

Gracewell Healthcare Limited

Gracewell of Sway

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Gracewell of Sway is a 'care home' providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 68 people some of whom may be living with dementia. Accommodation at the home is provided over three floors. There are large gardens and patio areas which provide a safe and secure private leisure area for people living at the home.

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

People felt safe living at Gracewell of Sway and were very much at the heart of the service. We received consistent positive feedback from people and their families as well as health professionals. Feedback we received told us that the service went above and beyond and were extremely experienced at looking after people living with dementia. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

People received outstanding levels of care. Staff developed exceptionally positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in an individualised and compassionate way. People's privacy and dignity was maintained at all times.

The service was extremely responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete. We were told about many positive activities people took part in that improved their wellbeing.

People received outstanding end of life care and people experienced a comfortable and dignified death. Staff participated in end of life care training and worked closely with the local hospice.

There was good oversight of medicines. Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff had the specialist knowledge and skills required to meet people's needs. The home allowed people to bring their pets and people and their families gained great comfort from interacting with their pets at the home.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

The home developed and promoted community involvement within the home. People, their families and staff took part in the many local community events.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. There were enough staff to keep people safe. There were plans in place for foreseeable emergencies. Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable. The home was clean, and measures were in place for infection prevention and control.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by a motivated staff team, who always put people first. Staff received regular support and felt valued and listened to by management. Accidents and incidents were thoroughly investigated and learning from them shared amongst the team.

Positive links had been forged with local health and social care professionals to enhance the experience of people using the service.

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

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 12 April 2018.

Why we inspected

This was a planned inspection based on our inspection schedule.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Gracewell of Sway

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors and an Expert by Experience who carried out phone calls. 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 Sway is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, senior care staff, care staff, activity staff and the chef. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at four 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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with five professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I feel very safe living here. I do have an alarm. I triggered it accidentally the other day, and within two minutes staff were here asking if I was ok. They pop in every evening and ask if I want anything." Another person told us, "I feel safe, that's one thing, I never have any fears, no worries at all. I go to bed, relax and sleep."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them and knew how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff told us they were confident any concerns they raised would be dealt with appropriately by the management team.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Professionals we spoke with told us the service managed risks well to keep people safe. One professional told us, "Having worked closely with Gracewell since November 2020 I have seen how they have managed COVID excellently and when they had a case of COVID how rapidly they contacted me to say this and not to visit." Another professional said, "I have no reason to doubt. My client does not have falls or anything similar."
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility and the maintenance of skin integrity.
- There were robust systems in place to manage the safety of the environment. For example, we saw certificates for safe gas, fixed wiring, portable appliances and water systems. Routine maintenance and servicing of equipment, the lifts and alarm systems had been completed and regular checks, for example, of wheelchairs, bed rails, furniture and window restrictors took place. Environmental risk assessments were in place and kept under review. For example, for the minibus, use of the balconies and lone working.

Staffing and recruitment

- People and their relatives told us they thought staffing levels were sufficient. One person told us, "I think there is enough staff. We are well looked after and get all the help we need." Another person said, "I think there are plenty of staff." A relative told us, "There are definitely enough carers, they check on Mum every two hours, through the night as well." Another relative said, "I think there is enough staff, I do monitor their levels."
- We observed that staff were not rushed and responded promptly and compassionately to people's

requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.

- There were safe systems in place which ensured only suitable staff were employed. Staff provided a full work history, employment references, evidence of a right to work and proof of identity. They also completed a Disclosure and Barring Service check. A DBS check helps employers to make safer recruitment decisions. We noted the recruitment files were not kept in line with the provider's instructions on the retention of records. We discussed this with the staff responsible and they said they would address this.

Using medicines safely

- People felt their medicines were administered safely. One person told us, "I have medication and there have been no problems. I can't fault it." Another person said, "They give me my medication, no problem with that at all."
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- Staff were trained in medicines administration and were checked for competency and shadowed until the registered manager was satisfied of their ability to give medicines safely.

