Gracewell Healthcare 3 Limited

Gracewell of Bookham

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

About the service
Gracewell of Bookham is a 'care home' providing personal and nursing care for up to 70 people. The service is provided in one adapted building which is divided into three wings, each with their own lounge and dining area. At the time of our inspection 58 people were living at the service.

People's experience of using this service and what we found
People said they were cared for by staff who were kind and caring. People told us here was enough going on at the service to keep them busy and they enjoyed the entertainment.

People were helped to stay safe as staff understood their responsibility to report any concerns and staff followed guidance in place in relation to people's individual risks. Medicines were managed safely. Lessons were learned when things went wrong.

People and their relatives told us they were treated well. Staff understood equality and diversity. People could express their views and be involved with choices around their care and treatment. People told us their privacy and dignity were respected and their independence promoted.

People's care plans were detailed, and staff used these to understand the care people required.

People lived in an environment that was maintained and cleaned to a good standard. People told us they could remain independent and the environment had some signage and communication aids for people living with dementia. People had access to healthcare professional involvement if they needed it and they received the medicines, food and hydration they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given privacy when they wished it, but also enabled to move around freely and independently in a safe way.

People were cared for by a sufficient number of staff and staff told us they felt they were trained and supported in a way that enabled them to carry out their role competently.

People told us they thought highly of the management team. The manager was responsive and wanted to improve the service to the benefit of people who lived there. People held meetings and were engaged with the service.

Quality assurance checks were carried out to help ensure people lived in a service that was safe. Actions identified from these checks were addressed. People were asked for their feedback and this was used to help improve the service. Staff worked with other agencies to help improve the service people received.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 October 2018).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was 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 Bookham

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 three inspectors, a specialist nurse advisor 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 Bookham is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the home did not have a registered manager. A manager was in post who was in the process of registering with the CQC. Another manager who was an interim general manager appointed by the provider had been in post to develop the home since January 2019 whilst the provider recruited a permanent general manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the interim general manager sent us in the provider information return (PIR). 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 evidence we had about the service. This included any notifications of significant events,

such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection-
We spoke with 14 people who used the service and two relatives. We spoke with 10 members of staff including the providers interim general manager, the newly appointed general manager (recruited 1/10/19), the deputy manager, clinical nurse manager, team leader for memory care, registered general nurse (RGN), care workers, the chef and a healthcare professional. We checked care records for 10 people, including their assessments, care plans and risk assessments. We looked at five staff files and records of team meetings. We also looked at medicines management, accident and incident records, quality monitoring checks and audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The manager sent us additional information we had requested which we reviewed as part of the inspection process.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely:

At our last inspection we found the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Medicines were managed consistently and safely in line with national guidance. We observed staff being patient and kind during medication administration. People received their medicines safely and as prescribed. For example, people who required their medicines before food were observed to have this done.
● Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. We found the MARs we looked at had no unexplained gaps in them.
● Where people needed 'as required' medicines (PRN) these were accompanied by protocols. This gave information on the signs someone may display to show they were in pain. Staff followed the guidance in place on managing PRN medicines for each person and documented the reasons why they had administered the medicines.
● We observed that all medication was stored in in a lockable medication cupboard. Only authorised staff had access to medication. Staff were aware of good practice guidelines and were able to verbalise this when asked. Medicines were stored at a temperature that ensured they were effective and safe. We observed this by checking temperatures and the previous recordings of temperatures.

Systems and processes to safeguard people from the risk of abuse:
● People said they felt safe living at Gracewell of Bookham. One person told us, "I feel safer than where I was before, because it is purpose built it ticks lots of boxes for people like me in a wheelchair. I feel very safe, they have really upped their game since the new manager came." Another person told us, "I feel safe yes and it's a nice home." A relative told us, "I think [my relative] is safe here. It's a beautiful home, very clean."
● The provider had safeguarding adults policy and procedures and staff were aware of this. The staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.
● Staff had received the training they needed to understand safeguarding processes and to keep people safe. A staff member told us, "It's about the protection our residents. If there was an issue I would do an incident form and report it. It has to be reported to safeguarding and CQC."

Assessing risk, safety monitoring and management:

● People's care plans included risk assessments associated with their care and support. Staff followed the guidance within risk assessments which supported the safe delivery of care. For example, one person who was at high risk of developing pressure sores had a detailed risk assessment in place informing staff of the risk areas and supporting actions in place such as re-positioning the person. Another person had a detailed risk assessment in place around the management and support for living with Alzheimer's disease. This detailed to staff what living with Alzheimer's for this person meant, how they liked to be supported and the potential risks such as behavioural changes.

