

Gracewell Healthcare 3 Limited

Gracewell of High Wycombe

Inspection report

The Row
Lane End
High Wycombe
Buckinghamshire
HP14 3JS

Tel: 01217968383
Website: www.gracewell.co.uk

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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?	Outstanding ☆
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 and 26 June 2018. It was an unannounced visit to the service.

This service has a dual registration which means there are two registered providers jointly managing the regulated activities at this single location. This means the service is subject to one inspection visit however the report is published on our website twice, under each provider.

This was the first inspection since the service registered to provide accommodation for people who require nursing or personal care. The home is registered to provide care and support for up to 72 people. At the time of our inspection 38 people were living at the home. The home accommodated younger and older adults some of whom were living with dementia.

Gracewell of High Wycombe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. 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 feedback we received from relatives was overwhelmingly positive. Especially for the support they had received when their family member moved into the home. Comments included "Thanks for the lovely welcome that (Name of registered manager) and the team gave him and all of us as a family. They honestly couldn't have been nicer and more caring with him and this makes (Name of husband) and I very relieved," and "I remember you said to me when dad first arrived that we could treat Gracewell as our home and that certainly turned out to be true. We felt welcomed whenever we visited." Another relative had told the service, "Thank you all for helping us on 'move in day', your kindness and friendliness was much appreciated."

The service provided excellent care to people who were approaching the end of life. This was extended to relatives both at the time of death and after. Feedback from relatives to the service confirmed how much they felt looked after by the care home staff and how they had been supported to celebrate the life of their relative. Comments included "The nursing and care staff making dad as comfortable as possible... thank you so very much for not just being excellent but perfect in every aspect of his care," "I cannot thank you and your staff enough for the care given to my father at the end of his life," "We wanted to express our heartfelt thanks for looking after (Name of person) and us, so wonderfully. We take great comfort from knowing that (Name of person) was with you in his final weeks, because we really could not have wished for better care. Every single member of staff was amazing." Another relative had commented "Your compassion, understanding and empathy gave all great comfort, peace and dignity during a difficult time. It has been a privilege and honour to meet you and to know that genuine nursing care and compassion with respects still

exists."

We observed people received a positive experience from living at the home. We saw people benefited from positive staff engagement. Staff understood people's needs and when people displayed distressed behaviour staff were able to quickly and professionally defuse the situation.

People were routinely and consistently treated with dignity and respect. People had developed meaningful relationships with each other. We observed and relatives confirmed that they had also got to know other residents and relatives. We observed the staff encouraged a friendly, warm atmosphere. We received lots of feedback about how the families of residents felt welcome to visit at any time.

People told us care staff were exceptionally caring, kind and compassionate. Comments from people included "I would give it five stars, five out of five," "The care is very good (because) the girls are all very friendly and the ladies will get anything if you want it," "I think the care is excellent" and "I'm very, very happy here. These people (staff) are really marvellous."

The service had forged strong links with the local community. We received feedback from local residents and neighbours about how they had been invited to social events within the home. The home hosted a monthly forget-me-not café, which was an opportunity for people living with dementia to socialise.

Incidents and accidents were recorded and monitored and any trends in events were used as learning opportunities to prevent future events.

Systems were in place to ensure there was managerial oversight of the service. The provider monitored the quality of the service. The registered manager was approachable and visible throughout the inspection.

People who were living with dementia were supported to engage in meaningful activities. For instance, one person told us about when they had gone to the races. They went onto tell us how they had been involved in the horse racing trade in the past. It was clear from how they were describing the day they had thoroughly enjoyed it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Where required the service made referrals to the local authority for an assessment to lawfully deprive people of their liberty.

The registered persons had not notified us of all the events they were required to do so. We have made a recommendation about this in the report.

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 ●

People were supported by staff who provided safe administration of medicines.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People had access to external healthcare professionals and were supported to maintain healthy lifestyles.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People benefited from positive engagement from staff and were encouraged to be independent.

People were routinely treated with dignity and respect.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were provided with a person-centred service.

People were encouraged to live a fulfilling life and had many opportunities to relieve social isolation.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Is the service well-led?

The service was not always well-led.

The service had failed to inform us of events it was legally required to do so.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be confident that appropriate systems were in place to monitor the quality of the service provided.

Requires Improvement ●

Gracewell of High Wycombe

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 site visit took place on 21 and 26 June 2018 and was unannounced; this meant that the staff and provider did not know we were visiting. On day one of the inspection the team consisted of one inspector, a specialist advisor within older people's nursing care and two experts 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. The same inspector visited the home on the second day of the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received about the service. A notification is information about important events which the service is required to send us by law.

