Gracewell Healthcare Limited

Gracewell of Weymouth

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 Weymouth is a residential care home providing personal and nursing care up to to 69 people aged 65 and over at the time of the inspection. The service can support up to 70 people.
The home specialises in the care of older people who are living with dementia and older people with nursing needs.

The home is purpose built with accommodation arranged over three floors. There are lifts to enable people to access all areas including a secure outside space.

People's experience of using this service and what we found
People lived in a home that was well led by a senior team committed to promoting person centred care within a framework of robust monitoring and developments. There were systems in place to monitor standards and plan improvements. The manager was new to the home and the staff team had not all felt part of changes so did not all feel able to influence improvements. The manager was aware fo this and had a plan in place.

People felt safe at the home and with the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were adequate numbers of staff to meet people's needs and keep them safe. There had been high turnover of nurses which had an impact on treatment. Recruitment ahd been successful to fill vacant posts.

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. Staff respected people's choices and preferences.

People were cared for by staff who knew them well and were kind and compassionate. Most staff were happy in their jobs and all staff wanted to provide the best care they could. People had built strong relationships with staff and appreciated the familiarity they had.

People enjoyed the food and were supported to eat and drink safely.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs.

There were organised activities, informal chats and entertainment which provided people with meaningful things to do. People were supported to maintain contact with friends and family members.

Rating at last inspection
The last rating for this service was good (published 1 December 2017).

Why we inspected

This was a planned inspection based on our published guidance for inspecting new providers.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

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 Weymouth

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

Service and service type
Gracewell of Weymouth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager was in the process of applying to become registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in May 2019.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we have received from, and about, this service since the last inspection. We had not requested a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We were able to gather this information during our inspection.
We also gathered information from the local authority quality monitoring team.

We used this information to plan our inspection.

During the inspection
During the inspection we spoke with seven people who lived at the home, two visiting relatives, 12 members of staff and the manager. Throughout the visits we were able to observe staff interactions with people in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a selection of records which included;

Eight care and support plans
Quality assurance questionnaires
Medication Administration Records (MARs.)
Health and safety records

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and relatives said they felt the service was safe. Comments included: "Safety here is pretty good." "Oh yes – I think I do feel safe." One person explained they had not felt safe and the manager addressed this immediately offering reassurance to the person and putting remedial actions in place.

●People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the manager and deputy manager and were confident action would be taken if they raised a concern. They also knew about external agencies they could also report to, which included the local authority safeguarding team.

Assessing risk, safety monitoring and management

● Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included health and safety, nutrition and hydration and skin integrity. Where people were identified at high risk of skin breakdown, pressure relieving mattresses were being used.

●Where people required the use of bed rails a comprehensive risk assessment had been completed to minimise the risk of entrapment or injury.

● Where people experienced periods of distress or anxiety, staff responded effectively. For example, one person was very anxious. Staff spent time gently and sensitively reassuring and comforting the person with verbal and physical contact.

●The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

● Staff were not rushed during our inspection and acted quickly to support people when requests were made. The atmosphere at the home was busy but pleasant. Some staff and people raised concerns about staff shortages and the high use of agency staff. We reviewed the staff rotas and requested further information from management. This information indicated that there had been a period of change in the staff team and that recruitment was in place to address this. Plans had been in place to ensure safety on occasions when staff numbers had been low.

● People and relatives said, on the whole, there were enough staff to meet people's needs. We received mixed feedback about how quickly staff responded to call bells. Senior staff monitored the response to call bells daily to ensure people were attended to promptly when they wanted something.

● There had been a high turnover of nursing staff and this had meant agency nurses had been used. We received feedback from a health professional who told us this had an impact on communication and ensuring appropriate treatment. Recruitment had taken place to fill the vacant positions.

Using medicines safely

● Medicines were safely managed. The manager and deputy manager had identified improvements in medicine management were needed and were working with staff to implement safer processes. This included further medicine training.
● Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and where necessary were undertaking refresher training. They wore a red tabard advising staff not to disturb them to minimise risk of errors.
● Medicines administration records were checked after each medicine round by another staff member to ensure there had been no missed medicines. This was so any errors could be quickly addressed to reduce the risk of a person missing their medicine.
●There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
●Staff who administered medicines did so at the prescribed time. There were reporting systems for any incidents or errors. These were investigated, and actions put in place to try to prevent them happening again.
●The pharmacist providing medicines to the home had undertaken a review. The senior team liaised with the pharmacist to ensure the safety of medicines administration.
● Medicines were audited regularly with action taken to follow up any areas for improvement.