Preventing and controlling infection

- Infection prevention and control measures were robust. These had been enhanced during the pandemic, such as cleaning of high touch points, TV remote controls, light switches and these practices continued to be embedded in day to day cleaning activities. We spoke to the head housekeeper who told us, "We have improved systems in place due to COVID-19. I had meetings with [housekeeping] staff and told them it's not just a cleaning job. Their role is so important. We need to know what has been done. Cleaning task lists are allocated, and staff sign to say they have completed cleaning these. It's a legal document and they are accountable." We found housekeeping records were up to date and complete. The home was clean, tidy and odour free.

Learning lessons when things go wrong

- The registered manager had systems in place for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made changes to minimise the chance of the incident happening again. For example, following a small number of people developing pressures sores, the team decided to make pressures sores topic of the month for staff. This resulted in the team looking at ways to prevent pressure sores and improve staff knowledge.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed and described people's needs in a range of areas including personal care, and daily living activities.
- People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. One person told us, "I think staff are well trained, they are trained more than I thought they'd be, it's reassuring." A relative told us, "Staff are very well trained." A professional told us, "When I visit the staff, they are very attentive towards the residents and supportive of their needs and really know their residents. The staff are eager to improve and learn new skills."
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, medicines, manual handling, equality and diversity, infection control, health and safety, safeguarding adults, fire safety, end of life care, nutrition and hydration, dignity and respect and first aid.
- New staff confirmed they completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People and their relatives were happy with the food. One person told us, "The food is very good, good quality and a choice. We eat in what is like a restaurant. We get too much food." Another person said, "The food is very good; if they know you don't like something, they will find you an alternative." Other comments included, "The food is very good, mine is pureed, it's always dished up very nice, in separate portions and there is a choice." As well as, "The dining room staff are excellent." A relative told us, "The food is first rate." ● People were supported to maintain a healthy and varied diet. We spoke to the chef who was knowledgeable

about people's dietary needs, allergies, preferences and choices. One person decided they wanted to eat a vegan diet, and this was catered for. For example, the chef told us they bought vegan custard for the person and prepared their soup without cream. However, the person often changed their mind and wanted to eat a normal diet. The chef told us they prepared the person's food to meet their wishes at the time. Up to date details of each person's dietary needs were available for the chefs and staff who were serving.

- The chef held a food forum where people could share ideas and preferences for the menu and spent a lot of time chatting to people at mealtimes or privately about their food preferences. Staff provided feedback to the chef if people were not eating or made comments. The chef told us the food was home made from fresh ingredients by a good team of creative chefs who were continuously learning from each other and sharing ideas.

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

- People enjoyed living at the service. One person told us, "It's a lovely place, beautiful house, beautiful grounds. We have a lovely art room and library. I'd like to compliment the whole lot." Another person said, "I have a room that meets all my needs and lovely grounds to walk around. I was able to bring anything I wanted from home, including my double bed."

- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there. For example, the top floor has been designed following best practice guidance for people living with dementia. This ensured people's safety but also provided opportunities for people to explore and encouraged memories.

- The home was also suitable to meet the physical care needs of people. Corridors were wide and doorways and bedrooms large enough for the use of any specialist equipment required.

- Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. One relative told us, "They helped her settle in very well. She has a suite and was able to furnish it with all her favourite things and made it a mini home."

- The ground level provided a coffee shop where people could help themselves to hot and cold drinks and snacks throughout the day. People were encouraged to socialise together and the design of the building supported this.

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

- People we spoke with felt their health needs were met. One person told us, "The doctor comes on a Monday and Friday. I have a back problem at the moment, when it went the other day they acted quickly and called the doctor." Another person said, "We can always see a doctor if we need to, he comes twice a week."

- Professionals told us the service delivered high quality care. One professional told us, "When there is a change in the residents' health staff are prompt in contacting the surgery and are proactive ensuring the residents' wellbeing is taken care of, as well as their physical health". Another professional said, "The staff at Gracewell have always given me confidence that they have a good understanding of any information and advice I have provided. Their excellent communication in this situation has allowed me to stay in the loop with this lady's care and provide the right input at the right time. As a health professional who is not based near Gracewell, this has been invaluable".

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.