We spoke with 24 people living at the care home who were receiving care and support, seven relatives; the registered manager and deputy manager and 13 other staff members including kitchen staff, support staff and administration staff. We reviewed six staff files, recruitment and training records and nine care plans within the service and cross-referenced practice against the provider's own policies and procedures. Whilst at the home the local GP was visiting and we had the opportunity to speak with them.

We also contacted social care and healthcare professionals with knowledge of the service. Following the site visit we spoke with three more relatives and received feedback from staff. Throughout the inspection we made observations of people and the interaction between staff, we observed activities being held.

Is the service safe?

Our findings

People told us they felt safe and felt staff promoted this. Comments included "I feel safe; as before I lived on my own and one evening I fell and I was alone; here there are people walking around. They (Staff) always check my window is closed and the door (from my room to the garden) is locked at night," "I'm safe here. My children think I am and I wasn't (safe) in my own home."

People were supported by staff with the appropriate experience and character to work with them. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed appropriate checks were in place to ensure they could practise as a nurse.

People told us and we observed there was sufficient staff to provide safe care. This was supported by what staff told us. One member of staff said "We are not rushed, we have time to support people. If we are short we work together to ensure people are ok." We observed this to be the case. When people moved around the home to attend certain events or enjoy the garden area; staff communicated with each other to ensure there was enough staff to support people. We spoke with a member of staff about this. They told us, "There is no set number of staff, it depends on how people are on the day and where they are going." The service did have some vacancies in staff positions. External contract staff were used to fill the gaps. However, the contract staff had been chosen by the residents and family and were on a long-term booking. The provider had oversight on staff numbers required and used a dependency tools to ensure when new people moved in enough staff were employed and deployed. The registered manager told us recruitment was key and they were not prepared to admit a new person unless they were sure they had the staff available. We observed call bells were responded to quickly. The registered manager advised in the PIR that call bell response times were monitored. We were provided with evidence of this at the inspection and observed this was discussed in a daily management meeting.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and their requirement to report this to CQC.

Where people required support with their prescribed medicines, this was provided by either qualified nursing staff or appropriately trained care staff. Only staff who had received training were permitted to support people. We observed people receiving their medicine. This was conducted in a professional, calm and person-centred manner. We spoke with people after they had received support and they told us staff were "Lovely" and they were "Very happy" and the staff were "Very nice and friendly." Safe systems were in place to store, record and administer medicines. Medicines were stored in a trolley which was locked when not in use. Staff demonstrated good knowledge on how to manage medicines safely. Where people were

prescribed medicines for occasional use (PRN) additional information was available for staff to follow on when to offer a person the medicine. We observed staff asking people if they required PRN medicine, for instance, if they were in pain.

Medicines that required additional controls because of their potential for abuse were stored appropriately. When staff administered a controlled drug, the records showed the signature of the person administering the medicine and a witness signature. Accurate stock records were maintained and checked on a regular basis. The service had been visited by a community pharmacist in February 2018 who had carried out a medicine management audit. A number of actions for completion had been identified. The registered manager and deputy manager had created an action plan to ensure improvements were made. We noted each action had a time scale and a person responsible for its completion. We asked for an update on the action plan, we noted systems had been put in place to ensure improvements were made, and issues were discussed in a registered nurse meeting. Systems were in place to ensure everyone who required support with their medicines received it. Any gaps in medicine administration records (MAR) were quickly identified and rectified. Where mistakes had been made by staff. The deputy manager facilitated a learning forum based on reflective practice.

The home was well maintained, clean and welcoming. A team of domestic staff were led by a passionate and enthusiastic manager. We observed domestic staff cleaned the environment without affecting what the residents were doing. Staff had received training on how to prevent infections and had access to personal protective equipment, this included gloves and aprons as examples. We noted on the second day of the inspection an issue was raised about staff safety when supporting people in the shower. The operational manager agreed to discuss possible options with the health and safety officer who was visiting the home that day. A relative told us "I visit at different times throughout the week and often at different times of the day so I get to see the various daily maintenance activities. As I would expect there is a small army of cleaners and laundry staff keeping the place looking clean and welcoming. You can't beat the smell of furniture polish and clean laundry in the morning!.. On a recent trip I witnessed cleaners delicately removing items from each memory box, dusting them, and then very carefully rearranging them as they had been found - fabulous!"

People were protected from the risk of unsafe premises; a fire risk assessment was dated 8 November 2017. Remedial action identified had been completed in a timely manner. All the required water safety checks were carried out and records showed the home maintained correct water temperatures. The provider's regional maintenance manager had oversight of the safety of the home and any required action was carried out. Equipment used by people was serviced regularly. Gas and electrical safety certificates were in date.