Preventing and controlling infection
●People lived in a home which was clean. Cleaning schedules were in place to help ensure these standards were maintained.
●There were gloves, aprons and gel dispensers around the home for staff to use. We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections

Learning lessons when things go wrong
● Staff had recorded accidents, incidents or concerns and the actions they had taken. They had a good understanding of how to keep people safe and their responsibilities for reporting. The manager and senior staff reviewed these records to ensure lessons could be learned.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's individual health needs were assessed before they went to live at the service.
●Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated.
●Care records were fully reviewed every six months by staff but were updated when changes occurred which could also prompt a review. This meant people's support was up to date to ensure they received the right care and support that was required.

Staff support: induction, training, skills and experience
● Staff said they worked alongside experienced staff to get to know people as part of their induction.
● Systems to ensure staff had received appropriate training were robust and staff were confident they had the skills and knowledge they needed.
●Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
●The nurses at the service were supported to complete the revalidation process by the manager and deputy manager. Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.
●Staff gave us a mixed view about the support they received from the management team. We discussed this with the manager who was aware of concerns and had a plan formulated to address these issues.

Adapting service, design, decoration to meet people's needs
●This was a purpose-built care service, which was light and airy and decorated to a high standard. The service across three floors was separated into five units. On the ground floor there was one unit called 'Poolside' and was for people needing residential support and assessment. The first floor was two units 'Esplanade and Colwell' and was predominantly for people with a mental health or dementia need. The top floor units were, 'Globetrotter and Vogue' and mainly supported people with a physical health need.
● Each unit had numerous communal areas for people to sue as they chose. There were also kitchenettes and refreshment stations to enable people to make refreshments when they chose.
● Peoples rooms were personalised with items of furniture, soft toys and ornaments. Outside each person's bedroom was a memory box which contained items of interest for each person.
●There was a suitable range of equipment and adaptations to support the needs of people using the service.

Supporting people to eat and drink enough to maintain a balanced diet
●People received food and fluids which met their nutritional needs. People enjoyed snacks from the hydration stations, which included, fruit, biscuits and crisps throughout the day.
● People said they liked the food and could make choices about what they had to eat. Comments included, "Lunch was very nice, I enjoyed mine, the meat and gravy was very good"
●People's dietary needs and preferences were clearly documented in the kitchen to inform the cooks and staff.
● People were regularly weighed and in the event of weight loss action was taken to implement nutritious supplements and regular snacks of the persons choosing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and were referred to appropriate health professionals as required.
● Referrals were made promptly to external professionals and people's care plans were updated as required.
● Care records showed that people had access to, Dentists, chiropodists, optician, tissue viability service, dietician, physiotherapist and nutricia nurse.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Mental capacity assessments were completed appropriately. Where consent was required to support a person with personal care or continence care, a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people involved.
●The management team had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications had been put in place for people having their liberties restricted and authorised DoLS were monitored and any conditions added to people's care plans.
●Where people did not have the capacity to make decisions, they were 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.
●Staff had a good understanding of people's right to make unwise decisions when they had the capacity to do so.
●The management team ensured they had clear documentation of any relatives with power of attorney to

ensure they had the legal authority to make decisions.

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

● Staff were observed engaging with people with kindness and compassion. They were attentive, caring and there were lots of positive interactions with people. For example, while supporting a person with their meal and when a person was anxious staff were quick to reassure. One person told us, "the staff are really, really nice." And another person said, "they are kind,"

● People commented on how important their relationships were with staff. One person observed, "We have a laugh, you have got to laugh."

●People's relatives and friends were able to visit when they chose. Relatives said they were made very welcome in the home.

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

●People were encouraged to make decisions about their day to day care and routines where possible. Staff were observed asking people for their consent before any care was delivered. For example, taking a person to the toilet.

●Staff knew people's individual likes and dislikes and demonstrated they wanted people to be cared for as they would want a relative of theirs cared for. A relative told us how the staff knew their loved on e well and used this information when they provided care. They commented that this was done consistently because the staff were very conscientious.