● The clinical nurse manager led the development of a detailed screening tool around sepsis. The information provided had been based on the guidance from the Royal College of Physicians and the National Early Warning Score (NEWS) which is a tool used in the management of people suspected to have sepsis. The clinical nurse manager provided an easy to navigate tool for staff to refer to if they had any concerns over people who became unwell. Staff could follow the tool to establish if people were at risk of sepsis.

● People with diabetes had detailed diabetic care plans. These contained information to inform staff of what at hyper or a hypo was and the risks around it to guide staff in the event of either happening. Detailed risk information had been included around moving and handling, skin integrity and medication.

● Individual risk assessments had been developed for people living at the home. These included pressure area risk assessments (Waterlow), malnutrition screening tool (MUST), falls and continence. These were regularly reviewed and updated when there were any changes in people's needs.

● Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular checks of, for example, fire alarms, call bells, fridge/freezer and hot water temperatures had taken place.

● Staff had received training in fire safety and checks on fire equipment were carried out. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staffing and recruitment:

● There were enough suitably skilled and knowledgeable staff to meet people's needs. People and relatives told us there were enough staff to meet their needs. One person said, "If you need anything you just press the buzzer, someone comes quickly, if you have any concerns, the staff do their best to resolve it."

● The provider had been active in the recruitment of permanent staff. The provider had previously been using around 85 percent agency staff but this had now come down to 28 percent in just over eight months.

● We observed safe staffing levels within the home. We observed call bells being answered quickly, staff being able to spend time with people to talk and people being assisted as and when they needed it.

● Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.

Preventing and controlling infection:

● The home was exceptionally clean and fresh. Gracewell of Bookham had been ensuring the highest standards for the prevention and control of infection. One person told us, "The home is always so clean and tidy, it's a wonderful place to live." A relative told us, "I've no real issues, the place is spotless."

● The home had safe practices in place for infection control. We observed staff members using personal protective equipment such as gloves and aprons when delivering care. A staff member told us, "We have hand washing equipment and gloves, aprons, shoe covers, everything we need. If we know someone has a virus we will keep things completely separate."

● We checked the laundry conditions at the home and found them to be clean and tidy. There were set

instructions for different types of washing taking into account materials and colours of clothing. An inventory of items was taken for people when they moved into the home and these were press labelled to prevent wrong items being given to people. Cleaning schedules were in place for the laundry and these were routinely checked daily and weekly.

● The clinical nurse manager had conducted research into the 'Blue pillow cases initiative'. This is a scheme which looks at separating blue pillows to be used for the head only that do not come into contact with other body parts. The home had trialled this scheme and found a positive impact on reduced infections and planned to introduce this across their community to further reduce the risk of infections for people.

Learning lessons when things go wrong:

● The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. The deputy manager told us an incident and accident tracker was in place. Incidents were reported to the management by the person who had witnessed it and then management uploaded the details onto the electronic system. This enabled the management to analyse the person, time and type of incident. Each individual incident or accident required a manager to sign off before it could be closed.

● The provider conducted weekly visual falls checks. Incidents and accidents had been collated per week with a view to looking at the incident and surrounding environment. The provider had recorded the time and location of the incidents over weekly periods which allowed the times and locations across the building to be analysed. The areas in which incidents or accidents happened had then been visually checked to see if there were any environmental factors involved such as furniture or worn carpets. The provider had made all of these improvements.

● The provider carried out a root cause analysis around unwitnessed falls or unexplained skin damage. This took into account all aspects of a person's care such as medicines and diagnosis to look at the potential reasons why an incident or accident may have happened.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we recommended the provider consider current guidance on ensuring people had mental capacity assessments and best interest decisions documented. The provider had made improvements.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