Each person had a personal emergency evacuation plan (PEEP) for staff to follow in the event of a fire. Staff had received training in fire safety and a fire warden was identified for each shift. A fire team leader aid memoire sheet was displayed in key areas of the home. Two people had been admitted to the home the day prior to our second day of inspection. We checked if a PEEP had been created for them and if it was available in the fire grab bag. We found the PEEPs had been written and were available.

Health and safety issues and infection prevention controls were discussed in the daily management meeting and the service held quarterly health and safety meetings. Improvements were identified to minimise the risk of harm to people. Learning across the provider's locations was shared to promote safety and minimise harm to people.

Risks posed to people as a result of their physical or medical condition were identified and assessed. We noted where action was required to minimise the risk this was in place. For instance, where people were at

risk of pressure damage equipment had been provided. One person was at risk of falling when getting up from bed and walking at night. A sensor was in place to alert the staff when the person had left their bed.

One person had been identified as a high risk of falling. Incident forms completed showed they had fallen. Due to the monitoring of falls staff had responded to the trend in falls and had sought additional support from external healthcare professionals to manage their health. We noted following the intervention and action taken by the home the frequency of falls had reduced. The service had successfully reduced the number of falls people had in the winter. As they had identified falls were occurring when sunlight was fading. As a result, all lights were put on earlier and the service found falls reduced.

Is the service effective?

Our findings

People and their relatives told us they received effective care. Prior to a person moving into to the care home a robust pre-admission system was in place. The admission process was shared between the home admission advisor and senior management staff. The home admission advisor was responsible for providing initial feedback to future residents and their family members. This involved gathering core information about the person. This information was then passed onto the registered manager or deputy manager who would go and assess the person. The assessment formed the basis of the person's care plan and was used to ensure the home was able to meet the person's needs. We observed potential new residents being discussed in the morning management meeting and arrangements being made for assessments to take place. We received and we saw the home had received positive comments about how the move into the home was well managed. The relatives we spoke with told us "Mum settled in really quickly, it was very smooth", "On the day of the move, I was in constant contact with them (The home), as I wanted to be present when mum arrived. It was a very emotional day, but made easier by the staff. They (staff) not only supported mum but they supported me. That meant a lot" and "It had been a very difficult time for me with two elderly parents requiring care at the same time. I was so pleased to find Gracewell that could admit them both together. I was impressed with the seamless admission process and also the friendly home visit for assessment in their own environment."

Where specific needs had been identified in the pre-admission assessment, the service ensured appropriate equipment was in place. In addition, if a new need was identified equipment or the use of assistive technology was used, this included bed sensors as an example.

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 so that they can 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). 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 were being met. The staff had received training on the MCA and its application. Staff were able to communicate their understanding of the legislation to us. Three people had been assessed by the local authority following a DoLS application. A decision had been made on all three people that they were lawfully being deprived of their liberty and the actions taken by the provider and staff were the least restrictive. Staff we spoke were aware of this. The deputy manager advised further applications had been made, however, they had not been assessed. Systems were in place to monitor when the authorisation period ended and when applications had been made. The provider ensured they sought copies of any legal powers held by a third party so they only sought consent from people who had the legal authority to act on another's behalf. Where a person had not awarded legal responsibility to a third party and they were deemed as not having the capacity to make a

specific decision. The provider was aware of the need to have and record a 'best interest' discussion.

New staff were supported by a planned induction. We noted they worked alongside longer serving staff and this was noted on the rota. New staff were required to attend mandatory training identified by the provider. Following the completion of a probationary period staff were provided with ongoing support and refresher training to ensure they were equipped with the most up to date knowledge. Staff we spoke with were complimentary about the support they had received and the training opportunities they had been given. Comments included "They (Management) have been very supportive and helpful. They have given me a different kind of training which taught me a lot of new things I didn't know about" and "I am very keen to learn and acquire new skills to make myself and to help support my colleagues so we can deliver very high standards of care, by obtaining all the knowledge taught to us during training opportunities." Another member of staff told us how they had been supported through their re-validation to ensure they could still practice as a nurse. Staff were keen to learn. When we spoke with staff, they responded with a commitment to continuous learning to achieve a better outcome for people they were supporting.

The registered manager had oversight of the training and support offered to staff. This was discussed at the morning management meeting and was also monitored from the provider's quality visits. Relatives we spoke with told us they felt the staff were adequately trained to support their family member. One relative told us "I feel the staff are well trained and able to manage what could be a difficult situation, they are all very relaxed with her."