Respecting and promoting people's privacy, dignity and independence

●People's wishes to spend time in their rooms was respected by staff. People were moving freely around the different units, with one person moving between the units. People who chose to remain in their rooms were regularly checked.

●People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms.

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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

● People benefited from personalised care that valued them as individuals. People could choose when to go to bed and when to get up.

●People's needs were assessed before they began to use the service and were fully reviewed every six months or sooner if their risk assessments identified concern. Their support was planned in partnership with them and their families in a way that suited them. We discussed with the manager that one person new to the service, care needs had changed since coming to the service, but the monthly assessments had not triggered a full review. They said they would review this.

●Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. One person liked to watch birds. A table had been set up to support this activity and the person could use it themselves or with support when they needed help to calm.

●Care records on the provider's computerised system contained, risk assessments, likes and dislikes, medical history and medicine details. Staff put in place tasks on the system, referred at the service as 'tiles' which would flag up care support people required. For example, repositioning and personal care. Staff said they could refer to the system and it highlighted if tasks had not been completed.

●The six-monthly reviews were also held in a paper file, so staff could access information about people's individual care and support needs. For example, a person's oral care needs.

●Staff communicated well. They received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information.

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.

● People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.

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

●People had access to a range of activities within the home and the local area. At the time of our inspection staff were volunteering to assist a group of people to attend a community celebration of armistice day.

● People told us they enjoyed activities or ahd staff spend time with them chatting. Photos of events that ahd happened were up around the home and provided a talking point for people.
●Equipment was available to support people who found engaging with others difficult due to their dementia.
●People gave varied feedback on their mealtime experience. One person observed that they were not supported to make this a social experience. We observed that they had sat silently whilst eating their meal with others that were also silent.

Improving care quality in response to complaints or concerns
●The provider had a complaints policy which was available to people and visitors.
● People and relatives knew how to make complaints should they need to.
●The outcome of concerns and complaints was not always clear. We discussed this with the manager who immediately described how they would improve this.

End of life care and support
● Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
●When required staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
● Staff in the home had received numerous acknowledgements of their kindness thoughtfulness and consideration when people were at the end of their lives.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had experienced a change of leadership. The new manager had taken on the acting manager role in April 2019 and then been appointed to the role permanently. The deputy manager ahd been appointed ion the weeks prior to our inspection. Managers and staff identified that this change had resulted in different priorities and ways of working. The majority of the team felt they were included in these changes as part of improving quality. Some staff did not feel assured they were part of the changes.
- As a result of this, staff had mixed views regarding the inclusiveness and approachability of management. We discussed the issues around this with the manager who was aware of the issues and had a clear plan in place to address them.
- The senior team were committed to ensuring person centred care and robust systems supported this. The daily meeting of senior staff discussed issues that were arising holistically with the goal of people experiencing high quality care.

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

- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.
- The manager apologised to a person who had a negative experience due to a communication failing. The person appreciated this openness and was reassured.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The manager, and senior team, were clear about their functions and responsibilities to ensure good quality care. There were systems in place to monitor standards and address shortfalls. In addition to formal audits the manager spent time with people seeking their views and observing/understanding care practices.
- The manager had developed a development plan to address areas that could be improved. The areas identified reflected the findings of the inspection and it was effective in securing change. Care plans were being reviewed to reflect the need to ensure the computerised system supported appropriate care and enabled the staff to record appropriate information.
- The manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's

experience of care and safety that is legally required to be submitted CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

● The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. We discussed with the manager that it was not clear who was funded at the service to receive nursing care by the nurses employed at the service. This meant clinical decisions about people's treatment may have been made by the nurses employed at the service instead of by the local community nurses who were funded to support them.

● Staff worked with other professionals to ensure people's needs were met appropriately. Staff commented positively on their relationship with other professionals.

● People's views were sought on an informal basis and there was also a satisfaction survey for people and their representatives. Results of the last survey showed a high level of satisfaction with all aspects of the service.

● Most staff felt well supported and able to share their views. We heard staff making suggestions about people's care and discussion solutions to emerging issues.

● People's views were sought and acted upon and there were regular opportunities for relatives to share their views.

● Areas for improvement identified by the Quality Monitoring team from the local authority had been incorporated in the improvement plan and acted upon.