

Gracewell Healthcare Limited

Gracewell of Frome

Inspection report

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Frome
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Date of inspection visit:
29 June 2017
04 July 2017

Date of publication:
30 August 2017

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

This inspection took place on the 29 June & 04 July 2017.

Gracewell of Frome provides accommodation and personal care for up to 70 older people. Part of the home is known as Marketplace where people living with dementia are cared for. There are further parts of the home where nursing care is provided and a floor where people with personal care needs are cared for.

There is a registered manager for this service. 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.

The arrangements for supporting people with their medicines were good with people receiving their prescribed medicines at the times required and people's health and welfare were protected.

People felt safe living in the home and one person telling us "I feel much safer here than home because there are always staff around." However, there were some differing views from people about the staffing arrangements. We noted changes had been made in the staffing of the home and observed staff responded in a timely way to requests for assistance and support. Staff told us other than when staff were redeployed to another part of the home when there was sickness and no replacement staff available they felt the staffing arrangements were good.

People were supported by caring and kind staff. One person said, "All the staff are so caring they really care for me." Another said, "Staff are all very good, there when you need them and always so thoughtful and kind. Definitely makes me glad I came here to live."

The service was responsive to people's changing care needs and had good arrangements for getting support from outside professionals such as tissue ability nurses, dieticians and mental health nurses. There were regular reviews of people care needs and people or their representatives had an opportunity to discuss their care needs so care plans accurately reflected their health and social care needs.

People spoke positively of the activities available in the home. One person telling us how they always felt there was something for them to do if they wished and another person "I enjoy the art and sometimes just having a chat." There was a wide and interesting range of activities available for people with a weekly programme of events.

Mealtimes were calm and relaxing occasions with people being offered meal choices and supported to have their meal. People spoke of good quality meals. One person told us "The food is excellent just what I like." The chef had recently been a regional winner and finalist in a nationwide competition which was about quality of meals in care homes.

There was a welcoming environment where people were able to maintain their relationships with family and friends. People and relatives told us there were no restrictions on visiting.

People felt able to voice their views or concerns about the service. There were regular meetings where people living in the home could give feedback about the quality of care provided in the home.

There was a culture in the home which promoted openness and active engagement with people and staff.

There was a focus to have strong links with the local community so making the home part of the community.

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

People's medicines were managed, administered and stored safely. However, the arrangement for the administering of convert medicines needed to be improved.

Risks to people were identified however assessments were not always in place to reduce risks and reviewed following an accident.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefited from consistent staffing arrangements which were reviewed and changed where necessary.

People were supported by staff who knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective

People could be assured their legal rights were always upheld when their liberty needed to be restricted.

People's consent was sought for the use of restrictive equipment and where unable to give informed consent there were arrangements in place to protect their rights.

People benefitted from being able to access support and advice from community health and specialist mental health services.

People's nutritional needs were met and meals were of a high standard to ensure the physical well-being of people.

Is the service caring?

Good ●

The service was caring

People benefitted from staff who were caring, respectful and respected people's privacy.

People were supported to maintain friendships and relationships which were important to them.

Relatives and others were not restricted when visiting the home and were made to feel welcome.

People were treated with patience and kindness especially when they were upset or distressed.

Is the service responsive?

Good ●

The service was responsive

People benefitted from meaningful, varied and stimulating activities.

People benefitted from planning of their care which was personalised to their needs.

People and their relatives felt able to raise concerns and felt confident their concerns would be responded to.

People benefitted from a person centred approach to care and effective reviewing of their care arrangements.

Is the service well-led?

Good ●

The service was well led

People benefited from an friendly, open and approachable environment.

People had the opportunity to be a real part of the life of the home.

People benefitted from a culture which promoted respect and person centred care.

Gracewell of Frome

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 29 June and 04 July 2017 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by one adult social care inspector, a specialist nurse and two Expert-by-Experience (ExE) on the first day. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 23 people who lived at Gracewell, seven relatives and 11 staff. We observed care and support in communal areas and around the home and in some bedrooms after obtaining people's permission. We undertook general observations in communal areas and during mealtimes. We reviewed a range of records about people's care and how the home was managed. We looked at care records for people, recruitment, training and induction records for five staff, people's medicines records, staffing rosters, staff meeting minutes and quality assurance audits.

We reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

Is the service safe?

Our findings

Risk assessments had been put in place in response to people's care needs related to falls, nutrition and moving and transferring people. These outlined specific needs of people in relation to the risks such as use of specific equipment when moving or assisting with transfers.

A decision had been made for three people to have their medicines administered covertly to ensure they received their prescribed medicines for their health and welfare. This is where medicine is disguised in food or drink without the person's knowledge. Staff told us how the medicine was administered and this was as recorded in the person's care plan. The required safeguards and procedures were in place. This meant people's health and welfare were protected.

Stock records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely.

Two people were prescribed time specific medication for management of Parkinson's disease, these were administered on time. Records showed when these were due to be administered and when they were actually administered. This had been an area for improvement from our previous inspection. We had also identified a lack of protocols to provide information where people required "As Required" or PRN medicines. These were in place so staff had clear guidance for the administering of these medicines.

Medication administration record (the form used to show what medicines people take and how often) were good. There were no gaps and the prescription was informative. Handwritten entries were in accordance with record keeping standards and the medical profile identified individual needs for residents with their medication as well as allergies, preferred times for medication, ability and a photograph for ease of identification.

We observed nursing staff administering medicines. They did so in a timely way and provided explanations, where this was needed, as to the purpose of the medicines they were administering. On some occasions people were reluctant to take their medicines. Staff were patient and understanding giving explanation and benefits of the medicines and encouragement to help the person in accepting the medicine.

There were mixed comments from people when we asked about the staffing of the home. Comments included: "No not always," and "Oh yes the staff are here to help us day and night and when I use my call bell they come as quickly as they can," and "If I want to go to the toilet (and use call bell) they come very quickly here" and "I don't see a deterioration in care but I have had to wait up to 10 minutes for a nurse. I think they have just got enough staff but I think the problems are in the mornings and the evenings."

During the inspection staff responded in a timely way to requests for help and people who had used their call bells to seek assistance. Staff did not appear rushed and took their time when supporting people. Staff told us they thought the staffing arrangements were good. However on occasions there were difficulties when staff from another floor were needed to support a floor where there was a staffing shortage. This was

generally when staff were sick. Staffing rotas showed consistent staffing throughout the service. The home had sufficient staff to avoid the use of agency staff which ensured greater continuity of care. Changes in staffing arrangements had been put in place as part of reviewing staffing in the home. This had included the recruitment of staff for a twilight (early evening) shift and recruitment of additional nursing staff so there were two nurses on duty for each floor.

People told us they felt safe living in the home. A relative said, "The home is lovely because my relative is happy here and because she's so safe." One person said when asked if they felt safe living in the home, "Yes, I feel safe here I'm amazed the amount of checks they do here people come in testing everything like the fire alarms the plumbing the electrics." Another person told us "I feel much safer here than home because there are always staff around."

Staff were able to tell us how they would respond if they had any concerns about possible abuse. Staff were confident the registered manager would respond to any concerns. One told us "I would not hesitate in reporting any worries I had. I know the manager would deal with it." They were aware they could report any concerns to an outside organisation such as social services or the police. This meant people could be assured staff understood their responsibility to report any concerns about possible abuse and safeguard the health and welfare of people living in the home.

We had been notified, which provider must do under regulations, of concerns about possible incidents which could be viewed as abuse. They had also made referrals to the local authority safeguarding team when this was needed. The home had acted to protect people from risks to their health and welfare because of people's behaviour in the home. For example where people were upset, distressed or agitated. This was because some people were living with dementia and at times displayed aggression.

There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency.

An independent fire risk assessment was carried out in February 2017. It identified 21 tasks which required attention of these one remained to be completed. This related to provision of fire doors from bedrooms on second floor into protected corridors. "The bedrooms suites are inner rooms. The access rooms have been provided with smoke detection and sprinklers, however, this is not satisfactory standard." (from assessment report) The registered manager told us this action is due to be completed by the end of 2017. This meant the provider had acted robustly in assessing risks associated with the prevention of fire and the home's response to a fire.

