

Cedar Care Homes Limited

Gracefields Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gracefields is a care home that provides personal and nursing care for up to 75 people some of whom may have a diagnosis of dementia. The service is provided in accommodation over three floors.

People's experience of using this service

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. Recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required. People received a healthy, balanced diet and their preferences were respected.

The service was caring and put people at the heart of everything they did. We were introduced to people throughout our visit and they welcomed us. People appeared relaxed and comfortable in their home. The feedback we received from them and family was positive. Comments included, "The staff are all lovely, I couldn't wish for a better place to live" and "we could not have wished for nicer people". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. One relative wrote a thank you card to the staff and stated, "Mum felt a warm and caring sense of respect and dignity was given to her, which was important". Independence was promoted and supported.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. The service supported people with end of life care with the support of other community health professionals.

The service was very well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. One relative recently wrote to the registered manager and stated, "May I take this opportunity to thank you personally for your professionalism which was very special and delivered with care and understanding". Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

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

Rating at the last inspection

The last rating for this service was Good (published June 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gracefields Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Gracefields is a care home. People in care homes receive accommodation and nursing and 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

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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 this information to plan our inspection.

During the inspection

We spoke with eleven people who lived at the service, six visitors and three community health care

professionals. We observed how people were spending their time and the interactions between them and the staff. We spoke with twelve members of staff as well as the registered manager and area manager. We looked at five people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, complaints, audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe and in good hands. One person told us, "I like having someone around at night".
- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. The whole management team assisted and helped care for and support people each day.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Using medicines safely

- Medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Audits identified if any improvements were required and this was communicated to staff.

Preventing and controlling infection

- The home was clean and free from any unpleasant odour. It was evident the whole housekeeping team took pride in maintaining a nice place for people to live. The home itself was very well maintained, clean

and bright.

- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- The registered manager completed monthly audits of incidents to help identify any action that could be taken to help prevent recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide whether the service was suitable and their needs could be met.
- The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people. There was a good skill mix and experience amongst the staff team.
- Staff confirmed induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications. The registered manager told us, "Staff are very much appreciated; Cedar Care is a platform for all the staff to progress and climb the ladder of success".
- Staff told us they worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervisions and told us they were supported by the registered manager, deputy and colleagues. When asked in a recent survey what does the service do well, one person wrote, "The staff work well together an excellent cohesive team. The relaxed, kind management approach reflects on how staff work".
- Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

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

- People chose where they wished to receive their meals. The meals prepared and served to people were well received. We looked at the results of a recent food survey completed by people living in the home. Three scored mealtimes as outstanding, 21 scored good and two felt food was adequate. Comments from people included, "The quality of food is very good", "The food is fab, they listen to me and I often ask for alternatives from the menu", "It's all freshly prepared and the cakes are lovely, and "I cannot fault the food".

- Although there were menus, people were supported to choose whatever they wanted on the day. The cook was determined to ensure choices were respected and spoke with us about special dietary needs. They took an active part in ensuring people enjoyed their food and spoke with them individually and in arranged meetings. Drinks and snacks were readily available throughout the day.
- People were supported with special dietary requirements. This included diets for people with diabetes, cultural preferences, compromised swallow and fortified foods for those at risk of weight loss.

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

- The home ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.
- People were asked about accessing and receiving healthcare at the home. The results were positive, nine people rated this as outstanding, 15 felt this was good and two people said this was adequate. One relative told us, "This has really improved over the last year or two. The level of personal and medical care has been superb".
- During our inspection we spoke with three community healthcare professionals who were visiting and supporting people in the home. They were very positive about the registered manager, nurses and staff team. They told us referrals had been appropriate, staff followed guidance and were receptive to their expertise.

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

- In the homes recent survey people confirmed they lived in a homely environment. Eight people said this was outstanding, 17 felt it was good and one person scored this as adequate.
- People's rooms were comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs. One relative told us, "They have made mum's room homely by hanging photographs that mean a lot to her, plus examples of oil paintings she did herself many years ago when she enjoyed art".
- Great care and attention had been given to all areas of the home and grounds which were decorated and maintained to a good standard.
- Next plans were already being considered and people were consulted for their views and ideas. Specialists had also been sourced to promote areas of the home for those people with dementia.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with support from a caring service. The recent survey asked people to rate their thoughts about staff. Eleven people felt staff were outstanding, fourteen scored them as good and one person scored Adequate.
- The atmosphere was good and we observed a lot of friendly, caring interactions, smiles and laughter. We received and read heartfelt comments from people and their relatives throughout our inspection visits and when gathering evidence. People and family members were grateful and satisfied with the kindness and compassion shown to them. Comments included, "The staff are very caring and professional, the nurses are incredible, I can't speak highly enough of them"
- Staff were proud about how they looked after people and felt they received support that was caring and kind. They told us strong relationships built on trust and confidence were equally important with families and loved ones. Comments included, "I love working here the residents mean everything to me", "Just to feel like you have made a difference is great", "I feel happy coming to work", "The families are lovely and we want them to feel we are doing all we can for their loved one" and "It feels like one big family".
- During our visit we heard about the small things that gave simple pleasures and further demonstrated the caring, kind philosophy of the whole home. One relative told us, "We were asked to obtain the weekly newsletters from my mother's old parish church. I now get these emailed to me every Monday morning. I then forward them on to the home so the staff can read them to my mother. A small touch, but a very nice one".