- Most people were able to make their own day to day decisions and told us that their choices and wishes were respected by staff. A professional told us, "When gathering the consent for the COVID vaccination the staff are respectful of the resident's capacity, ensuring that a mental capacity assessment is conducted and when they lacked capacity the POA (power of attorney) for Health were contacted".
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring. One person told us, "I describe the staff as my friends. They are very nice, dedicated. Their patience at times, they will get anything for you, they are very good." Another person said, "Staff are kind, caring people. When I walk up the stairs, I get a bit wobbly, and staff instantly take my arm and assist me." Other comments included, "Staff are very good, very kind. They are always happy".
- Relatives also told us staff were caring. One relative told us, "She is very happy with the staff. When the carers go in her face lights up and she doesn't fret about home. She has all her furniture and familiar things around her." Another relative said, "Staff are very polite and respectful to mum, very caring, very friendly."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member said, "I know a lot about the service users. I make it my job to know, as this can encourage a more open relationship with them, which in turn can make them feel more comfortable in approaching me with issues that need addressing. We also have life histories in place, so we have somewhere to build a conversation from to get to know the service users more".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One person told us, "They know everyone's name and certainly know their likes and dislikes."
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

- People told us they were involved in making decisions about their care. One person told us, "I do have a care plan. We can always say if we don't like something or want it done different. We can always say, and they do everything they can do to help." Another person said, "They asked me questions regarding my care." Other comments included, "I know I have a care plan as I have written it. I now want to compile an EOL (end of life) plan", "They did the care plan with me, it's 28 pages long."
- People's care records included information about their personal circumstances and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us all the staff treated them with respect. One person told us, "They are very respectful; they knock on your door and are always there to help." Another person said, "I speak very highly of them, they are extremely pleasant, very helpful, a nice lot. They don't forget you. They always knock on the door without exception." Another person told us, "Staff are very polite, never come in without knocking, always smiling and speak nicely."

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves. One staff member told us, "I talk to the individuals and find out about their wishes as I find that this is a big way of respecting their dignity and also encourages their independence. I ensure all personal conversations happen while they are in a place that is private, so it remains confidential."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Everyone we spoke with was full of praise about the activities which had carried on through COVID-19 and were available seven days a week. One person told us, "We had donkeys down here the other day, everybody had photos taken with them, it was a fabulous day." Another person said, "There are marvellous activities. I can join in everything, activities, tea and coffee, the bar." Another person told us, "The activity sheet comes out every week, there is three a day. I enjoy yoga and relaxation, quizzes and indoor bowls and movement to music, I like exercise. Men make up about 10% of the residents here, but nevertheless one day they organised a pub lunch."
- An outside entertainer told us, "The home has always had many activities, from trips out in the minibus, to bingo, gala evening events, live music, garden outdoor events...using the whole space to bring variety for the residents. The staff have on many occasions joined in with me for entertaining, either dressing up when there's a particular theme, ABBA tribute evening as an example, and some members of staff singing songs. I was regularly an entertainer on floor two, with slightly more advanced dementia residents, and at every occasion I was there, the residents were clean, well dressed, happy and responding to the live music. It is a very well-run home and I would say of a high standard. I have no negative issues at all."
- The service recognised and responded to people's needs for social interaction and mental stimulation. For example, one person told us, "I have my own workshop, I give talks sometimes. I enjoy movement to music, scrabble, crosswords, sometimes they do a minibus tour of the forest. There is something going on every day, including weekends, it's a very active place. No one pressurises you to go." The registered manager told us, "[Person name] loves woodwork, he has a woodwork room in the home where he makes all his bird boxes for charity, and the residents in the home. They have also welcomed other residents to his hobby who also get involved, we are looking at building a work shed next year so they can all meet and start the woodwork classes."
- The service had a team of four activity coordinators who delivered activities over seven days. We spoke with one who told us, "We hold activity forums at the beginning of each new season which are always popular and very well attended, this is a good opportunity to have group discussions and bounce ideas from one another, we discuss everything from crafts, minibus outings, bingo, local events and meets, exercise classes, reminiscence, evening activities, quiz games, plans for the gardens, musical entertainment and physical games such as bowls and croquet. ...list is endless! We also regularly hand out suggestion slips which residents are encouraged to fill and return to us noting they're thoughts and ideas."
- They also told us, "The most popular activity we provide would probably be the exercise classes, we offer a minimum of two classes per week including yoga, tai chi, drummercise, stretch and an aerobics class

delivered by myself. Quiz games are also very popular, we have quiz nights every other Friday evening along with faith and reflection and reminiscence."

