Cedar Care Homes Limited

Gracefields Nursing Home

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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 4 March 2015 and was unannounced. At the last inspection

- on 30 July 2014 we asked the provider to take action to make improvements in relation to supporting staff in their work and monitoring the quality of the service.

The provider sent us an action plan and at this inspection, we found these actions had been completed.

Gracefields Nursing Home is registered to provide care and treatment for up to 50 people with nursing needs. There were 50 people at the home when we visited.

At the time of our inspection, there was no registered manager for the service although an application has been made by the manager. 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.

Social and therapeutic activities were arranged for people. However, a significant number of the people we

Summary of findings

spoke with said there was not enough of these activities to meet peoples social needs. The need for suitable mental and physical stimulation was particularly relevant for the wellbeing of people who had dementia type illnesses at the home.

People who lived at the home told us they felt safe there and with the staff who supported them. Staff understood what abuse was and how to report any concerns.

Risks to the safety of people were identified and suitable actions were put in place to reduce the likelihood of them reoccurring.

There was enough staff to safely meet people's range of needs. Staffing numbers were reviewed regularly by the manager and they had recently increased as a result. For example, when people's needs had increased due to a change in their overall health.

Staff were caring and experienced, held relevant qualifications in health and social care and attended regular additional training.

The rights of people at the home were protected because the staff understood the Mental Capacity Act 2005. The staff knew what actions to follow to promote people's freedom and protect their rights.

People's needs were assessed and care plans were written to explain how to meet their care and support needs. Staff liaised with external healthcare professionals to get specialist advice when needed.

Staff were polite and respectful when supporting people who lived at the home. We saw staff patiently supported people to eat their meals at their own pace.

Staff felt they were properly supported by their manager and they made time to see them every day if they needed to. People felt they could approach the manager or any member of staff if they needed to speak with them because they had a concern to raise.

The provider had a system in place to properly monitor and improve the quality of the service. Audits showed that regular checks were carried out .

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People were supported by staff who knew how to keep them safe and knew how to report any concerns.

There was enough staff on duty with the right skills to safely meet people's needs.

People were given the medicines they needed at the right times. Medicines were managed safely.

Good

Is the service effective?
The service was effective

People's needs were met by staff who were trained and supported to provide effective care.

People were supported to have enough to eat and drink at times of their choosing. When people were at risk of not eating or drinking, this had been identified. The actions that were needed were clearly set out in people's care records.

People were supported by staff who understood the Mental Capacity Act 2005. The staff knew how to ensure they promoted people's freedom and protected their rights.

Good

Is the service caring?
The service was caring

People living at the home, their relatives and friends were complimentary in their views of staff. People told us staff were kind and caring.

People were supported by staff who knew how to assist them in a way that was caring and maintained their dignity.

People's views were sought and they were involved in decisions made about their care.

Good

Is the service responsive?
The service was not always responsive.

People were able to take part in social activities. However, there was a need for more social and therapeutic stimulation. Suitable mental stimulation is particularly beneficial for people who have dementia type illnesses.

The staff understood the needs of the people they were assisting. Care plans clearly showed staff how to provide care in line with how people wanted to be supported.

Requires Improvement

Summary of findings

People felt able to make their views known about the service and make a complaint or raise a concern if they needed to.

Is the service well-led?

Good

The service was well led

People told us they felt the home was well run and they were able to tell any member of staff or the manager how they felt about it.

Staff felt supported by the manager and felt able to approach them when they needed to.

The quality of care and overall service people received was being monitored and checked to ensure it was safe and suitable.

The views of people living at the home and relatives were obtained as part of the quality monitoring of the service.

Gracefields Nursing Home

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.

At our last inspection, we had found that the service was failing to meet the regulations in relation to staff not being consistently supported to deliver care and treatment and assessing and monitoring the quality of service provision.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection took place on 4 March 2015 and was unannounced and was carried out by two inspectors.

We spoke to 23 people and four visitors. We spoke with seven staff, as well as one of the provider's senior managers.

We reviewed six people's care records. We also looked at training records, recruitment information, supervision records, duty rotas and a number of other records relating to the way the home was run.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they felt safe with the staff. Examples of the comments made included; "they are all quite all right", "they are fine" and "there is no problem with any of them here".

