

## Gracewell Healthcare Limited

# Gracewell of Edgbaston

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gracewell of Edgbaston is a care home providing personal and nursing care to 70 people aged 65 and over some of whom are living with dementia. At the time of inspection 52 people lived at the service. The accommodation is organised into four floors, each with its own communal areas. One of the floors is a memory care floor, specialising in providing care to people living with dementia.

### People's experience of using this service and what we found

People told us they felt safe and staff knew how to recognise signs of abuse and how to report them. People received their medicines as required. Our observations were care staff were available to meet people's needs. Accidents and incidents were recorded and appropriate action taken to minimise risk to people

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 told us the food was good and they had a choice of meals. Staff had the skills and knowledge to meet people's needs and referred to healthcare professionals when required.

Some people's confidential information was kept in cupboards that were not locked, this was addressed on inspection. We saw staff treating people with respect and dignity. Relatives were made to feel welcome in the home and people were involved in decisions about their care. The people we spoke to were complimentary about the service.

People were supported to take part in different activities and where possible activities were person centred and reflective of peoples likes and dislikes. The provider had a complaints process which people and their relatives were aware of to share any concerns. End of life care plans were in place, the service was looking at developing this area further with support from the local hospice.

Systems were in place to monitor the quality of the service although some were inconsistent. People and staff were happy with the way the service was led and the registered manager made themselves available to people. The management team had identified some areas in which they wished to make improvements and had put plans in place to address this. We brought further areas of improvement to the attention of the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 25 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Gracewell of Edgbaston

## 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 team consisted of two inspectors, one assistant inspector, one specialist advisor and one 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 Edgbaston 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This is a dual registered service and Gracewell Healthcare 3 Limited and Gracewell Healthcare Limited are both jointly responsible for service delivery at the location.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who work with the service. We used the information the provider sent us in the 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. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with fourteen people who used the service and thirteen relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, nurses, care workers and the chef. We spoke with one health care professional who regularly visited the service. 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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

- People were supported with their medicines safely and the Medicine Administration Records (MAR) we viewed were completed fully. Attached to the MARs were details about how people liked to take their medicines.
- Where people needed medicines 'as and when required' guidance was available for nurses and care staff to follow.
- Where medicines had been given covertly, the correct process was followed including discussion with the GP, pharmacist and relatives. A capacity assessment was completed and best interest decision made.
- We observed staff taking time with people when administering medication, seeking consent and explaining what they were doing.

### Preventing and controlling infection

- Staff received training on infection control and we saw staff using personal protective equipment, including gloves and aprons when this was needed.
- People and relatives told us the home was kept clean and tidy and this was confirmed by our observations.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that staff kept them safe in the home. One person said, "There is always someone around," a relative told us, "They check the residents' safety."
- The provider had effective safeguarding systems in place. Staff had received training and were able to tell us how they would recognise the signs of abuse and who they would report concerns to.

### Assessing risk, safety monitoring and management

- In some instances, people's records in relation to pressure care, had not been fully completed. However, staff knew people well and could describe their risks and how to support them safely. The deputy manager put a system in place to improve these records on inspection.
  - People had access to equipment such as walking aids and observed staff reminding people to use them to reduce the risk of falling.
  - Regular checks were made to environment to ensure people were kept safe, this included checks on water temperatures and safety equipment within the home. Any issues identified were dealt with promptly.

### Staffing and recruitment

- People told us staff were available to meet their needs. One person said, "I press the buzzer and someone

comes along," and another told us, "There is always someone around."

- Our observations found there were enough care staff to meet people's needs. The nurse told us they could be very busy due to the number of people who had complex needs. The management team were in the process of recruiting more nurses and increasing the staff to include a carer trained in medication who could support the nurses.
- Improvements had been made to ensure people were supported by familiar staff and to reduce staff turnover. A relative confirmed this and told us how standards of care had improved with a more stable staff group.
- There were recruitment processes in place which included completion of a Disclosure and Barring Service (DBS) check and references. This ensured staff employed were suitable to work with vulnerable people.