- Other activities included a sensory garden and gardening club where vegetables were grown. A snooker table was also available if people wanted a game and could play with staff if they wanted to. A recent tea dance event was attended locally for people living with dementia which brought back lots of happy memories for them. One to one activities were available for people who didn't want to join in a group activity where they could have one to one time with a staff member to socialise, go for a walk, or play a game or puzzle for example.
- Activities were reviewed regularly to see what was working well. One staff member told us, "We log evidence for all activities onto the system, but we also keep a register which we will tick every day after each activity, this is a visual tool and helps us keep track of who hasn't attended any of our scheduled activities so we can quickly notice any changes in somebody's routine and would offer a one to one/wellbeing room visit, a garden walk, one to one game or just a social chat and cuppa, which is always appreciated".

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

- People received outstanding person-centred care and were supported to follow their interests and make choices about how they spent their time. One person told us, "You can bring your animals here, so I brought my cat. I have lots of friends here." A relative told us, "They provide perfect care; I sleep at night. They are equally kind to me as it was a hard transition for me as well. It's person-centred care, very good." A professional told us, "It's the best care I have ever seen in me seeing 500 people on a regular visiting to care homes."
- A professional told us, "Residents are treated as individuals and encouraged to lead as normal and active a life as possible. When my client entered the home, she had a little dog, which was very dear to her. The staff were very accommodating: walking it, taking to vet, obtaining medication for it, above and beyond what could have been expected." A relative told us, "Staff are always respectful, they are amazing, they do a fab job. They treat her with as much dignity as they can. They try and promote her memory; she was a nursery teacher, and they get her to repeat nursery rhymes."
- The service had focused on activities to ensure these were person-centred and catered to the needs of all the people in the home. For example, some of the people living with dementia were very active and use to live in the forest and love walking. The service had arranged a weekly minibus to take them in the forest for walks. They had also increased the physical activities to suit people's needs and had just introduced Thai Chi. The registered manager told us, "This has had a huge impact on the residents' health and wellbeing."
- We saw a photograph of a person learning to play the guitar. The registered manager told us, "[Person name] wanted to learn how to play the guitar, so [staff member's name] from the activity team is giving him weekly lessons, [staff member's name] plays the guitar, and they are hoping to be able to play together. He's loving it, which is so great to see, his family visited today, and he could not stop telling them about it."
- We spoke to staff about promoting person-centred care. One staff member told us, "Myself and my team have strong relationships with each resident and their families, we build on it from the time they move in, we will meet the new resident and gain as much knowledge and understanding of their hobbies, interests, capabilities and their life history."

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.

- A relative told us, "They did a really in-depth care plan for her, how to talk to mum etc. She needs more

help now and they have been very good at upping the care she needs." A professional told us, "Communication in all areas is excellent, and I get help if required, and I have always said from day one, I have never seen such happy staff and residents." Another professional said, "Gracewell of Sway have communicated excellently with me on several occasions regarding the client I have input with ensuring that we are working in partnership, with the client as well. For example, a member of nursing staff is always available and happy to be present in the room when I see the client. This enables us to have any support we require from them during my assessment and allows them to best understand any information provided during my visit."

Improving care quality in response to complaints or concerns

- People told us complaints were fully investigated and people were encouraged to raise any concerns. One person told us, "I once complained, I wrote to [registered manager's name] as a resident with COVID was walking around the grounds in lockdown, she responded very well." Another person said, "You can put any grumbles in a book in the lobby and I'm told they do pick up on it." A third person told us, "I don't like too much gravy, my food was swamped in it, that's the only thing I have complained about and now I get it in a separate jug."
- Relatives we spoke with also felt listened to. One relative told us, "Day or night I can contact them, any problems and it's solved. If I needed to get hold of the director I could straight away, I can speak to anyone there." Another relative said, "I've mentioned a couple of things to staff, and they were addressed immediately. I have no complaints."
- During residents' meetings people were reminded about the comments box in reception to raise any concerns or put forward any ideas. This was checked every morning by the registered manager and all comments actioned. There was also a comments box in the dining room which was checked and actioned by the chef.
- The home had a complaints procedure which was on display in the reception area. People told us they had no concerns and we saw lots of written compliments about the service.