We spoke with visitors who both had relatives living at Gracefields. One person told us when talking about people who lived on the dementia unit, "I've never seen any aggressive behaviour here" and another told us "I feel that my relative is safe here".

People were assisted with their needs and supported safely. For example when a person's mood changed and they became verbally angry, a staff member used a calm approach and supported them to have a drink and a snack which helped the person. Staff were discreetly observing people who were walking with impaired mobility. People were encouraged to walk and be independent while staff checked they were safe.

Staff told us part of their role was to maintain people's independence in their daily life while minimising risks to their wellbeing. There were risk assessments in people's care plans, including for example assessments for the use of bed rails. Where appropriate these had been completed and reviewed regularly. We saw sensor mats were in place where a high risk of falls had been assessed. We saw that falls were monitored and reviewed on a regular basis. One member of staff told us, "If anyone falls, we complete and incident form. This then gets reviewed by the manager, investigated if needed, and then we see what we can put in place to prevent it happening again."

Falls were audited on a monthly basis for any trends. Recent falls audits concluded that 'falls are most common during busy periods'. Staff told us they were ensuring they were extra observant of people and their safety and wellbeing during these times. Care records showed this information had been added to people's care plans and was evaluated regularly to ensure it was still accurate and up to date.

Staff were knowledgeable about safeguarding adults. They told us what kinds of abuse could occur and how they would report it. Staff were confident that any concerns raised would be properly investigated. The staff files showed that all staff had completed safeguarding training.

Staff knew how to use the provider's whistleblowing procedure if they had any concerns about care. One member of staff told us, "If I saw any member of staff doing something wrong, I would not hesitate to report it to the nurse in charge or to the manager; it's all in the staff handbook telling us what to do." The staff handbook and the safeguarding and whistleblowing procedures were clearly defined and easy to understand. A notice on the staff notice board advised staff they could speak with the manager about any concerns or issues within specified times.

Staff had received training in moving and handling to enable them to assist people in a safe way. We observed staff using hoist equipment in the correct manner in order to protect themselves and the person being moved from harm or injury.

Accidents and incidents were analysed and actions were put in place when needed. For example, we read about one person who had experienced a number of falls. There was guidance sought from other health and social care professionals to offer the staff and the person specialist support.

We saw some people being given their medicines during our inspection. The staff had a good knowledge of the medicines they were giving people and followed the provider's procedure for medicines. For example, they asked consent from people before giving any tablets, did not rush anybody, checked the medicines were swallowed, offered drinks and signed to indicate the medicines had been given as prescribed.

Medicines were stored securely when they were not needed. The medicines recording sheets we checked were accurate and up to date. They showed people were given the medicines they required at times needed.

Audit checks of medicines were regularly undertaken. All staff did medicines training so that they were able to give people their medicines safely. There was a medicines fridge used for storing certain medicines that needed storage at a certain temperature. Staff checked the temperature of the fridge to ensure medicines were stored at the correct temperature.

There were enough staff on duty to keep people safe. Our observations showed there were enough staff on duty to respond to people's needs showed the number. Call bells were answered promptly and staff told us they felt there

Good

Is the service safe?

was enough staff on duty. The manager told us that agency staff were never used and that the provider offered staff extra shifts if available or that they could access staff from one of the provider's other locations if needed. This was to ensure people were provided with a consistently safe service. Staffing numbers were reviewed regularly by the manager and they had recently increased as a result.

All of the appropriate checks had been completed during the recruitment process to ensure only safe and suitable staff were employed. For example, we saw that staff had undergone Disclosure and Barring Service (DBS) checks. DBS checks are carried out on prospective new staff to ensure only suitable people are employed to work in a health and social care setting. Checks of nurses were carried out to ensure they had an up to date registration with the professional body known as the Nursing and Midwifery Council (NMC). The NMC is the registered body who check nurses are fit to practise.

Staff we spoke with demonstrated a good knowledge of infection control procedures to be followed. One member of staff told us, "I always wear gloves when assisting with personal care, and aprons. We wash our hands before and after to prevent the spread of any infection." Another member of staff told us, "I will always remind staff about the use of gloves and aprons, and safe disposal of clinical waste". We observed staff following procedures. For example, we saw staff wearing aprons when serving meals at lunchtime and aprons and gloves when dealing with clinical waste.