●People's capacity was assessed around specific decisions and people's best interests had been considered. We saw evidence in people's care plans that the service had conducted capacity assessments to determine if the person had capacity in specific areas. For example, one person had a capacity assessment in place for the use of sensor mats. This person did not have capacity to make their own decision, so a best interest decision was made to use the sensor mats to reduce the risk of this person falling. Family and healthcare professionals' input had been sought when making best interest decisions for people.
● People had a DoLS application submitted where required and the interim general manager had a process for chasing up referrals with the local authority. At the time of inspection 17 people had a DoLS application submitted but had yet to be assessed by the local authority.
● Staff completed training in the MCA. Staff we spoke with understood the principles of the Act and how they used these to support people with making their own choices and decisions. We observed throughout the inspection that staff constantly sought consent from people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People had an assessment completed prior to living at Gracewell of Bookham. Prior to admission people had been visited by the clinical nurse manager and also the most appropriate staff member depending on

where the person would potentially be cared for. For example, if the person was going to be moving onto the dementia ward then the manager for that area would attend to meet the person.
● Once a person had been assessed, a panel of staff and managers met to discuss each person's needs. During this panel meeting all the person's needs were discussed to assess if the home was the right and safest place for that person. A date of admission was not set until the panel had been able to meet and the deputy manager told us that the home would only take people in who they were confident could have their needs met at the home. This also included people coming back from hospital having a needs reassessment before returning to the home.
●Records showed that people's needs were assessed in line with best practice guidance, including the use of the Malnutrition Universal Screening Tool to monitor people's weight monthly and the National Institute of Clinical Evidence mouth care guidance.

Staff support: induction, training, skills and experience:
● People told us they felt the staff were well trained and had the skills to care for them. One person told us, the staff are excellent, they are always there for you, very competent and they know what they are doing." Another person told us, "When you need someone, the staff are always there, they have a very 'can do' attitude. If you say you don't feel well, they are off, and the nurse is back to see you in a flash. Nothing goes unnoticed or left."
● The home had introduced a new induction programme. Staff completed an initial 10 days of shadowing, specific specialised training, e-learning and practical training which included fire safety, memory care and the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Staff had completed training in areas relevant to people's individual needs such as person-centred care, safeguarding adults, pressure ulcer prevention and mental capacity to provide the care they required safely. Some staff had also completed leadership training which enabled staff to develop from within the home and seek further promotion. We saw from records that all staff training was up to date.
● All senior staff received additional dementia training and ongoing support and guidance from a dementia specialist. Senior staff then delivered training to care staff around dementia, person-centred care, supporting people with distressed behaviour and the need to use an active approach with people. A staff member told us, "I've done all the training and also the medicines training and leadership training. It's all good training. Leadership was really helpful as I did it as soon as I got the job. I'd never done things like supervisions before, so it was really informative."

Supporting people to eat and drink enough to maintain a balanced diet:
● People gave positive feedback about the quality of the food. One person told us, "I like it, not everything is to my taste but if you ask, the chef will always do something else for you. He's very good at giving you the things you like." Another person told us, "I don't have a big appetite. I like to have soup, they do really nice soup. They give you lots to drink throughout the day, such as fruit juice and tea." A relative told us, "The chef is very obliging and if you give him notice he will get in whatever you ask for. [My relative] wanted crab and he got it, then [my relative] asked for skate and got that too."
● Catering staff were aware of people's dietary needs and preferences. The chef was also aware of the different consistency of foods some people required to minimise the risk of choking. The chef had prepared heart moulded shapes for people on a soft diet to make the food more appealing.
● Prior to food being served on the dementia ward the chef had turned a bread maker on. This created a lovely smell of fresh bread to spark food memories for people which the chef had found increased people's interest in eating.
● People were involved in the planning of meals. The menu was updated every three months following a residents' meeting where people could decide what they wanted to have included in the new menu. We also

observed people being offered a choice of meals on the day of inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. We saw in people's care plans that people were referred to occupational therapists, GPs and physiotherapists.
● An oral health assessment had been completed for each person. The home was acting in line with best practice guidance around oral health and had linked in with a local dentist. People attended the dentist as and when required and the home had been in the process of organising for the dentist to visit the home to see people.
● The clinical nurse manager had reached an agreement with the GP practice to be provided access to the online services. This allowed the clinical nurse manager to have the most up to date notes and tests for people living at Gracewell of Bookham. People had given their consent to allow for this access. The clinical nurse manager told us, "Last night an ambulance crew came in and I could give them the most up to date medical information for that person and compare to the most recent results, so they are aware of any changes in health." They also said due to this they were able to track progress for people with specific conditions. For example, for one person with renal failure, managers were able to keep on top of how the condition was progressing and then pass this information to staff who were supporting this person.