Learning lessons when things go wrong

- Some staff needed further support to use the electronic recording tool in place at the service. On inspection we noted not all care recordings were completed in a timely manner. The registered manager advised it had been identified that improvement was needed in this area and more training and support for staff was being offered to staff.



# 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.

Staff support: induction, training, skills and experience

- Staff were provided a thorough induction which included shadowing a more experienced member of staff.
- Staff confirmed they received appropriate training through a mixture of e-learning and face to face. Some staff members had completed additional training in certain subjects.
- There was a system in place to monitor training and identify when updates were required.
- Staff felt supported in their role. One staff member told us, "I get supervision regularly which looks at training, any concerns and professional development."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a pre-admission assessment to ensure care was planned and reflected people's individual needs and preferences.
- Care plans included information about how people liked their care to be delivered, for example, how someone liked to have a shower and what was important to a person at night time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food provided and told us, "Meals are great," and "There are choice menus." We saw snacks and drinks were available on each floor for people to help themselves. A relative told us, "They always have something to drink."
- The cook had a good understanding of how to support people on modified diets, such as those who needed a softer diet due to swallowing difficulties.
- Staff supported people to eat and drink with patience and kindness. The tables were set with tablecloths and serviettes and one person was enjoying a glass of wine. This meant mealtimes were a positive experience for people.
- Staff and relatives told us and we saw on the menu, cultural options were available to people. The cook told us fresh Dahl was made every day and Caribbean food was also provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received regular support from appropriate healthcare professionals. One person told us, "They give support with specialist checks I need, dentist, chiropodist and optician." We saw from people's care records they had been referred to healthcare professionals when needed.
- A healthcare professional told us the service had been "Really responsive and good at looking after

people."

- Handover meetings occurred between each shift so staff could update each other on changes to people's care and support needs.
- We observed good communication between staff to ensure people's needs were met. One staff member told us, "I like the teamwork here."
- We found some occasions when records did not demonstrate health care professionals' advice had been followed, for example in relation to pressure care.

Adapting service, design, decoration to meet people's needs

- The home was maintained to a high standard and was warm and comfortable. Facilities included a hairdresser's salon and an outside garden with a bar. A relative said, "Excellent environment."
- The environment had been adapted to support the needs of people living with dementia. There were memory boxes by people's bedrooms and different coloured toilet seats to help people orientate themselves.
- There was a bistro area in reception where activities were carried out and people could spend time with visitors. In this area hot and cold drinks and snacks and cakes were available all day. We saw this area was well used by relatives and people.
- The third floor had recently been opened as an "assisted living floor" for people who were more independent. A small number of people had moved up there and settled well, one person told us, "It would take dynamite to get me out of here."

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.

- We saw staff asking for people's consent prior to assisting them. One person told us, "Yes, they always ask for consent first."
- Staff confirmed they had received training and understood the principles of the MCA. One staff member told us, "Assume capacity unless there is reason for concern."
- Mental Capacity Assessments had been completed appropriately and DoLS applications had been made to the local authority. This demonstrated the service was working within the principles of the MCA.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "They treat us with dignity and respect, they [staff] never enter before I invite them in."
- Staff promoted people's independence whenever possible. We saw staff patiently supporting a person to walk a short distance. Another staff member told us, "[Person] used to be a carer and likes to clean the tables and fold napkins, we give her things to do."
- Staff told us about the importance of keeping information confidential and we observed staff talking discreetly when discussing people's needs.

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

- People told us staff were caring, one person told us, "They don't rush they take their time," a relative said, "They are very polite the way they talk to everyone."
- We observed staff supporting people with kindness and patience. For example, one person needed support to eat. We saw the staff member talking gently to the person and encouraging them.
  - Staff were aware of the individual wishes of people that related to their culture and faith. A communion service was carried out within the home and a Vicar came in regularly to carry out service for people to join.
- We saw relatives and visitors where welcomed to the home and people were encouraged to maintain relationships.

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

- People and relatives told us staff responded to their choices, one relative told us, "They talk to her, they ask what she prefers," and another said, "[Staff] are so good at responding to requests."
- People were asked to make choices about everyday life such as what they wanted to eat, where they wanted to spend their time and what they wanted to wear. Where people needed support to make these decisions there was guidance in their care plan for staff to follow.
- 'Residents' and relative' meetings were held so people could express their opinions about the service. We saw at the last 'residents' meeting people were involved in decisions for activities and food.