End of life care and support

- One person told us, "I came here with my wife who has since passed away. They looked after her very well, it all happened very calmly, they knew all the arrangements and they carried them out. They erected a bench on the patio dedicated to her." Another person said, "They were very good at supporting me when hubby died in the home." A relative told us, "When Dad died, they were very good, they enabled him to have a good death. Staff were so kind and considerate to us all. They made it all much easier."
- We observed many positive comments from relatives about outstanding end of life care. For example, "My father was cared for by Gracewell of Sway for the last two months of his life. His room was bright, clean and spacious, and the staff outstanding. He needed full-time care - to be lifted out of bed, washed and dressed etc. The staff were always polite, caring and quick to respond when called; nothing was too much. The food was wonderful, and they were very flexible, allowing me to eat with my Dad in the garden when it was sunny and bringing ice cream for breakfast when that was about all he would eat. A fond memory is that when my Dad passed, they formed a small guard of honour comprising carers and support staff to say a last goodbye as the body taken away. I have only positive things to say about Gracewell... along with a big thank you to all the staff'.
- Staff worked closely with a range of healthcare professionals to ensure that people received a pain free and dignified death. Staff spoke highly of the training provided. One staff member told us, "As a home we have a good network with [local hospice] and they are putting on training for members of staff. We have all completed an end of life oral care training session recently."
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Relatives were provided with a place to stay and home comforts and refreshments so that they could be close to their family members in their final days. The registered manager told us, "We have made a butterfly box for family/friends who wish to stay with their loved ones, it contains, a poem book, blanket, pillow, toiletries, warm drinks and snacks, and a thinking of you card, to make their stay comfortable, we do offer them drinks and meals during their stay."

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People we spoke with told us they were extremely happy living at the service. One person told us, "I'm perfectly happy here, it's superb." Another person told us, "I have a beautiful room and I'm well looked after. It does feel like home." Another person said, "I'm very happy here, it feels like home. There is help if we need it, only have to press a bell and they are here. I have nothing to complain about."
- Relatives we spoke with also praised the service. One relative told us, "I looked at a number of places and Gracewell stood out. I can't fault it. Mother says she is so lucky to be there." Another relative said, "I'm very happy where she is." Other comments included, "Mum loves being there."
- This was also evidenced online. The service home used the public review website www.carehome.co.uk. Which gave the service a rating of 9.9 / 10 with very positive praise for the service, for example a recent review had said, 'Having visited a number of care homes in the area trying to find one that best suited Mum's needs (early stages of Alzheimer's), we knew as soon as we'd met the team at Gracewell of Sway and the facilities offered, that we'd found the right place! Over the next 8 or so months of Mum's stay, the true dedication, commitment, attention to detail and love and affection shown to her was quite simply outstanding! There are too many superb individuals to name in such a review, but the team are amazing, and the level of care shown to all residents, not just my Mum was exemplary. We cannot rate everyone at Gracewell of Sway highly enough - thank you all so much!' We saw many other outstanding reviews about the service.
- Professionals we spoke with were happy with the service and thought it provided high quality care. One professional told us, "My client she has been provided with high quality care from an [professional] viewpoint. The staff have supported her to adhere to recommendations when she has wanted to in a caring manner."
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.

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

- All the people we spoke with highly praised the registered manager. One person told us, "Management are very caring; it seems to be very efficient. [Registered manager's name] helps out with anything; she is always smiling, and her door is always open. She is very calm." Another person said, "The manager is approachable. She is the sort of woman who buzzes around tidying the place up." Other comments included, "The manager is very pleasant and approachable; all the staff are," and, "The manager is very nice actually, she's

a good manager."