Adapting service, design, decoration to meet people's needs:
● The home had been adapted to meet people's needs. The dementia 'memory care unit' had been adapted to be dementia-friendly. There was a good amount of suitable seating available to people who liked to get up and walk around to ensure they were then able to rest. Hand rails were a contrasting colour throughout to support people's mobility. There were lots of colourful pictures on the walls and items for people to pick up and feel. People had access to a 'magic table' which provided 200 interactive activities for people.
● There was clear and appropriate signage throughout the home. People had signs by their rooms to show each area such as dining area or activities room. People had memory boxes outside their rooms with items and pictures relevant to people.
● The home and grounds were well maintained. People had access to a large outside space which was often used to host large events such as family and friends barbecue.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People and relatives told us they thought the staff were caring, kind and supportive. A person told us, "I have never ever seen anyone being anything other than kind and helpful when dealing with people. I can think of quite a number of staff who do much more than go the extra mile." Another person told us, "It's alright here, the people are friendly. It has a nice atmosphere and I think staff respond favourably to your needs. They are inclusive." One relative told us, "The place is just right for [my relative]. We looked at lots of other places, this one – [my relative] loves it, she has never been better, the carers come in to care and they truly do." Another relative told us, "I think staff are patient and careful when delivering personal care. I'm sure [my relative] would speak up and tell me if they weren't. [My relative] always says the staff are polite and helpful. There have been lots of different staff and some wonderful carers."
- The service had a strong, person-centred culture and the ethos was that of an extended family. One staff member said, "They are my family, and I treat them as such." Staff treated people with dignity and respect. Staff communicated with people in a respectful manner and spoke perceptively about how people liked to be supported.
- The home had a caring, friendly and relaxed atmosphere. Staff in all roles had an excellent knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring. We observed one person become agitated and upset, staff went straight to this person and gently rubbed her back, gave quiet reassurance and then asked if they would like to come and sit next to them. A second person who had become unsettled and was wandering around was spoken to by staff who suggested they might like to come and sit down at a desk as they liked to help with the paperwork and then brought this person a cup of tea. The person responded well to this and smiled.
- People's care records contained information about their background, preferences and equality and diversity needs, and communication needs. Staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- People were supported to access religious services of their choice, both in the home and to visit places of worship. For example, the local priest attended the home and held a Holy Communion with people regularly.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in day to day decisions around their care. People had choice in when they got up and what they wanted to do during the day. A staff member told us, "It's all about the person, they decide how they want to spend their day and I will always listen to what they have to say around any of their support needs."

● People and relatives were involved in reviewing ongoing care. We saw in people's care plans they had been included in the planning of their care where this was possible. People's care plans had guidance for staff as to how they preferred to be supported and cared for. We observed staff asking people about how they would like to be supported.
● People were supported by a willing team of volunteers. Volunteers were encouraged to voice their opinion on details which could be collected for people's care plans to ensure all detail had been considered. A volunteer told us, "We were offered the chance to be involved and had a lot of input. They incorporated every detail we have asked for."
● People had been supported by male or female staff depending on their choice. We saw from one person's care plan they preferred to be supported by a female staff member. From checking daily notes and speaking to staff we observed this was always in place for this person.
● The home had a resident advocate. The advocate was involved in staff recruitment and also held responsibility for providing information on behalf of all the residents at regular resident and family forums.
● The provider had introduced an equality and diversity resident advocate and staff champion to support residents, staff and families. Where sources of information, advocacy and support are not readily available, the provider works with sector stakeholders to try to fill the gap.

Respecting and promoting people's privacy, dignity and independence:
● People felt their privacy and dignity were respected at all times. One person told us, "I don't always hear too well but they are really patient and will sit down and explain things to me. I like that. They make me feel like I matter to them."
● Relatives told us they felt staff put people at ease and made them comfortable when delivering personal care. A relative said, "When I have been here I have always felt staff respected [my relative]. I have heard staff talking to [my relative] whilst supporting them and that really does make a difference."
● Staff encouraged people to do as much as possible for themselves to support people to maintain independence. We observed staff encouraging and supporting people to walk about the home.
● People were actively encouraged to make day-to-day choices and where appropriate, people's independence was promoted and encouraged according to their abilities. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way.
● The home had achieved good outcomes for people in promoting their independence. The interim general manager told us about a couple they had supported in the home. This couple had come into the home together but one person was missing their house and being at home. The person was supported to be able to stay at home with their partner, however the partner had become ill and had to return to Gracewell of Bookham. Staff supported the person to visit her partner in the home and provided access to free meals and activities so they could spend quality time with their partner and not have to worry about being the carer. This enabled both people to have some independence whilst also living as they wished.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we recommended the provider consider current guidance on the Accessible Information Standard (AIS) and ensure that information was available in formats that people could easily read or understand. The provider had made improvements.