We saw infection control audits had been completed monthly. No concerns had been raised as a result of these. We found that rooms were clean and fresh smelling. Shared living areas were also clean and fresh smelling. Visitors told us, "It always smells fresh and clean here, the cleaners do a brilliant job" and "It's immaculate here, the building is always clean and smart".

Environmental and equipment checks were carried out to ensure the premises were safe and suitable. These included checks on the following: fire safety equipment checks, electrical equipment, mattresses, and water temperatures . Regular checks were carried out of each room to ensure the home was safe for people, with no obvious hazards.

Good

Is the service effective?

Our findings

At our last inspection on 30 July 2014, we had found that people were cared for by staff who were not being consistently supported to deliver care and treatment safely and to an appropriate standard. At this inspection, we found action had been taken to bring the service up to the required standard.

Every person we spoke with had a positive view to share with us about how they were supported by the staff. For example, people told us, "they are marvellous", "I could not fault any of them", and "when I need them they are there".

Staff provided effective support to people to meet their needs. For example staff assisted people who needed extra help to eat and drink enough. The staff were attentive in their approach and were able to anticipate what people needed. People were offered drinks and snacks throughout the day . Staff also asked people if they were warm enough and how they were feeling.They also asked them whether they wanted to listen, the television, or preferred a quiet environment .

People were supported by staff with their personal care needs such as bathing and showering. We also read in one person's care plan how they were supported with their mental health needs so that they felt safe based on guidance from other healthcare professionals.

People were provided with a choice of food and drink that they told us they enjoyed. Every person we spoke with had positive opinions about the meals that were provided. One person told us the food was, "very good indeed". Another person said it was "excellent".

Staff took drinks to people in the home between meal times. People were offered extra drinks and snacks during the day. There were bowls of fresh fruit and extra drinks people could help themselves to in shared living areas as well. The staff sat next to people and assisted and prompted them with their meals where needed. Staff encouraged people to eat their meals unaided where possible to maintain their independence. For example, we heard staff asking people if they wanted their lunch cut up so that they could eat it by themselves.

We heard staff speak with people about the meals choices they were offered. At lunch there were at least two main meal choices. The chef was given a list of people's preferred meal choices every day. Staff how they catered for people on special diets for example people who required a diabetic menu and those with coeliac disease. At lunch these special diets were served to people who required them.

Care records showed what actions were to be followed to ensure people were supported effectively with their nutritional needs. An assessment had been carried out for each person using a nationally recognised tool. This was a screening tool to identify people who may be malnourished or at risk of malnutrition or obesity. Guidance in the care plans set out what actions to follow so that people were assisted to meet their identified nutritional needs. For example, it was identified when people needed extra encouragement. It was also identified when people needed food supplements to help to maintain a healthy weight and wellbeing and we saw these being offered to people.

The staff had attended Mental Capacity Act 2005 (MCA) training. The MCA is a legal framework to ensure decisions are made in the best interests of adults who do not have the mental capacity to make certain decisions for themselves.

Care plans showed that when a person had been felt to lack mental capacity to make a particular decision then a full assessment had been carried out. Where needed, for example where people had bedrails, sensor mats, or took medicines covertly, a best interest decision had been carried out.This means decisions can only be made in the person's best interests. It also means the Mental Capacity Act 2005 and its Code of Practise must be followed when they are. Staff demonstrated in discussions with us that they understood the principals of the Mental Capacity Act 2005 and how to follow them.

There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information helped staff if needed to ensure safeguards were put in place to protect people who lacked capacity in the least restrictive way. This information also helped to inform staff how to make a DoLS application to restrict people's liberty if this was needed.

We were told that some people received medicines covertly. This is when tablets are disguised within food or drink for example. There was a clear covert medicines

Good

Is the service effective?

policy in place, and assessments had been completed for people where necessary and signed by the GP, the pharmacist and by the person's relative. We saw that these assessments had been reviewed regularly.

People told us they saw their doctor who came to them home when needed. The staff told us the local GP practices and district nursing teams provided medical support and assistance when needed. Other professionals supported people in the home when needed for example community mental health nurses offered guidance and support to people with their mental health when required.