- Relatives were also full of praise for the registered manager and told us, "It is very well led, management are extremely good at the moment, I wouldn't want anything to change." Another relative told us, "[Registered manager's name] did a terrific job during COVID, now it's getting back to normal. There is a core group of staff, they seem happy and there is a lovely atmosphere." A third relative said, "The manager always responds promptly. Mum's bedroom is always immaculate. The grounds are beautiful." A professional told us, "Both the manager and deputy very professional and organised."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew how they contributed to the overall success of the service.
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, complaints, supervisions, training and staffing. Where issues were identified remedial action was taken. For example, call bells were checked daily to ensure these were being answered in a timely manner, if they were not, this was discussed in the daily huddle meetings and the reasons to why, and the importance of this.
- The service employed outside professionals to review standards and quality within the home to ensure they were providing safe and high-quality care. For example, an outside professional company attended the service every quarter to review the beds and mattress within the home. The latest audit had condemned four mattresses and immediate action had been taken to replace these.
- The registered manager had introduced 'Topic of the Month'. They told us, "We have introduced this so we can learn from any mistakes made and reoccurring concerns, as a team look at how to improve the residents' lives and the team's knowledge, we look at a different topic each month, from oral care, pressure sores, infections, sex and intimacy to falls and end of life."
- Provider audits were also in place to review the service's progress. A recent provider audit had resulted in a positive outcome. An action plan was in place to drive further improvements.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.

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

- It was very evident during the inspection that people were at the heart of the service and were constantly being listened to. Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. One person told us, "There is a resident meeting here today. Everyone can voice their opinions." Another person said, "Meetings are held regularly for cottage residents. I attend when I can. They always give us a copy of the minutes." A relative told us, "I receive regular questionnaires. Resident meetings are held at their level."
- The service had introduced a 'Home Ambassador', who represented the people living at the home and would bring any concerns, ideas or questions to them on behalf of other people. We spoke with them and they told us, "I am the Home Ambassador, which means when prospective people come here, they look at my room and I talk to them about living here. When they move in, I introduce them to people, show them where everything is and answer any questions. I have access to management and if they have any questions, I can take things up for them. It's very interesting being an ambassador, I have a badge which I wear proudly every day."
- Professionals we spoke with told us the service worked in partnership with them. One professional told us, "Very much in partnership, I have been assisting them in the implementation of Restore 2 and ensuring that Advanced Care Planning is in place. I also coordinate the COVID (and now Flu) vaccination programme for the care homes and they have been well organised and responsive throughout."
- It was evident there was a strong emphasis on community involvement and this had continued during the

COVID-19 pandemic. During the start of the pandemic when the home was closed to visitors, they decided to hold a drive through event. The registered manager told us, "We were the first home to do this, the residents' families dressed up their cars and had the opportunity to speak to their loved ones, their grandchildren also attended, it was such a lovely and emotional day for everyone, they had not seen each other for so long and not able to hug, the feedback we got was amazing and really lifted everyone's spirits, we were also on BBC news and ITV."

- The service also supported the local community by offering free bacon rolls and coffee during the height of the pandemic to keyworkers in the community in recognition of their hard work. People and staff members had also donated to local food banks in the community.
- People were part of the local community. For example, people supported the local hospice charity event recently with selling cakes and raising money. For some people the local hospice was very close to their heart and they liked to help out at these events. Another person had donated bird boxes they had made for raffle prizes. People living at the home also supported the local village fete with a Pimm's stall to raise funds. People were also involved in the local carnival which the provider had sponsored.
- One person held a fundraising event for charity and raised a lot of money by walking round the grounds with their dog for company and was supported and encouraged by all the people, families and staff members.
- In the village, people attended a community café weekly where they had a cup of tea and cake and socialised with residents in the village. People also had the option of attending the local church service weekly.
- We saw many photographs of people involved in the community and clearly enjoying themselves. The registered manager told us, "We hold regular events at Sway, we held a May Fayre in May 2019, we had over 400 guest and a classic car show, we held stalls and games, and the residents also got involved, all the proceeds went to charity."
- The registered manager also told us, "We are starting a dementia café at Sway from the 5th November, its open to residents, family and friends to attend, the Dementia Action group are also attending to offer support and guidance."
- Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas.
- Daily meetings were held with all heads of departments and the registered manager. Everyone was encouraged to participate and discuss their activities of the day. In addition to these meetings there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

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

- There was an open and transparent culture in the service. The latest inspection report was displayed in reception.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on duty of candour to ensure staff acted in an open and transparent way when people came to harm.