

Greenacres Care Home Limited

# Gracefield Nursing Home and Residential Care Home

## Inspection report

St Neots Road  
Dry Drayton  
Cambridge  
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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

Gracefield Nursing Home and Residential Care Home provides accommodation and personal care for up to 17 older people, some of whom may live with dementia or have a learning disability. The home is an adapted and extended single storey residential building and is located on the outskirts of the rural village of Dry Drayton near Cambridge.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring and kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Gracefield Nursing Home and Residential Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 25 May 2017 and was unannounced. The inspection visit was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. 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 spoke with one person living at the home and three visitors. We also spoke with two members of care staff and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

# Is the service safe?

## Our findings

The service remained good at safeguarding people from harm. People's visitors told us that they thought people were safe living at the home. They knew who to speak with if they were concerned about anything. One person's visitor told us that, "Staff know how to respond to situations and they're very patient." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they changed their approach towards people or changed staff member if people's anxiety or distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had been completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Visitors told us that there were enough staff. One visitor said, "There are enough staff, they're always available and often just sit with people." Staff members told us that there were enough staff. One staff member explained how the staff team and registered manager had recognised the need for more staff towards the end of the day when people often became increasingly distressed. Additional staff were then rostered to work at this busier time of day. There were systems in place to increase staff numbers if this was needed. During our visit we saw that there were staff members available in all areas of the home.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately. There were detailed records to show how staff should give medicines covertly where this was required.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. Visitors told us they thought staff were adequately trained. One visitor commented, "They certainly see, to know what to do." Staff told us that they received enough training to give them the skills to carry out their roles. Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained good at ensuring people were able to make their own decisions for as long as possible. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions. There were also records to support decisions made for people to receive their medicines covertly and how staff should manage this.

We saw that CCTV was in use in communal areas of the home. The registered manager confirmed that these images were solely used to ensure people's safety, for example to establish why a person may have fallen. People and their relatives, where appropriate, had been consulted about the use of this surveillance and notices were displayed advising of its use. We discussed with the registered manager, the need to record people's consent or best interest decisions in their records as this had not been completed.

The service remained good at providing people with enough to eat and drink. One person said, "I like it." Visitors told us that their relatives received a choice of meals and that staff gave them the support they needed to eat and drink. One visitor said about their relative, "He certainly looks healthy." We observed that refreshments were offered throughout the day. Staff talked about the menus with people and described meals so that people could choose. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. A visitor commented that their relative saw their GP quickly if this was needed and told us how this had worked in practice recently when their relative had been unwell. People's care records showed that they had access to the advice and treatment of a range of health care professionals. They also contained a health

plan that provided all the information needed to support the person with their health needs.

## Is the service caring?

### Our findings

The service remained good at caring for people. One person told us that staff were lovely. Visitors told us that staff were polite, kind and "had the well-being of people at heart." One visitor told us that staff were friendly and very professional. They went on to add that staff were "very patient with people" and "I've never seen anyone look poorly cared for." Another visitor told us that staff were "marvellous" in their caring attitudes and that nothing was too much trouble for them.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. When one person became distressed with a staff member, the staff member withdrew and another staff member attended to the person a few minutes later with different results.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line. On one occasion a person was made aware that we were sitting close by, so that the person could sit elsewhere if they wished.

The service remained good at respecting people's right to privacy and to be treated respectfully. People told us that staff did this and they gave us examples of how this occurred, such as always making sure people were covered, and doors and curtains were closed during personal care. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure clothing was straight and suggested quietly to people when they needed to have personal care.



## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. One person told us that they were well cared for and they were able to spend their time in the way they wanted to. Visitors told us that they were happy with the care given to their relatives. One visitor said that staff spent time with people continually, either helping them to take part in activities or sitting with people and spending time with them individually. One visitor told us that staff were "very good with her [relative], they take their time and she's always well cared for."

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to various activities that staff helped them to take part in. The registered manager told us that there was no strict activities program as people chose what they wanted to do each day. We saw that staff supported people to play board games, read books and magazines or they spent time talking with them. There were staff members constantly present in communal areas and this enabled people to do what they wanted and where to spend their time. We saw a few people also chose to spend time outside in the garden, which provided them with a relaxing area to sit or walk.

We looked at three people's care plans and other associated records. The plans were easy to follow and read. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. The plans were written in detail to guide staffs' care practice and additional care records were also completed in detail. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. Visitors told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that there had been no formal complaints and the only informal concern had been responded to appropriately and within a very short time frame. The registered manager confirmed that the person making the complaint was happy with the action taken.

## Is the service well-led?

### Our findings

The service remained good at providing a positive and open culture. One person at the home told us, "They're all lovely" and they liked living at the home. Visitors were also happy with the way their relatives were cared for and the running of the home. One visitor commented, "It's a lovely place and I'm happy with the care they give my [spouse]." Another visitor said that the home and staff were "marvellous."

Staff members told us that there was a stable staff group and that they got on well together. One staff member described the staff team as, "We've got a good team, we work well together." Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. A staff member told us that the registered manager, "Works as part of the team, they will always fill in." Our observations showed that the registered manager spoke with staff in a positive and appropriate way. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The registered manager was in post and had been registered with the Commission since before the current registration in 2010 with the Health and Social Care Act 2008. 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. Visitors told us that they saw the registered manager around the home and knew who they were.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as environmental, medicines and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address and to the organisation's management team to oversee and ensure issues did not carry on. An registered manager had developed an annual business plan for the home, which long term included actions identified in audits. This meant that the registered manager had a clear plan for addressing all actions identified in their monitoring systems. The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. However, a detailed analysis was not completed and therefore any trends or themes, other than whether falls were witnessed or not, were not identified.

Visitors told us they were asked their views of the home and the care their relatives received. We saw that the views of people, their relatives, staff and visiting health care professionals were obtained on an on-going basis and collated into an annual summary. These were through questionnaires or meetings for people and staff. The most recent responses showed that were few issues identified and these were responded to.