Gracewell Healthcare Limited

Gracewell of Adderbury

Inspection report

Gardner Way
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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Gracewell of Adderbury is a care home providing accommodation for up to 60 older people, including people living with dementia. At the time of the inspection there were 53 people living at the home.

People's experience of using this service and what we found
We received information raising concerns about staffing levels, increased number of falls and poor management of the home. We wrote to the provider and asked for information around their systems and processes. This included policies, staffing rota's, falls risk assessments and quality assurance systems.

We inspected the home, which included visiting the home and speaking with people. We also spoke with staff and relatives virtually. We found the service had enough staff to meet people's needs. People told us they did not have to wait to be attended to. During the inspection, call bells were answered in a timely manner and staff did not look rushed. Relatives told us they had never had any reason to think there were not enough staff to care for people. Staff told us they were enough staff to meet people's needs.

We found risks in relation to falls had been identified and there were management plans in place. Equipment was used to prevent falls including beam sensor mats. A lot of work had been completed to ensure falls were managed and reduced throughout the home. This had included staff training around falls management.

We found people were protected from the risk of acquiring infections and the service was clean. Personal protective equipment was readily available to staff and all staff were following the latest guidance.

Prior to the inspection we received anonymous concerns that the service was poorly managed. There was a registered manager who had been in post for 6 months and had made significant positive improvements. People and relatives told us the home was well managed. Staff told us the manager was very supportive and included them in decisions about the changes. The provider had effective quality assurance systems in place which were used to drive improvement.

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

Rating at last inspection
The last rating for this service was Good (Published 24 May 2018)

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing levels, increased falls and poor management of the service. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns.
Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracewell of Adderbury on our website at www.cqc.org.uk.

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?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Gracewell of Adderbury

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check whether the provider had met the requirements of the specific concern we had about staffing levels, increased falls and poor management of the home. We will assess all of the key question at the next comprehensive inspection of the service.

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
This inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gracewell of Adderbury 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 announced. However, the specific date of the inspection was not given to the provider.

What we did before 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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the

service. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection
We spoke with 11 people and received feedback from three relatives. We looked at two people's care records. We spoke with the registered manager and four staff which included, a nurse, care staff and a kitchen assistant. 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 provider to validate evidence found.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staffing levels and increased falls. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment
• We had received concerns there were not enough staff to meet people's needs. During the inspection we observed staff did not look rushed and responded to call bells in a timely manner. People told us, "I think that there is enough staff, they do sit and speak to us", "There is enough staff, I only have to ring my buzzer and they come straight away and at night-time" and "Staff do sit and talk to me sometimes, but I understand that they are under pressure." One relative said, "They always seem to have enough staff in the households."
• Staff told us the staffing levels were enough to meet people's needs. They told us, "We currently have enough staff. It's only difficult when some staff call in sick at short notice. Manager does all they can to make sure they find cover", "We have enough staff and improved staff skill mix and the manager keeps reviewing this" and "Staffing levels always look okay on the floor. They never look rushed."
• Records showed planned staffing levels were met. The service regularly reviewed staffing levels and adapted them to people's changing needs. Enough staff were available to provide care to meet people's needs safely.
• We did not look at staff recruitment on this targeted inspection. However, on previous inspections no concerns had been identified in this area

Assessing risk, safety monitoring and management
• We had received concerns there were increased falls within the home. The registered manager and identified this increased trend and had already taken action. Records showed the service had embedded a proactive approach to anticipating and managing falls risks to people who lived in the home. Staff investigated each fall to identify possible triggers and causes.
• Where people had been identified as at risk of falls, risk assessments had been completed and there were risk management plans in place. People were supported to take positive risks. Staff were familiar with and followed people's risk management plans.
• Where people had had fall, equipment had been sought including sensor mats to reduce the risk occurring again. Staff had received specific training in prevention and management of falls.
• The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken including identification of trends where necessary. Records also showed the number of falls had significantly reduce.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Inspected but not rated

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about poor management of the home. We will assess all of the key question at the next comprehensive inspection of the service.

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

● The registered manager had been in post for six months. They had made significant changes in the home which had resulted in better care provision. People told us the home was well run. One person said, "I think they manage well under the circumstances and pressure they are under. They are very good at keeping relatives informed of my health or any changes." Relatives told us the home was well led. One relative said, "From the outside looking in, it always seems to be running like a well-oiled machine. I have seen them [Management] on many visits to Gracewell and they are always welcoming. When needed, they have always been available to help."

● Staff were complimentary of the support they received from the registered manager and provider. Staff said, "Manager is very open and approachable. I can go to them and discuss any concerns", "Manager has an open-door policy and very approachable. Listens to staff feedback and responsive to staff concerns. I have had a positive experience" and "Manager is doing an amazing job. Lots of positive changes. This is the best place I have ever worked."

● There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety.

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

●The registered manager was supported by an area manager and a deputy manager who worked closely with the registered manager. There was a clear management and staffing structure which aided in the smooth running of the service.

● Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. They received constructive feedback about their performance which enabled personal development.

●The provider had robust quality assurance system which were used to drive improvement within the service. These included, audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.

Working in partnership with others

● The service regularly worked in partnership with other health and social care professionals to ensure

people received ongoing support to meet their needs. We received positive feedback from the commissioners regarding partnership working.

● During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.

● Care plans detailed any related care advice given by external health professionals. Staff we spoke with were knowledgeable about the advice given by other professionals and felt it was helpful.