

# Gracewell Healthcare Limited

# Gracewell of Sutton

# Coldfield

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Gracewell of Sutton Coldfield is a care home providing personal and nursing care to 65 people aged 65 some of who are living with dementia. At the time of inspection 63 people lived at the service. The accommodation is organised into three floors, each with its own communal areas. One of the floors is a memory care floor, specialising in providing care to people living with dementia.

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

People told us they felt safe and received their medicines as prescribed. The provider had a robust recruitment process in place and there were enough staff on duty to meet people's needs. Accidents and incidents were recorded and followed through with appropriate action to minimise the risk of re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had the skills and knowledge to meet people's needs and referred to healthcare professionals when required. People were involved in choosing their meals and mealtimes were a pleasant social event. The home was decorated to a high standard with some excellent facilities. The memory care floor had been carefully designed to support and engage people living with dementia.

Staff were caring. The registered manager and staff had a strong ethos of person-centred care and placed people's wellbeing at the heart of their work. There was a positive caring culture and staff were patient and kind. People's privacy, dignity and independence were respected by staff. Relatives and friends were made to feel welcome in the home and people were involved in decisions about their care.

Support was individualised and staff knew people's life histories and preferences very well. People were supported to take part in many different activities which were tailored towards their preferences and individual needs. End of life care wishes were discussed with people and their relatives. The provider had a complaint process which people and their relatives were aware of to share any concerns.

Oversight of safeguarding systems and practices were in place, however there were two incidents which had not been referred to the local authority at the time of occurrence. People and staff were happy with the way the service was led and the registered manager made themselves available to people. People and relatives were involved in decisions about the service and there was good involvement from the local community. Audits were carried out to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 27 December 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Gracewell of Sutton Coldfield

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector, one specialist advisor (who was a qualified nurse) and one 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 Sutton Coldfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

This is a dual registered service and Gracewell Healthcare 3 Limited and Gracewell Healthcare Limited are both jointly responsible for service delivery at the location.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the clinical commissioning group who work with this service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with eleven members of staff including the area manager, registered manager, deputy manager, nurse, senior carers, carers, and maintenance manager. We spoke with one health care professional who regularly visited the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Very safe. I've got people around me that would look after me if I needed attention." A relative said, "It's given a lot of comfort to [person] and my sister knowing she's here."
- Staff had received safeguarding training and understood how to recognise the signs of abuse and how to report.
- Where any safeguarding concerns were identified investigations were completed and appropriate plans were put in place to protect people from potential harm.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to mitigate all of peoples known risks. They included detailed guidance for staff to follow and were updated when people's needs changed.
- Staff demonstrated a good understanding of the support people needed to minimise risk, for example one person was at risk of falls. We saw staff ensured this person had the correct equipment in place, and when they responded to a request from someone else, asked another staff member to observe the person.
- Regular checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment

Staffing and recruitment

- People thought staffing levels were good. One person told us, "Plenty enough, if I need any help I can just call or say," a relative said, "Yes, I've never struggled to find people or see people about, I'm happy about that."
- The service did not use agency staff and absence was covered within the staff team. Staff were allocated to work on each floor which increased consistency for people.
- The registered manager used a dependency tool which linked to the electronic recording system to determine the level of staff needed. They had a made a change to staffing on the memory care floor so there were more staff to support people living with dementia to access activities.
- Staff were recruited safely. Robust pre-employment checks were carried out to ensure staff were suitable to work with people who may be vulnerable.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us medication was, "Very carefully attended to."
- Medicines were managed safely and in line with good practice guidance. Medicines were stored,

administered and disposed of by trained staff.

- A daily peer review was in place to check the Medication Administration Records (MAR) to ensure there were no gaps. We viewed four people's MAR charts and found they were fully completed.

Preventing and controlling infection

- The whole home was very clean and fresh. Effective systems were in place to ensure bedrooms and communal areas were cleaned regularly.
- Staff received training on infection control and we saw them using Personal Protective Equipment (PPE) appropriately. One staff told us, "The deputy manager has a UV lamp to check our hand washing and we also are checked with regards to nail varnish and long nails."