We received mixed feedback about the meal choices. However, the provider and registered manager was aware of this. Meetings had taken place between kitchen staff and residents. Meal options had been discussed and people had provided feedback about their likes and dislikes. There had been a recent change to the wine options as a result of feedback from people. We noted the chef was aware of the food preferences of two new residents. Where people required an altered texture of meal this was provided. Comments from people included "I've enjoyed the food but it isn't my mum's cooking," "I enjoyed my porridge this morning," "The food's alright. I wouldn't say it's marvellous. It's the same kind of things; it's a bit basic. You can't please everyone." Another person told us "The food is fine. If you're not happy with the menu you can have what you want. I'm on a diet at the moment, the chef has made a few suggestions." We noted the kitchen staff were visible throughout the day. In the afternoon on the second day of inspection we observed kitchen staff in one of the communal areas, talking to people. Relatives told us there was good communication between all staff and people.

When people moved between the care home and external organisations, for instance, when they were admitted to the acute hospital. Staff ensured important information was shared so people received effective care. Staff worked well together within the provider's organisation. A daily management meeting was held, which aided effective communication. Staff we spoke with felt this was an important meeting. Staff also told us the daily handover meetings were useful; as important information was passed onto the next shift.

People were encouraged to keep healthy and any changes to a person's health were quickly addressed. We spoke with the GP who visited the home once a week. They told us staff at the home were knowledgeable about people and their health. They went on to say staff managed people's healthcare well and only contacted the GP when necessary. We noted people had been seen by number of external healthcare professionals, including chiropodist and physiotherapist. People told us "If you get any problems they refer you to a doctor or if you want to see (the doctor) she comes on a Tuesday. My own chiropodist visits," and "You can see Dr if needed, I've only (needed to see) the Dr twice...A chiropodist comes." The service worked with external parties to promote active movement. On the second day of the inspection we observed a music session taking place which encouraged people to move. A community healthcare professional told us

"Clinically the staff seemed knowledgeable about patient deterioration and were able to seek support if they felt overwhelmed."

The care home was a new build. The environment was light and open plan. A range of seating areas were available to people. Staff told us they used the small quiet areas to take people who were distressed. They told us this method was effective in calming people and defusing potentially behaviours that could challenge. We noted the garden was easily accessible and noted people freely walking around the home. We observed the environment for people living with a dementia was lacking in suitable stimulation. We discussed this with the registered manager and their colleagues. The registered manager provided us with an update on planned changes to the environment. This included the introduction of interactive reminiscence stations, for instance, a nursery station, which recreated memories of childhood. Relatives we spoke with told us they liked the environment. On day one of our inspection the balconies on the first floor were not used. However, on day two we observed people to use them with supervision from staff.

Is the service caring?

Our findings

We received an overwhelming number of positive comments from people and their relatives. This was supported by what we observed. Comments from people and their relatives included, "I would give it five stars, five out of five," "The care is very good (because) the girls are all very friendly and the ladies will get anything if you want it," "I think the care is excellent" and "I'm very, very happy here. These people (staff) are really marvellous. It's easy to get someone to help. I haven't found anybody that's rude or anything. They're always polite." Other people commented "I'm quite content. I'm well looked after. Everyone is very kind. I'm well looked after. They're all lovely," "The care is very good indeed. It is as far as I am concerned," "Whenever I've been stressed about my diseases there's always somebody around for me to talk to" and "The carers are very nice. They're excellent. I couldn't speak more highly. They'll do anything for you."

Relatives were keen to share their positive and exceptional experience of Gracewell of High Wycombe with us. They had also made complements to the home about the day their relative moved in to the home. Comments included "Thanks for the lovely welcome that (Name of registered manager) and the team gave him and all of us as a family. They honestly couldn't have been nicer and more caring with and him and this makes (Name of husband) and I very relieved," and "I remember you said to me when dad first arrived that we could treat Gracewell as our home and that certainly turned out to be true. We felt welcomed whenever we visited." Another relative told us "Thank you all for helping us on 'move in day', your kindness and friendliness was much appreciated."

Relatives told us that they always felt welcome and had got to know the other residents as well as their family members. We observed this to be true, as a number of relatives visited throughout our inspection and without exception there was positive and quality engagement between people and relatives. Comments from relatives included "All of the family who visit are made to feel welcome" and "We are all made to feel so welcome." We were showed an area that had been developed to support family members understand what it is like to live with dementia and in a care home. The resource area was away from the main communal areas. Which meant it could be used by younger family members to read or play games. Relatives told us this was important to them as it allowed children to have an opportunity to be children. The registered manager was proud of the area, as they felt it helped family members learn about medical conditions relatives were living with. This demonstrated a commitment to not only look after the person but their extended family. One relative told us "All Members of the team played a part in making him (Family member) comfortable and welcome, and this was extended to us his family whenever we visited. We observed positive engagement between relatives and people. Relatives we spoke with felt the atmosphere was friendly, warm and created a homely environment. One relative told us "There is an incredibly friendly atmosphere at Gracewell."