Staff confirmed that as part of their recruitment criminal record checks and references were obtained including references from previous employers. Records confirmed these arrangements. The required checks were undertaken to ensure employees were fit to work with vulnerable adults.

Is the service effective?

Our findings

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.

There were arrangements in place to gain consent from people where they required equipment which could be viewed as restrictive such as bed rails and pressure mats. Where it was assessed people were unable to give informed consent because of lack of mental capacity a best interests decision had been made. This meant people's rights were protected and upheld where decisions needed to be made to protect people's health and welfare.

People can only be deprived (or restricted) of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A number of people had had applications made and to date two had been authorised with no conditions. Where applications had been made a mental capacity assessment had been undertaken to establish lack of capacity and DoLS application made to ensure the provider was acting appropriately to protect people legal rights when restricting their liberty.

Records confirmed people had access to community health services. One person told us "I have my own GP and he comes in every Friday and I see the chiropodist." People told us they could ask to see their GP when they wanted. GPs reviewed people's health where there were concerns about health deterioration or where people's health and wellbeing was variable. There were regular visits from community nurses and psychiatric support.

People had referrals made to health professions. During the inspection one person received their care and treatment in line with the advice and guidance from the dietician. One person was recently intolerant of the treatment and staff had escalated their concerns to the dietician and a new treatment was now being trailed to improve the outcomes for that person.

We observed the mealtime as part of our inspection. The meal looked appetising and well presented. People on Market Place (where people living with dementia were cared for) were offered visual choices of the meals available so they could make a more informed choice. People told us they had enjoyed the food and there were positive comments made to us about the quality and choice of meals. Comments from people included: "The food is good here and if there's any issues we can take it up with the chef." and "The food here is excellent but it can be a bit too rich for me so now I have to be careful and the choice of menu is very good. I love what I call proper cooked food not too fancy and that's what I get here."

We heard a care worker discussing with a person different foods to try as they had a poor appetite. Plate guards were available for people that needed specialist aids to maintain their independence. There were also dinner plates which had raised edges which removed the need for plate guards. Specialist cutlery equipment had also been provided to support an individual with Parkinson's disease. This had resulted in the person having a more positive mealtime experience in that the equipment removed the tremors associated with Parkinson's. Staff supporting individuals were sat beside the person, they did not appear rushed and were making conversation during the meal. Care plans detailed preferred portion sizes and any specialist dietary requirements. Where people had been assessed as at risk from swallowing pureed meals were provided, these meals were well presented and retained their appeal. The home used the nationally recognised malnutrition scoring tool (MUST) to monitor residents at risk of malnutrition.

Care plans included information about people's nutritional needs and assessment identified any concerns about those needs. There were regular reviews of these elements of the care plan to ensure needs were continuing to be met. People had been referred to specialists for assessment to ensure staff could meet their needs. This included the providing of food supplements, high calorie snacks and ensuring people were able to have their meals safely through having a pureed diet. This demonstrated the service had systems and arrangements in place to meet people's nutritional needs effectively.

Staff told us they received regular one to one supervision and records confirmed this. This is where the staff member's performance, any concerns, individual training and development needs can be discussed. Staff also spoke of being able to raise any concerns or worries informally.

Staff received regular training on all aspects of care included core skills such as moving and handling, infection control, safeguarding, mental capacity act and dementia. Nursing staff received training specific to their role i.e. emergency first aid, pressure care, catheterisation and they also undertook competency assessments for example in managing and administering medicines. They also undertook validation review and reflective learning as part of maintaining their nursing qualification.

Is the service caring?

Our findings

People told us they found staff caring and kind. One person said, "Staff are all lovely really caring, they think about me and how I am." Another person when asked about whether staff respected their privacy said, "Oh yes they do even if the doors open we have door knockers which is nice and yes they do close the door if they are doing anything for me." A relative told us the staff are all generally really caring and (NAME) thinks they are all very good and they do their best to be responsive to the resident's needs. Another relative said, "They are definitely caring, when (NAME) gets confused and is looking for they will spend time reassuring her, and helping her to feel calm again."