# 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 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

- Care plans included "life stories" which included personalised information about people and their preferences. Staff were knowledgeable about people's likes and dislikes and could explain how they supported people accordingly, one person told us, "I had a change of diet and now they know exactly what I like."
- Some of the people we spoke to knew about their care plans and others said their relatives had been involved in care plans and reviews. A relative told us, "We have seen the care plan and signed to say we agree with it." This was confirmed in the care plans we looked at.
- The service used a specific care planning tool, to assess people's individual interests with a view to planning activities that best supported them. A staff member told us, "[Person] used to be a music teacher so we play their favourite songs and go through piano scores."

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 were assessed and care plans included guidance for staff to follow. A staff member told us how they had visual aid cards for someone to express how they were feeling and ask for support.
- On the memory care floor, people living with dementia were giving information in a way they understood to make a decision in relation to meals. They were shown the different choices of meals on the plates at the time of serving the food in order to make an immediate choice.

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 told us there were a wide range of activities on offer. We saw this was led by an activity co-ordinator and activity champions on each floor. One person told us, "Good activities are provided... talks about the musical history of Birmingham and a harpist comes in." Some people who had not attended the group activity were supported with painting and looking through a book.
- The co-coordinator had made links with the local community including a college and a school which visited the service and carried out activities with people.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke to hadn't raised any complaints but told us they knew how to. A relative told us, "I can walk into the manager's office at any time." Information on how to complain was included in the guide given to people when they first moved to the service. This could be produced in different formats for people if needed.
- The service had a complaints procedure and we saw the registered manager was quick to respond and address concerns raised.

#### End of life care and support

- We saw end of life care plans were completed when people first came to the service.
- The service had made recent contact with the local hospice and there were plans for staff to attend their specialist training on end of life care.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always promote the delivery of high-quality, person-centred care.

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

- The service had a range of quality monitoring arrangements in place, however, they had not identified the concerns we highlighted in relation to the monitoring of pressure area care. This was despite a previous provider audit highlighting the issue. A new system was put into place when we raised this on inspection.
- The provider's audits had failed to identify a small number of issues in relation to staff following a behavioural care plan and some staff being unaware of one person's dietary needs. We also found the kitchen records in relation to this person's diet were inaccurate. Whilst we did not identify any impact on people this did increase the risk of unsafe care.
- Systems had identified an increase in nursing staff was required and taken steps to address this. There were also plans to introduce a specialist carer who could assist with some of the non-clinical tasks which would reduce the pressure for the nurses.
- Systems were in place to monitor and evaluate accidents and incidents. Clinical governance meetings took place to look at lessons learnt and to reduce the likelihood of re-occurrence.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

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

- People and relatives spoke highly of the registered manager and told us the service was well led. Comments included; "[Registered Manager] has made a big difference, they are very receptive and approachable," and "this place is well run." One relative told us since the appointment of the registered manager there had been a more stable staff group and as a result they had seen improvements in the care for their loved one.
- Where concerns were identified they were dealt with in line with the duty of candour requirements and people and their relatives kept up to date with any progress.
- The management team were open and transparent during the inspection and demonstrated a willingness to listen and improve. This was demonstrated by the action they took in response to our feedback during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People and their relatives were included in meetings to discuss any changes in the service and for them to give feedback. We saw discussion around food, activities and the cleanliness of the home were talked about at the last meeting and action put into place.
- The service had links with the local community and supported people to practice their religion. Children from a local school came into the home as well as students from a local college to carry out activities with people.
- Staff meetings took place and staff told us they received regular supervisions. Staff told us they felt able to raise concerns and suggestions with the management team, one staff told us, "There is an open door, I can approach them if I need to, they always have time" and another said, "Management appreciate the staff and are supportive."

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

- The deputy manager had recently contacted the local hospice to develop their end of life care. Some staff were going to attend more specialist training in this area and care plans were being developed further to become more person centred.
- The registered manager was taking steps to develop the service received from local GP practices, this had included discussion with the clinical commissioning group.