Meeting people's communication needs:
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate such as verbal or nonverbal.
- People were assessed on their communication needs during the panel prior to admission. This would then be reviewed should their communication needs change.
- The provider had in place appropriate alternative forms of communication. For example, some signs and information were available in Braille for people with a sight impairment. Documents were also available in large font.
- The provider had been researching the use of Makaton signs. This had been considered with a view to being used for people with dementia and for people who had had a stroke. This was part of the provider's plan moving forward with the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People received personalised care which met their needs. We could see that people's needs were being met and that they were happy with the care and support they received. One person told us, "I know all about my care plan. It says everything they are going to do for me. I think they do follow it pretty well. I think it's a good home, the staff are lovely, do anything for you they're friendly and respectful."
- A visiting healthcare professional told us they had been visiting the service for some time and gave positive feedback about the changes they had seen. They told us, "The home has dramatically improved since June/August 2018. They request a lot more outside of the Monday round. Before I was concerned things were being left for the GP round and I wasn't getting calls for home visits when I should have done. I find that all the staff are following advice that I have provided. Overall, a lovely home to come and visit and the staff all seem to really care, which is so important. The people here that I have spoken to seem to really enjoy living here."
- People were supported with specific personalised care needs. The interim general manager told us about

one person who had arrived at the home with bad leg ulcers and, as a result, used to spend lots of time in their room. Staff worked with this person to assess their needs and plan care and support around their changing need. After a few months the leg ulcers cleared up, their mood steadily improved over this time. As a result, this person was able to leave and return home. This person was also assisted by management at Gracewell of Bookham to identify live-in carers to support their return home.

● The interim general manager told us about another person whose life had improved. This person had gone to hospital due to a heart attack. When this person returned to the home their needs had significantly changed, and these were reviewed and discussed at panel before this person returned. Staff had worked with this person based on their needs. As a result, this person's mood and health improved and they were able to move off the nursing ward and onto the residential ward.

● The home had developed pocket-sized, easy to use and access reference cards for staff. These cards assisted staff to identify certain situations early and allow them to act in a proactive manner. These cards covered falls, the MCA, pain, blood pressure, safeguarding adults, identifying sepsis and preventing and managing urinary tract infections (UTIs). Staff felt the development and use of these cards supported them to highlight issues much quicker.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

● The home had a dedicated activities room and a Motiview Exercise bike with motivational video transporting people around the world. One person told us, "We did have a really good activities coordinator, but they left. There is a new one coming and hopefully she'll stay. We do things like yoga, artwork and we've got an exercise bike up on the first floor."

● Staff ensured that people were supported to take part in activities or access the community when they wanted to. The activities coordinator planned and delivered a wide variety of activities for people such as yoga, singing, flower arranging, pampering mornings, garden walks and art and crafts. The activities were displayed around the home in word and picture format for people to know what was going on.

● Activity staff were supported by a team of volunteers. The volunteers came into the home and took part in various activities with people. The volunteers said they worked closely with staff to look at different ideas. A volunteer told us, "They [staff] are very approachable and open to ideas. They work really hard to adapt activities for people who aren't mobile, so they are still involved. The same as for people living with dementia."

● People had the use of a minibus to go out to visit different areas of their choosing. Trips out were organised by asking people where they would like to go.

● People were supported to engage and maintain relationships with family and friends. Gracewell of Bookham had an open-door policy to family and friends. A relative told us, "I am always made to feel welcome, when I visit staff treat me well and ask me how I am, it's a nice touch."

Improving care quality in response to complaints or concerns:

● People and relatives were provided with information about how they could raise concerns or make a complaint. The home had received complaints mainly around finances (fee increases). Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion.

End of life care and support:

● The clinical nurse manager had completed ReSPECT training for end of life care. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. The clinical lead came from a palliative care background with the skills to develop end of life plans for people. Staff had been enrolled on palliative care training with a hospice for more in depth understanding. A visiting healthcare professional told us "[Clinical nurse

manager] has been instrumental to changes around respect and end of life care."