We received positive feedback from relatives about how staff had supported people to maintain meaningful family and personal relationships. One relative told us how the "Positive", "cheerful" and relaxed atmosphere in the home had supported a person's young great grandchildren to feel happy to visit the home. The relative told us "He got so much joy from their visits." Another relative told us how their family were "Very happy to visit my mother in such a lovely relaxing environment and the staff always welcome my

small grandchildren and provide toys for them." A third relative told us "The home appears to have a very welcoming and inclusive policy towards family, pets, and young children. My own grandchildren look forward to seeing their great-granddad and the staff spoil them when they arrive. It's clear to see that the other residents also enjoy such visits. This meant the home supported people to maintain meaningful relationships.

People were encouraged and supported to attend important family events. One person was supported to attend her husband funeral. The family were grateful to the service for the help and support provided. They said, "Taking her to and from the crematorium took such a burden from us and enabled much greater participation by the family in the remembrance service." One person was unable to attend their grandchild's graduation at Oxford University. The staff set up a video link for her so she could watch the ceremony. The family and the person told us how that had been so important to them and had had a positive impact on them, as it helped the person be involved in important events in their family and celebrate their family success.

The home had a relaxed and homely feel. We saw that people had developed meaningful relationships with each other. This was demonstrated by the natural interactions between people and the conversations we observed. One person asked another "What do you think of my hair?" The recipient replied, "It is nice, it is darker than your normal colour." We observed the conversation continued. We saw that another person was reading the menu out to their peer. We observed many more positive and meaningful interactions between people and their relatives. Relatives who had experience of other care homes, felt Gracewell of High Wycombe provided a "high-quality" service which was based on individual needs. One relative we spoke with told us their family member had "improved" since moving, they told us "I have seen her smiling and laughing for the first time in a long time, she had made friends and I think that has helped." On the second day of the inspection we observed the person spending most of the day with her new friend. It was clear from the interaction and communication between them they had benefited from the new friendship. Staff supported people to maintain meaningful relationships with each other and encouraged social interaction.

Care and nursing staff consistently demonstrated a kind, caring and compassionate attitude towards people. When people were supported with their medicines we observed the nurse knelt down at face level to residents and called people by their names, spoke slowly and deliberately and explained what the pills were and how they should be taken. One person was asked if they were in pain and they said "No". The nurse said, "How is your chest?" and "Do you want a glass of orange or water to take your pills?". The person asked for water and then they were provided with their medicines.

People were routinely and consistently treated with respect and dignity. We observed this in practice and this is what people and their relatives told us. Staff were able to clearly demonstrate how they provided a dignified service. One person told us "Every time they come into my room they knock. It's lovely 'Tap-Tap'. If I'm in the bathroom they knock on the bathroom door. I rang the bell in the bathroom this morning (for help washing my feet) and one of the girls came and put her gloves on (and helped me). They come even if it's to say: 'We won't be five minutes'. They help you into your shoes." Staff showed compassion in the way they spoke with people, we observed this in practice. Staff were aware of how body language, tone of voice affected people. People received a dignified service from staff.

Staff were skilled in supporting people who became anxious or worried. Staff were aware of potential triggers for distressed behaviour, and were equipped with skills to deal with potentially challenging situations. We observed people who displayed distressed behaviour were cared for by staff who showed kindness and compassion. For instance, on day two of our inspection a person was very distressed. They were approached by a member of staff who spoke with them about people who had been an important part

of their previous life. The person's mood immediately changed and became more relaxed. We saw many other examples of distraction techniques which helped people to be more content. It was evident from the change in behaviour and mood that staff had provided positive engagement with people and approached people with empathy and compassion. In addition, staff demonstrated an awareness of when people needed more emotional support. It was clear that staff observed changes in people's emotional mood. One person was approached by a member of staff as they had noticed they looked worried or concerned. We observed the interaction between them. Following some comforting words from the member of staff the person visibly appeared to be happier. People's distress was routinely minimised by skilful staff.

Throughout the inspection we observed people being encouraged to be involved in decisions about their care and support. Staff encouraged independence in people. People were consistently asked what they wanted to do, or which area they wanted to be supported in. Feedback from people and their relatives included, "I've gone through the care being provided (care plan) bit by bit," "They're brilliant with personal care. I hear them asking permission. They are very tolerant, very patient and that is very important in a place like this. (My relative's]) reluctant to walk but they encourage her." We observed staff asking, "Do you want to come to the lounge now that you have finished eating" and "Are you alright, do you want anything else?"