Staff had a good understanding of the importance of respecting dignity. They told us how they always made sure people were comfortable especially when giving personal care. One told us "I do not want people to feel embarrassed so always cover people if it is personal care." Another person said, "I make sure they are involved as much as possible so for example asking what they want to wear, what they want to do next."

Some people chose to remain in their rooms and this was respected by staff. One person told us "I prefer my own company and staff respect my privacy." Another person said, "Staff are very good they always ask if I want to stay in my room or go to the lounge it is my choice. Sometimes I just want to be in my room and that's not a problem."

We observed staff supporting and assisting people in a respectful and caring way. For example one staff member was very thorough in making sure the person was comfortable, asking what they wanted and also asking if there was anything else they could do. They made sure the person could see a photograph which was out of their eyesight. On another occasion staff displayed patience and understanding with a person who was on a number of occasions wanting reassurance.

People told us they could have visitors at any time. One person said, "There are no restrictions to when they (visitors) can come and go and I can go anywhere in the home." Another person said, ""There are no restrictions to when they can come."

We were told by a relative "My dad lives in a room upstairs and he is very happy and staff will bring him down every day to spend time with mum and they always make sure they eat together at meal times." Another relative told us how they visit most days and enjoy having a meal with their relative.

A relative told us "Family can come and go as we want to, it is just like a second community as we all get to know each other and my mother always have the same team of carers."

Another relative told us "We have the Bistro and the coffee shop and visitors can stay for lunch if they want to. There is a Bistro Menu and at one time we had some relatives come to stay who wanted to come and see mum so we booked the table and a whole big tableful came here for lunch and we were all well catered for and made to feel welcome. My mum feels at home here."

We received feedback from a relative about the care their father had received whilst living at Gracewell of Frome. "The staff are extremely caring with genuine concern and interest in the welfare of their patients. I know they absolutely adored him. His death was dealt with great compassion and I will be eternally grateful with the love and dignity they gave to him in the last year of his life."

Is the service responsive?

Our findings

People told us there was a varied and interesting choice of activities. Some people spoke to us about how much they enjoyed the café area for when they had visitors and also for having coffee. We observed how this was a well used area.

One person told us " Yes, I like the entertainment and the art and I join in with whatever I like, there is no end of things to do." and another person said, " They are very good in bringing us together to do things like the choir."

There was a weekly programme of activities. In the week of our visit they included: creative writing group, music therapy, scrabble and an art group. There was also opportunity for people to have one to one time. The activities co-ordinators told us this was used for having a chat, taking people round the garden or visiting the allotment opposite the home where there was a small raised garden for the home. A planned activity that week was to take people to visit the local allotment open day.

A project for the home this current year organised by the activity co-ordinators was the Memory Box project. This is where each person would have a box of items which prompted memories and conversation. A strength of the home, we were told, was the strong relationship they had with relatives and relatives were being encouraged to be part of this project. Such boxes are of particular value to people living with dementia. It was hoped they would be used by all staff as part of their day to day interaction with people. Another project was to build a picture of people's family history again to prompt conversation and part of staff having a real understanding of people and who they were.

In discussion with the activities co-ordinators they commented an area for improvement was the involvement of care staff in activities. They told us it was very much on them to ensure people had the opportunity to take part in activities and this was a real challenge particularly when people needed to be assisted to the café area if this was where the activity was taking place. There was a daily allocation of staff to areas where they were working that day and part of the floor they would be working. Each day staff were allocated to the area of the home they were going to work in. We noted though that none of the care staff were allocated to act as an activities lead. Assigning a member of staff to lead on activities could help with involving staff in supporting people with activities.

People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care (care plan) once the person had moved into the home. Care plans included information specific to the person about their needs and life history. Where the person was living with dementia this was reflected in their care plans for example how it affected the person's speech, orientation and behaviour. There was information about people preferences such as getting up and daily routines as well as personal histories.