● The home had a booklet called 'Planning Future Care' which looked into people's wishes and preferences for their future care. The clinical nurse manager had already started to complete these with people and their families. This collected details on peoples wishes around their end of life care.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to have robust systems in place to monitor quality and safety of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● The home had a manager in place who was in the process of registering with the CQC. The interim general manager and deputy manager along with clinical nurse manager and memory care team leader had been responsible for the running of the service prior to the arrival of the new manager. The management team had worked closely together since the last inspection to share overall responsibility of improving the service. On the day of inspection, the management team were very clear in their roles and had delivered improvement through collective team working.
● There were robust audit processes in place within the service. The management team conducted monthly internal audits in areas such as care plans, infection control, safeguarding, medicines, health and safety and training. We found not just the specific audits had changed but the level of detail across them since the last inspection had improved.
● Procedures were now in place across the service which had identified any issues and actions that had been put in place to improve. For example, the medicines audit had picked up on previous medicine errors and the home had gone from being 68 percent compliant to 99 percent complaint in the most recent audit. This was due to errors being noticed and action taken such as additional training and putting in measures to reduce overstocking of medicines to reduce any errors. The deputy manager told us, "I know this didn't happen previously and I went straight to this and made changes and now we have a system in place."
● The managers at the home held a monthly clinical governance meeting. This was a holistic approach to reviewing the quality monitoring within the home and to making changes where necessary. An outcome from one of the meetings meant that a person who had been high risk of falls had a motion sensor put in place which reduced their falls. Since the additional oversight had been introduced the home's falls have reduced.
● The management team understood their responsibilities and regulatory requirements and had notified CQC about significant events as required. Any incidents or accidents had been appropriately reported to the

relevant safeguarding team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:
● People we spoke with were positive about living at Gracewell of Bookham. One person told us, "This is a top-drawer home, they've had a fair few problems but it's still good." Another person told us, "I've seen the new manager and he always speaks to me. He knows me by name, which is nice. In a big place like this, you don't always expect that. I have had feedback forms. I think it's a good home and would recommend it to other people." Another person told us, "We recommend the service to friends which tells you how we feel about it."
● The management team promoted an open and positive culture within the service. The management team had brought in a positive ethos which had been reflected across the service with people, relatives and staff offering good feedback. The management team had also been open and honest with us on the day of inspection, stating they knew there had been some issues in the past and that they had been working hard to correct those issues and make the home a nice place for people to live, work and visit. The improvements we saw on the day supported the comments from management around the work they had done to direct the service towards positive outcomes.
● Staff we spoke to gave positive feedback about working at the home. A staff member told us, "I like to come to work every day. I like the residents, I like the team, I feel supported, it's a good atmosphere to work in." Another staff member told us, "We work together here and if I asked to have a word, they respect that. They want us to share any concerns with them." Staff also told us they could see improvements that had been made. A staff member told us, "I know the paperwork has improved. Everything is more personalised now."
● A visiting healthcare professional told us, "I raised concerns about the home previously. Now I have no concerns, they are great and very competent, and I know I would get a call between my rounds if someone needed a home visit."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:
● Management and staff understood their individual and collective legal responsivities to act in an open, honest and transparent way when things went wrong.
● Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● People were able to attend regular residents' council meetings held within the home. During the most recent meetings people had discussed recruitment of staff, events planned, activities, GP visits and any other concerns which mainly looked at people's dining experience. A completed action was to change the dining experience for people and to make it more engaging. Staff now had their meals alongside people to have protected time to talk to people over lunch and dinner.
● Regular team meetings were held for staff to share their views about the service. We saw that in these meetings staff were able to discuss people's ongoing care needs, service changes, policy updates and offer up any suggestions on improving people's care.
● The provider had set up a memory care forum and support group for families and friends led by the memory care team leader. This aimed to support family and friends by facilitating access to professionals who could then provide advice and guidance. The professionals had also been able to educate them on the

journeys their loved ones were facing whilst living with dementia.

Continuous learning and improving care; Working in partnership with others:

● The management team actively promoted personal and team development to ensure continuous learning. The provider supported managers to attend provider-led forums and meetings to share ideas and best practice with other mangers from different homes.

● People living at Gracewell of Bookham had the opportunity to be involved with their local community. A relationship had been established with a local care home for people with learning disabilities and this enabled people to get together to offer support and develop their own understanding. A local mother and toddler group also used Gracewell of Bookham as a base for their regular meetings and this gave people the chance to interact.

● The home had a close link with the Princess Alice Hospice. Staff and people could access this service as and when they needed to for support and advice or to look at counselling services.