Where required people had access to advocacy services. Advocacy gives a person independent support to express their views and represent their interests. One person had been supported by an advocacy service following their move into the home. This helped them to manage the physical and emotional elements of moving from a private home into a care home.

Is the service responsive?

Our findings

People told us and we observed staff were exceptionally responsive in meeting people's needs. This was supported by what relatives said. Comments included, "They're really accepting about personalising your room. We've brought in plants and chairs... I do her washing... They go the extra mile and give people presents on birthdays and at Christmas... (My relative's) own hairdresser comes in and can use the salon... They're trying to get her involved in the monthly flower club in the village. They do encourage her to come out of her room" and "My hairdresser visits; I like to keep the people I know... You can bring what you like from home (to furnish/decorate your room). The maintenance man is going to hang my tapestries when I decide how I want them arranged... I like to do my own thing... I do exercise in the lounge; a lady comes in. They have some nice music; a man comes in with an accordion. He comes around and he's singing to everyone. It's lovely to hear everybody singing."

All the staff team were knowledgeable about people, when we spoke with the home admission officer it was clear they knew people well. This was supported by what a relative told us "I usually get an immediate update on arrival on dad's 'mood', eating, general health etc. What interests me is that this can come from anyone! It's as if every member of staff, including the cook, activities coordinator, receptionist, or any of the carers is fully up to speed on the welfare of each resident."

People were cared for by staff who were fully aware of their likes and dislikes. A 'resident life story' document was completed. It contained important information about the person including whether the person observed a particular religion and how they choose to practise it. This provided staff with information about how they could continue to support the person with their religious belief. For instance, some people attended the local church.

Each person had a keyworker, a member of staff who co-ordinated their care. The registered manager told us keyworkers were working with people to create memory boxes. Memory boxes were used as mental stimulation for people, as they contained items of importance to them. For instance, one person who had been a keen artist had paint brushes in their box. They were also used as a conversation focal point. Memory boxes are a widely recognised method of supporting people with dementia in recalling past histories, which can help support with their emotional wellbeing. One person was supported to look at personal photographs of their previous life experiences. The person tended to shred paper, so the photographs were stored in a safe place and taken to them when they were distressed. This activity was very important to the person as when they looked at the photographs it relieved their distress. Staff told us this was an effective way of minimising the distress and had a calming effect.

Each person had a care plans which reflected their personal needs. We noted these were updated when any changes in people's condition occurred. Care staff were able to alert the nursing staff to any changes in people conditions via the electronic care plan system. Each alert required a member of the nursing team to sign it off as complete. We observed care staff to regular update the electronic care plan system. A nurse told us "The staff are very good and alerting us to changes in people's condition. The alerts on the system were monitored by the deputy manager. Any delays in closing down the alerts were discussed at staff meetings."

We observed and people told us they had access to a wide variety of activities both within the home and the local area. We saw photographs of visits to local museums, country homes and horse racing courses. It was clear from the photographs people had enjoyed the days out. We spoke with one person living with dementia about the horse racing day out. They remembered it with fondness. It was clear from their reaction this had been an event which they would have attended previously. They spoke with us about how much they had enjoyed the day. Another person spoke with us about how they had been to visit a local country hotel. They had worked there previously and felt a sense of pride when they returned. The person went on to tell us, on the return journey to Gracewell of High Wycombe the minibus went through many of the villages where they had lived. Staff told us how wonderful it was to support a person recall their past and feel valued. A relative told us "He is regularly involved in a wide range of excellent in-house and external activities. One that made the family chuckle recently was an evening trip to Windsor races - he's never done that in his life and the photos I've seen confirm the great time he had."

We noted a wide range of entertainment was available to people. On day one of our inspection we observed a singer entertaining people and on the second day a movement to music event was carried out. Relatives we spoke with told us how they were invited to social events within the home. The home hosted a monthly themed meal, we noted different cuisines were offered. One relative had commented "We have happy memories, getting up on the dance floor at the tea dance, and enjoying a Mexican supper." Another relative told us "Some happy memories I have of dad's time at Gracewell, was dancing with him at the October tea dance."

People received a personalised service and were supported to celebrate important events, for instance, people were supported to celebrate birthdays and anniversaries. People and their relatives told us how the staff had gone "Over and above" to make sure the day was special.