There were systems in place to review care plans. Reviews had led to updated care plans reflecting changes in people's care needs. People where able and/or their representatives could be part of a review of care

needs. One person when asked if they were involved in the planning of their care and reviews said, " Oh yes, I have just been speaking to staff now about it." Another person said, "Yes, I have signed my care plan and it's been reviewed." A third person told us "I make all my own decisions here and yes I think I signed my care plan." A relative told us they had attended reviews of the care being provided to their relative.

One relative told us they had been involved in their relatives care plan. They said how there had been a new care plan put in place in response to the person changing behaviour which described how best to respond to the behaviour. They said they had taken part in an annual review of the care arrangements. They said, "I can be involved but know staff know her better than I do in some ways. They put people at the centre of what they do. I can have a proper relationship without constantly worrying about her."

Another relative we spoke with told us "We are very impressed with the attention and care they see her as a person. They have an understanding of her condition. I feel involved and very much part of her life and the care provided." A third relative said, "The standard of care and treatment is very good."

The home runs a "resident of the day" system which focuses on one person per day. This included reviewing of care plans and risk assessments and completion of a care review. This appeared to be a well embedded system with all files we looked at having had some form of review within a four week period. This meant there were effective arrangements for the involvement of people or their representatives in the reviewing of their care needs.

Meetings had been regularly held with people being an opportunity to talk about the care provided. One person told us "I do try to get down to the resident's meetings once a month and yes they do listen to us and they take in what we have to say." Another person said, "I go to the residents meeting and we get things done."

People told us they were able to say if they were unhappy or dissatisfied with the quality of the care they received. One person told us "I've raised issues about care here and they are straight on it no matter how minor." Another person said, "There is always someone to talk to if we've got a problem." A relative told us "They (staff and registered manager) respond to any concerns, they do listen."

The home has a "You said We did" scheme where people can make suggestions or voice concerns about issues which effect their care. From this scheme a number of improvements had been made including the providing of additional outside seating, independent access to parts of the home and providing of more specialised equipment for people with very restrictive mobility or movement.

Is the service well-led?

Our findings

People told us they found the staff and management approachable and friendly. Comments we received from people included: "She (the registered manager) always has an open door and makes herself available to talk to people and listen to their concerns." and "I think she's doing a good job and if I need to speak to her I can." and "She (the registered manager) is very friendly and helpful. She was there to welcome me back having been in hospital. She makes the effort." and "I think the care home is outstanding I think the manager has really turned it round."

A number of audits were completed as part of the quality monitoring arrangements. These had included health and safety, infection control, review of accidents and incidents, medicines. However, there was a failure for the provider to identify the areas for improvement i.e. covert administration and risk assessments through the quality monitoring arrangements.

The registered manager received support from a regional manager who also visited the home and undertook quality reviews. This included discussions with people living in the home and staff. An audit looking at the quality of care in relation to supporting people living with dementia had achieved 94% result.

Relatives told us they found the manager and the deputy manager easy to talk to and felt they could discuss any worries they might have.

Staff spoke of a registered manager who was in touch: "Knows what is going on in the home." and "Always around, you can talk to her." One staff member said "She has worked hard to sort out the home and things are more stable now."

Staff told us they felt communications had improved with the introduction of shared handovers rather than two separate handovers i.e. one for care workers and one for nurses. Staff told us they felt more informed about the clinical needs of people. There was also monthly care workers meeting held for the separate groups of staff based on the floor they worked.

As part of involving people in the home two people had been made ambassadors for the home. This had entailed their being part of the interviewing process for prospective employees. There was also a dining committee which included the two ambassadors. The registered manager sent a weekly e mail to relatives telling them of any events or changes in the home that week. The registered manager told us a focus for them was communication and listening to people, staff and relatives.

The provider operated a "Hearts & Soul Awards" scheme. This is a scheme where staff are nominated by people and staff in recognition of their displaying of values such as integrity, empathy and respecting other and showing kindness.

The home had strong links with the local community including a number of local organisations such as rotary club. Artwork completed by local students was displayed throughout the home. This was a focus of

the home engaging and being seen as part of the local community.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

A staff survey had recently been undertaken with 97% of staff responding to the survey. The results are yet to be analysed however the numbers returned demonstrated a high level of engagement with staff.