People were supported by staff who were competent to meet their needs and provided them with suitable care and assistance. The staff told us they attended training relevant to the needs of the people they cared for and supported. We viewed training information for the staff team. Courses included, dementia care, safeguarding people from abuse, understanding health and safety, and infection control. The manager and the staff told us that staff who supported people with dementia had been on an additional two day course on the subject. This was to provide them with further skills and understanding about how to care for a person living with dementia effectively.

People were cared for and supported by suitably skilled and experienced staff. One of the nurses said they spoke with other nurses regularly about clinical care matters. The nurses provided 'on the job' supervision to staff who were on duty about the type of care and support that people required. We heard nurses planning with care staff how people's needs were to be met.

The supervision information showed that regular one to one meetings and or group meetings were in place for staff. The purpose of supervision include enabling staff to develop good practice and improve the quality of service people receive. The meetings had been with the manager or their named supervisor. We saw that all new staff had completed a supervision meeting with the manager of a named supervisor. The manager and a senior manager told us this was the provider's policy for all staff to receive supervision at least every two months. This target was now being met and staff were being properly supervised.

Good

Is the service caring?

Our findings

Every person told us all of the staff were caring. One person told us, “they are lovely”, another comment was, and they are all wonderful”.

One relative told us, “I do believe that staff maintain people’s dignity here; they always look clean and smart when I visit”. Staff were aware of people’s preferences, and one relative told us, “I insist that my relative has a female carer for hygiene needs, and I know this happens”.

Other comments from relatives included, “care here is very good” and “staff are very caring”. We spoke with another relative who told us, “They don’t get my relative up early, because they prefer to get up late morning”.

People were supported by staff who were kind and caring in their approach. For example we saw staff used gentle touch to communicate with one person who was unable to make their views known. We saw a staff member explain in a calm and gentle tone of voice that they were offering one person a drink and a snack. Staff used a calm approach with someone who was anxious and as a result the person looked less distressed.

Staff told us when people could not say how they liked to be cared for this information was obtained from someone close to them such as their nearest relative. Care plans included detailed information about people’s life history and how they or their relative felt they would like to be cared for. Staff told us they used this information to care for people in the way they preferred, for example what time people liked to be assisted to get up or to go to bed.

People and their relatives were involved in decisions about their care. They were invited to meet with the nurses or the manager regularly to talk about the care being provided. Where people could not make their views known relatives were asked on their behalf. This information was recorded in peoples care records. For example what time people like to get up , what type of clothes they liked to wear and how they would like to spend their day.

Care was provided in a personalised way that offered people choice. For example, we saw that one person was still in bed at mid-morning. Staff told us; “One person is still in bed, because they like to stay in bed late. It’s their preference, and we know that because we’ve been caring for them for a while now”. People were offered choice about where they sat during meal times and throughout the day.

One member of staff told us, “I enjoy my job. I love dealing with people, but you do need special skills to care for people with dementia, you need compassion and understanding”. Another member of staff told us, “people can get up and go to bed when they want; if they want a lie in, that’s fine; for relative example a few of the men like to get up early because they always got up early when they were working”.

People’s privacy and dignity was respected. We observed staff knocking on people’s doors before entering their rooms, and we saw that all personal care was delivered behind closed doors.. During lunch, we saw that staff asked people before placing a garment on them to protect their clothing if needed.

Staff told us on occasions, people were able to get together to celebrate birthdays, and we were told about a recent birthday party where an entertainer had sung for people.

Requires Improvement

Is the service responsive?

Our findings

Many people told us there was not enough social and therapeutic activities put on for people at the home. Examples of comments made included, “There is not enough for my relative to do” and, “I like the entertainers but we could do with more”.

People told us that when activities were put on these were enjoyable. On the afternoon of our visit the activities organiser was engaged with a group of people and their relatives on one floor of the home. An arts and crafts session took place and people looked engaged in the activity. We saw a timetable of social and therapeutic activities that were planned to take place in the home in the near future. We also saw photos of recent social events displayed in the home. The manager and provider’s representative told us they had recognised this shortfall in social and therapeutic activities for people. We were told interviews were taking place for an additional staff member to provide activities.