The care home had forged links with the community. People told us they still enjoyed being part of the local community. One person used to attend the local Bridge club. The village had a weekly coffee morning held in the village hall. A member of staff attended on a regular basis to promote Gracewell of High Wycombe and invite the local community to the home for specific events. Once a month the care home facilitated a 'Forget-me-not' café. This was an opportunity for people, their friends and relatives and the local community to socialise to prevent social isolation. The staff ensured information was available to people to promote wellbeing and keeping healthy. One person told us "We do quizzes and have occasional trips out; I'm going out with my daughter tomorrow... Some children came in and we enjoyed talking with them. This afternoon there's a singer... People come in from the village for the Tea Dance; very nice people they are." People and their relatives told us how positive they felt about the links with the community. One relative told us "It's brilliant to have mum back in Lane End and so much closer for us all, and (Name of husband), mum's husband can now visit whenever he wants. A local resident who had attended a barbeque at the home had provided feedback to the home stating "Thank you so much for inviting us to join your barbeque and for being such generous and caring hosts. We enjoyed it very much."

Local school children had been invited into the home. They were given a teddy bear to take back to school. The school children then wrote a story about what adventures the teddy had been on when it was away from the care home. We received lots of positive comments from people and their relatives about the experience. People told us they enjoyed the children's visit. Staff remarked how people had reacted to the children's visit and some people's eyes light up and were happy and smiling. Staff told us people were engaged with the children and they spoke about life histories which they had not mentioned previously. Staff told us how good it was to hear more about people and their previous life experience.

The home had supported staff to be champions in dementia. One member of staff had forged links with the

dementia alliance and was skilled in sharing their knowledge and learning with others. The member of staff had facilitated a training session for grandchildren of some of the residents. This provided the children with an opportunity to learn about the illness and for them to ask questions. We read feedback from the children following the session. It was clear they had benefited from the session and were more informed about how their grandparent behaved. The member of staff was keen to develop the local village into a dementia friendly space. We noted they had been involved in projects with the local area and had invited the local fire and police departments to visit the home and promote the safety of people living with dementia. When we spoke with the member of staff it was clear they were passionate about making a real difference for people and providing them with opportunities to live a fulfilling life.

The service worked extremely well to reduce social isolation. One person had become withdrawn and was spending a lot of time in their room. It was discovered the person's shoe size had changed and they did not have any suitable footwear. The staff spent time with them looking at different options. The person chose a selection of shoes from a catalogue and then staff went to buy samples for them to try on. After choosing a suitable pair of shoes staff observed the person had the confidence to socialise in the communal area and visibly became more content and happy. Another person had been supported to go on holiday and attend a support group. When we spoke with them it was clear both had reduced their social isolation and had had a positive impact on their mental and physical wellbeing. We heard and saw many more examples of positive engagement with people.

The service was exceptionally proud of the way they supported people with end of life care. They worked well with external healthcare professionals. We received positive feedback from the local GP and another healthcare professional told us "At all times I found their staff to be very caring, the patients needs were well catered for." This was supported by what relatives told us and the feedback received by the service. Comments from relatives to the service included "...The nursing and care staff in making dad as comfortable as possible... thank you so very much for not just being excellent but perfect in every aspect of his care," "I cannot thank you and your staff enough for the care given to me father at the end of his life," We wanted to express our heartfelt thanks for looking after (Name of person) and us, so wonderfully. We take great comfort from knowing that (Name of person) was with you in his final weeks, because we really could not have wished for better care. Every single member of staff was amazing." Another relative had commented "Your compassion, understanding and empathy gave all great comfort, peace and dignity during a difficult time. It has been a privilege and honour to meet you and to know that genuine nursing care and compassion with respects still exists."

People's end of life decisions were discussed and respected. Following a death of someone who had lived at the home, staff talked to people about they would like to be cared for and any wishes they had at end of life. Staff also discussed how they would like to remember people who had lived at the home. Staff light a candle and displayed a photograph of people who had passed away. Staff lined the entrance to the care home when people were taken away by the undertakers. In a meeting with people facilitated by staff, comments included "It's good to know families are welcome at all times of the day and night. I would like to think people are not on their own" and "It's good people go out the front door, I like that staff stand and show respect." Another person said, "I like the candle and photograph." A member of staff spoke respectfully about how they had lined the entrance hall when a person was being taken away by the undertakers. They said, "Those little touches make a lot of difference". Feedback from relatives who had been bereaved was overwhelmingly positive. The home accommodated people's last wishes and helped families to remember loved ones. One relative told us "Gracewell staff were tremendous support to all the family. The provided excellent care for both my parents and went the extra mile in supporting me at that difficult time". Then went on to say, "We had the reception for the funeral at Gracewell which was wonderful for us all, the location and facilities provided were outstanding, the staff discrete and thoughtful." Another relative told us

"The facilities that Gracewell provided for the family after the funeral were excellent, outstanding and absolutely right for the occasion." They had also told the registered manager "I can't thank you and your staff enough for the care given to my father at the end of his life.