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

- People were supported to choose how they wanted to spend their day. Staff were focused on care and support that was planned around choice and preference. They knew people very well and described with us people's preferred routines and personalities.
- Care plan review meetings supported people to ensure their care remained effective and meaningful.
- 'Residents' and relative meetings enabled people to express their views and influence things such as food and menu choices, activities, trips out and future events.

Respecting and promoting people's privacy, dignity and independence

- Independence and autonomy was always promoted and was at the centre of the care and support people received. Re-enablement and support plans were developed with individuals and relevant professionals to support phased physical progression and health.
- One relative told us, "My mother moved to Gracefields after several strokes, her right hand and arm would

not function. After the first year she regained the use of her limb and control of her hand. This, I believe is due to the attention of all staff, who have shown every kindness and care to increase my mother's quality of life. The difference between her condition upon arrival and now is quite remarkable".

- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.
- Staff were proud of their approach towards people, they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet and bathroom facilities.
- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery. People enjoyed going to the homes salon to have their hair done. One relative told us, "Mum always looks nice, it's the little touches the staff do".

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

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required. One relative told us, "I would describe the care as being holistic and definitely person-centred. This has been really appreciated by myself and my family".
- Staff were knowledgeable about people they cared for and supported them in accordance with their individual preferences. Staff told us, "This is their home and we always respect that" and "It has to be their choice, they tell us what they want us to do and how we can help them".
- Any change to people's needs was responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health.

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.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Care plans identified how people preferred to communicate and where extra support was required. The speech and language team worked alongside staff to help formulate care plans around effective communication.
- People with a hearing impairment found the homes IT tablet was useful as a visual aid and those people who had some anxiety and/or dementia also benefited from this.
- Staff understood non-verbal body language to help interpret how people might be feeling. A pain scale tool which was used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

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

- The service protected people from social isolation and recognised the importance of social contact. One relative told us, "Previously I was concerned about adequate interaction with people and sufficient emotional support. This has really improved; the staff have been really engaging with mum. Every single day she is in the main lounge with staff, other residents and visitors. They have been interacting with her showing great diligence and patience".
- People were offered and provided with a range of activities, they handpicked what they liked to do or take

part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. During our visit we were invited to an afternoon of cheese and wine. This was very popular with people and their families and it was lovely to see everyone enjoying themselves during this social get together. Some people chose to have cheese and wine in their own rooms and this was equally enjoyed.

- Trips were planned and enjoyed by people. Outside entertainers visited regularly, we saw some photographs where people joined in and enjoyed these events.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year. One relative told us, "From a personal perspective, I really enjoy the welcome I get when I visit, regardless of the time of day or week".

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity. Care plans reflected people's wishes when planning ahead.
- Staff had received some lovely written feedback from relatives when they had lost a loved one and sent thank you cards. Comments included, "Every single one of you have made such a big difference. You were always so kind, considerate and thoughtful", "Thank you is not enough, your staff are amazing" and "The care you gave was simply wonderful, nothing was too much trouble".

Improving care quality in response to complaints or concerns

- The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people and their relatives where they felt confident to express their views. One relative told us, "I'm able to discuss concerns, I feel if I have any concerns I would alert this to any member of staff and I know any concerns would be addressed".
- Formal complaints were thoroughly investigated by the registered manager in an open transparent way. Where required lessons were learnt and improvements made.
- Things that may have worried people or made them unhappy were documented in the daily records and gave accounts of any concerns, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. They were a good, cohesive group who worked well as a team.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation. People and relatives told us, "The manager is very approachable and responds to requests and queries quickly and effectively. I cannot thank them enough for their efforts over the past two years", "The manager is always smiling and visits me regularly", "It's a large home but feels homely" and "I have recommended the home several times and I would have no hesitation in continuing to do so".
- The registered manager had been in post for two and a half years. During this time, they had led by example and gained the trust and confidence of the whole staff team. Staff told us, "I personally think she is amazing", "She is lovely and very approachable" and "She has made great changes and we are all very proud and happy here".
- The ethos, vision and values were provider led and, as such, applied across all their services. This included, current best practice, innovation, plans for the future and striving to be better.
- The registered manager told us about their journey since joining the home two and a half years ago, including achievements, learning from failures and how best to improve. They said, "These experiences have taught us all at the home how to give our best to enhance and impact the lives of our residents and relatives, not forgetting to embrace the vision of the company and portray it in our day to day work ethics".
- The providers PIR contained information about their plans over the coming year. They stated, "Within Cedar care we are currently piloting a new initiative on hydration which we hope to roll out across all Cedar care homes. This includes the introduction of a hydration station with hospitality assistants employed to assist with hydration needs". Other plans included, further integration with their local community and improving the environment for those people who had dementia.

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

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.

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

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrence and improve quality.
- Audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

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

- Survey results reflected positive outcomes for everyone who used the service, with high percentages of satisfaction achieved.
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. One relative told us, "The team always keep me apprised of what is happening and do not hesitate to contact me if there is ever an issue. I have total confidence in their professionalism and that they will always do the right thing by my mother. That is a great relief and reassurance".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handovers and written daily records. In addition, a staff forum had recently been introduced to discuss issues pertinent to improvement of standards of care. The registered manager told us, "The forums are where staff voice their needs, they are listened to and measures are put in place to make the staff feel valued".
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The registered manager attended local provider and care home forums and linked up with other local home managers.