An assessment of peoples preferences in their daily life had been carried out .These included what kind of activities they enjoyed doing before they moved into the home. However the activities that were put in the home did not always reflect individuals preferences .For example one person told us how much they liked to watch and listen to sport. Another person had a interested in certain types of music. Relative’s feedback at meetings and via other sources including surveys showed that they had requested an increase in relevant social and therapeutic activities.

The information in care records was detailed and informative with guidance for staff that set out how to support each person with their individual nursing and personal care needs. Where people had complex needs such as skin that was vulnerable to skin break down, this had been identified by a nurse. A specific wound prevention care plan had been put in place to support people at risk of skin breakdown. Records were kept where people need to be assisted to move to prevent damage to their skin. Staff recorded every time they assisted someone in this way and these records were up to date. Care plans recorded information about how to support people who were at risk of choking, guidance had been obtained from relevant healthcare professionals and staff knew how to support the people concerned

The staff were knowledgeable about the people in the home and what mattered to them. Care records included a “life history” which gave the staff information about people and their life before they came to live in the home. Staff knew what was recorded in individuals’ records and told us this was used to get to know people and engage with them. Where people had dementia a life history had been obtained about the person before they came to the home. Staff told us this helped them to see the person as a unique individual and care for them in way that was centred on them as a person.

People told us they saw the manager and a nurse each day and felt able to raise concerns if they needed to. The manager spent time listening to a person who wanted to raise a concern with them about their daily routines. The manager responded to the person’s request and ensured that the matter was addressed to the person’s satisfaction.

There was a system in place to ensure that complaints and concerns were well managed. There was an easy to follow complaints procedure in place so that people were able to make a complaint. A copy of this was displayed in the home so that people were aware of it. We saw that there had been two complaints made since our last visit. A response with an explanation of what had happened, and how the complaint had been addressed was completed for the complaints we saw. The investigations into the complaints had completed. These showed complaints were investigated and resolved to the satisfaction of the complainants.

Good

Is the service well-led?

Our findings

At our last inspection on 30 July 2014, we had found the provider's system to assess and monitor the quality of service was not being used effectively to ensure people were safe. At this inspection, we found action had been taken to bring the service up to the required standard.

People told us they knew who the manager was and spoke positively about them. One person said that they thought they were "very nice" another person said they were "very kind". The manager spent time with people living at the home and the staff during our visit.

The manager demonstrated that they understood the needs of people living at the home, as well as the visions and values of the organisation they worked for. Staff also told us the visions and values of the organisation were to provide care in a person centred way that focused on each person as a unique individual. The provider's guide to the service clearly explained what their visions and values were. Every person who came to the home or moved in was given a copy of this information so that they knew what standard of care they should receive.

People went to the offices on each floor of the home to approach the senior staff who were there. People were relaxed and comfortable to go to the office at any time. Nurses and senior staff responded attentively to people who wanted to see them. We observed warm and friendly interactions took place. People's visitors also went to the office to speak to staff and were welcomed in.

Staff felt supported by the manager and senior staff, who we saw communicating openly with staff. The staff told us they felt comfortable to approach the manager when they needed to speak with them. We read in the care records how the manager met with people or their relatives on a regular basis. The manager used these meetings as an opportunity to find out what people felt about the service they received. People were offered the chance to meet with the manager regularly.

People who lived at the home, their families and friends were asked for their views as part of how the quality of the service was monitored. A notice was displayed in the home with survey forms for people to complete. Feedback was positive, however the need for an increased number of staff designated to provide social and therapeutic activities had been identified partly because of this survey, which the provider was addressing.

The provider had a system to monitor the quality and safety of the service people received. The provider's policy for care audits recommended that monthly care audits were completed. We saw that this process was being carried out for all parts of the home. Audits were undertaken of the quality of care that people received and how the home was run. These included care planning, the overall quality of care, management of medicines, health and safety, and staff training. Where shortfalls were identified, we saw that actions were recorded that needed to be completed to address them. The care audits included a date for actions to be completed, a timescale and the name of who was to carry them out. This meant it was clear when suitable action had been taken. For example, how many people were being prescribed antibiotics was regularly monitored. People's care plans were fully reviewed as a result of this to ensure they were receiving the care they needed.