The service was aware of the need to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in large print as an example.

People were encouraged to give feedback about the service they received. The service had a complaints, and complements procedure in place. We noted the service responded to feedback from people and their relatives. For instance, the chef had received feedback about meal and wine options, this had been responded to and changes made.

Is the service well-led?

Our findings

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a decision had been made on a DoLS application. We noted the PIR had identified that some decisions had been made on applications to deprive a person of their liberty. We checked this against our records and information held by the service. We noted that three decisions had been made on applications; however, the service had not notified us of this. We spoke with the deputy manager about this, they were unaware of the need to notify us of this.

We Recommend the service ensures all notifiable incidents are reported in the future.

We discussed other events which required notification with the deputy manager. We reminded them about serious injury notifications in particular when people had had a head injury. The deputy manager was aware of other events which we required to be aware of. For instance, when a safeguarding concern had been raised.

People, their relatives and staff told us they thought the service was well led. Comments from people included "The manager's door is always open for any concerns. Whenever I've had a problem it's always been dealt with in the right way till everyone is happy," "I can talk to the managers all the time," "The Manager is lovely," "The manager, she is pleasant and quite good" and "The under manager is good too." Another relative told us "From the top, right down, it is brilliant. I think because the manager is a nurse and she cares this filters down. She is so caring and hands on. I can make a comparison as my mum used to live in another care home, if only all managers were like (Name of registered manager). I think she passes positivity onto staff. She leads by example."

Feedback was sought from people, their relatives and staff. We observed residents and relative's meeting dates were displayed in key areas of the home. Staff told us they attended regular staff meetings and felt their views and suggestions were valued. Staff were aware of the providers core values and culture.

Staff spoke positively about the support they had received from the registered manager and senior team members. Comments included, "From the bottom of my heart I would like to say a big thank you for being a kind hearted, very understanding and supportive manager," "The working environment is cheerful, the staff are kind and helpful and the management is supportive" and "I feel I get supported by management, we all work as a team. (Name of registered manager) is aware of what is going on, she empathises and makes me feel valued... management are with me all the way."

We observed and people, their relatives and staff told us the registered manager and senior staff were visible, approachable and available. An on-call system was in operation so staff could seek advice from a senior member of staff. We observed the registered manager to have their lunchtime meal with people. Relatives told us they regularly saw the registered manager within the home and felt they were approachable. The registered manager had managerial oversight of the service at all times. There were able

to access the care plan system remotely and told us they regularly checked if actions had been undertaken by staff.

The registered manager encouraged staff to take an active lead in the home. They promoted champion roles. For instance, one person took the lead in developing the garden. This was a particular interest for the member of staff. They told us about how people had been involved in choosing plants and planting them. There was attention to detail in the design and plants had been chosen carefully to invoke memories and provide different sensual experience. Other staff took the lead in first aid, continence aid and dementia as examples.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. We noted there had been incidents which met the DOC threshold. We checked if the service had completed all the required actions. One incident had been discussed with family members but no follow up had been made in writing. We discussed this with the deputy manager. They confirmed a letter had not been written but provided us with evidence this had been completed for another event. The registered manager and deputy manager were aware of the requirements under DOC.

The provider and registered manager had appropriate systems in place to monitor the quality of the care and support provided. This included regular audits completed by the staff at the home and visits by the provider's senior management team. The service was given a percentage for compliance and success against the provider's quality targets. The targets were discussed at the morning management meetings and were under constant review. The service had received a high percentage from the recent staff survey. Results showed over ninety percent of staff were happy in their role, which was one of the highest in the organisation. This demonstrated staff were content and happy with the employer. This was also evidence in the feedback we received from staff. Staff told us they "Loved", "Enjoyed" and were "Very happy" working for the provider. Staff were particularly keen to demonstrate they had opportunities to develop their career within the home, one member of staff said they had been supported to undertake a first aid course and another member of staff was looking forward to completing a Diploma.

The service actively sought to improve the wellbeing of people who lived at the home and be involved in local projects. The registered manager had attended a local provider forum meeting. They had requested to be part of a new initiative in preventing people being admitted to hospital and facilitating safe discharges from hospital. The registered manager and other staff had forged links with external parties, including, the dementia alliance, local church, local authority and village school. The registered manager and all the staff we met, demonstrated a commitment to improving people's experience on living in a care home.