoken and written language, such as people with dementia. The registered manager told us they would consider introducing a visual menu when we commented on this.

The provider supported people to consider and record their wishes for their end of life care. The provider worked with the local hospice to enhance their practice in relation to end of life care. The local hospice supported people with staff, people and their families to develop advanced end of life care plans setting out how people preferred to receive their end of life care.

Good

Is the service responsive?

Our findings

One relative said, "I am regularly asked to look through Mum's care plan". Staff reviewed people's needs and care plans regularly and where people's needs changed staff reflected this in their care plans and people, their relatives and social care professionals, where relevant, were invited to people's reviews. Most people were positive about how well staff responded to their needs. However, one person told us that due to an injury they now required staff to support them mobilising and dressing differently and staff were struggling to adapt. When we fed this back to the registered manager they told us they would support staff more closely to meet this person's needs.

The provider had systems in place to assess people's needs before they came to live at the service and to put care plans in place for staff to follow in meeting these needs. Before people came to live at the home senior staff met with the them and their relatives to gather information about them. Senior manager also reviewed any professional reports, such as from social workers or medical professionals to find out more about people's needs. Staff used this information to develop people's care plans. Care plans covered areas where people required support, including sensory needs, health conditions, support needed to take medicines, assistance needed for personal care, continence, pain, sleep and mobility. Care plans showed a good level of detail about what people could do for themselves and what assistance they required from staff. Care plans also included details of people's preferences as well as needs such as the preferred gender of staff supporting them with personal care, how often they preferred a bath or shower and at what time of day.

The provider catered to people's diverse needs and preferences and this information was recorded in care plans for staff to refer to. A relative told us, "Having the daily newspaper brought in for [my family member] is very important for him and that was arranged without any problem." Staff provided vegetarian meals and also curries for people of south Asian origin who preferred this type of food. People were encouraged to bring their pets with them when they came to live at the service. One person had a dog which the staff team helped them to look after and walk each day. Another person kept birds in their room. People's religious needs were also considered as the provider arranged for clergy to visit regularly for some people and other people were taken to a local Church of England Church on alternate Sundays. There was also a prayer box in the service from a local church where people and their relatives could write prayers to be read out to the congregation. People's rooms were decorated according to their tastes, with people being able to choose the paint colour or wallpaper. People were encouraged to decorate their rooms with personal items such as photographs.

People were positive about the activities provided to them. A person told us, "I have really enjoyed flower arranging and painting, things that I've never done before... The [activities] lead is very good and she tries to put on [activities] that interest you." An activities officer planned the weekly timetable considering people's preferences. People had been supported to visit a local park the day before our inspection. During our inspection activities took place according to the timetable. People were supported to participate in a keep-fit session and to watch the Wimbledon tennis tournament while eating strawberries and cream with Pimm's, which was in line with the cultural background of the people of British origin. A relative provided

musicals for their family member to watch as they greatly enjoyed these and our discussions with staff showed they knew the importance of musicals to this person.

Records showed the provider recorded and responded to complaints appropriately, including apologising to people and their relatives if the service was found to be at fault. People and relatives told us they would speak with the registered manager if they needed to complain although and they had confidence they would resolve their complaint.

Good

Is the service well-led?

Our findings

People received care and support in a service that was well led. People knew who the registered manager was and told us she was approachable. Staff were complimentary about the registered manager telling us she listened to them and supported them well. The registered manager was experienced in setting up new care homes and managing large care homes. The registered manager did not have a clinical background. However, the deputy manager and the regional head of care and nursing who had nursing backgrounds complimented them. In addition the organisation employed a nurse who visited the home to offer clinical support for individuals for issues including distressed behaviour.

People were supported by staff who felt motivated and appreciated by the registered manager and the provider. Staff told us the registered manager regularly noticed their hard work and thanked them for it. A staff reward scheme was in place called the 'Heart and Soul' awards. Staff were encouraged to recognise the work other staff did by rewarding them with 'Heart and Soul' paper slips setting out how they had gone above the call of duty and thanking them for it. Staff proudly showed us their Heart and Soul slips and it was clear this was a good motivator which encouraged staff to work well as a team. The registered manager awarded prizes to staff every few months who were the overall Heart and Soul winners in the service. In addition, Heart and Soul award winners were invited to attend an awards ceremony with other winners within the organisation. One staff member told us they left their previous job because they felt unappreciated and they experienced the complete opposite working at Gracewell of Sutton.

The provider offered benefits to staff to help improve their wellbeing. Financial assistance was available for staff who were experiencing hardship, called the 'good Samaritan fund'. In addition staff had access to a confidential counselling service where they could discuss any work related or personal issues. Vouchers for retailers and also eye care vouchers were also available.

The provider had systems in place to communicate with people and their relatives. The registered manager held family meetings periodically and minutes showed families were updated on key topics such forthcoming activities and staff recruitment. Minutes of the meetings were forwarded to families who were unable to attend. The registered manager also had an open door policy so people and relatives could approach them with any concerns at any time.

The provider communicated well with staff. A daily 'huddle meeting' was held each morning for key staff from departments across received information about any changes to people's conditions and care as well as any significant events scheduled for the day. The registered manager chaired 'Town hall' meetings most months for staff where they discussed issues including how they could improve the service to people. In addition there were regular meetings held for nurses. Newsletters were produced regularly for people and their relatives to update them on developments within the service and share good news stories.

The provider had quality assurance processes in place to check the quality of the service. Senior managers regularly visited the services to audit areas including care records, medicines management, health and safety, food and nutrition and cleanliness and infection control. They also met with staff, people using the

service and relatives to hear their experiences and gather their views. The management team told us they would continue to meet with people and their relatives to use their experiences to improve the service, in response to some of the negative feedback we received during our inspection. The management team also undertook regular audits across the service. Action plans were put in place to address any shortfalls and these were checked at the next quality assurance visit. Electronic systems were in place for the provider to monitor staff training and support and supervision took place at the required frequencies. The registered manager submitted regular reports to senior managers detailing and updating any safeguarding allegations, accidents and incidents and complaints.

The registered manager understood the legal responsibilities of their registration with CQC and notified us about significant events as required such as allegations of abuse and the outcomes of applications to deprive people of their liberty.