Learning lessons when things go wrong

- Weekly medication audits had been introduced. These were carried out by nurses and findings reported to the clinical governance meetings. This had improved practice and reduced medicine errors.
- Champions on the electronic recording system were being put into place to improve practice in this area. Their role was to support and encourage staff to ensure they were recording their care interventions consistently.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- People told us staff were skilled at supporting them. One person told us, "They must be trained well because they know exactly when to do things... I don't even have to ask."
- One person had actively become involved in decisions about who worked at the service. At the last staff interview the person met and spoke to the candidate and fed back their views to the interview panel. The registered manager told us they planned to continue with this process in order for people to have a voice in future appointments.
- Staff told us they received appropriate training, both through e learning and face to face. One staff member told us about the memory care training in which ear muffs, goggles and music was used to emulate how someone living with dementia may experience their environment. They told us, "We have [person] who is aware of losing her memory and gets very emotional about it. I am now more aware of how it feels and what is going on for her."
- Staff had recent training on oral care. They spoke positively about this training, one staff member told us, "Props are used to show how you should brush your teeth as well as facts and figures from the NHS."
- At the last inspection we found the service had organised a "Reach out café" to offer support and training to the families and friends of people living with dementia. This continued to run every month run was regularly attended.

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

- There was a strong emphasis on ensuring mealtimes were a positive experience. On the memory care floor an enriched dining experience had been introduced where people consideration had been made to how to support people at mealtimes to promote well being. For example, some people were supported to eat in smaller groups and some staff ate with people.
- We observed an example of excellent practice with a staff member supporting a person to eat who had difficulty with their sight and cognition. They were sensitive and kind explaining what was on the plate and asking the person what they would like to eat next. The person kept drifting off to sleep, when the person woke again the staff member gently asked them, "Are you ready, do you want a couple more minutes." We saw the staff member and person enjoying a joke and a laugh. This meant the person received the food they needed and also this was a positive experience for them.
- Staff had a good understanding of people's individual preferences and dietary. One person told us, "Staff know I can't eat meringue. They're really good with my special diet." The chef had a system to record people's individual needs which was recorded in an accessible way for all staff to access.
- People were asked if they enjoyed their food and there was a system in place for them to feed back. We

observed one person reporting a concern with how their meal had been cooked and a staff member supported them to write in the 'comments book' so this could be immediately fed back to the chef. There was also a "Residents Food Forum Meeting" which was attended by the chef and registered manager.

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

- The environment was decorated and maintained to a high standard. One person told us, "The surroundings are very pleasant; the garden is lovely. It's a lovely home. It's modern and has lovely bathrooms." All bedrooms had en-suite facilities and there was access to a secure garden with raised flower beds. The garden was accessible for people using wheelchairs. We saw the garden was well used and observed people sitting outside to enjoy an activity.
- The 'memory care' floor had been thoughtfully designed to engage people living with dementia with their environment. For example, there was an 'magic table', which displayed a series of interactive light games for people to engage in. There were also interactive areas including a coat stand with scarves and hats, a table with items people may have used in their lifetime including a washing board and an area with doll therapy equipment for people who may use a baby model.
- There was a bistro area in reception where activities were carried out and people could spend time with visitors. In this area hot and cold drinks and snacks and cakes were available all day. We saw one person did not want to leave this area after the activity had finished and staff arranged for her lunch to be brought to her.
- There were different areas on each floor for people to spend private times alone or with their visitors and also for different activities. We saw one person liked to complete jigsaws in one of the small lounges and this was left out undisturbed until they had finished it. There were some married couples who shared a bedroom and used the other room as their lounge.
- People could move freely around the different areas of the home and space had been maximised. This meant each floor within the service did not appear noisy or have lots of people in one area, given a relaxed and spacious feel.

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

- We saw appropriate referrals made to external health care professionals such as community psychiatric nurses and speech and language therapists.
- There were systems in place to ensure staff knew about changes to people's care and support needs, including daily handovers and huddle meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made to the relevant Local Authority where it had been identified that people

were being deprived of their liberty.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, low beds and sensor equipment was used in bedrooms to monitor people's movement when they were at risk of falls. This was seen to be less restrictive than having bed rails.
- Staff had received training in MCA and DoLS and we saw staff tried to obtain consent before delivering care and give people as much control as possible.

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

- A pre-admission assessment was carried out prior to people moving to the service to ensure people's needs could be met and the care was planned and reflected people's individual needs and preferences.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us mostly staff treated them with dignity and respect. One person told us, "Yes, there's always exceptions but on the whole, they pretty much always knock so you've got your privacy."
- Promoting people's independence was recognised by the staff and management as a vital aspect of care. One person told us, "They try to get me walking and stay with me while I walk. They follow me with a wheelchair when I use my frame."
- Staff and management told us about a number of people who enjoyed keeping busy and who assisted with household tasks. One person who had previously had a profession where they wore a uniform, would put on the housekeeping uniform with a name badge and support the housekeeping staff for an hour a day. During this time this person appeared more engaged and it had reduced the distress they sometimes experienced.

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

- We saw staff demonstrate a kind and compassionate, can-do attitude. People's feedback was mainly positive, one person said, "I never dreamt people could be so kind and good before I came here," another person said care could vary between staff, they said, "Some have a nicer way than others but on the whole I'm treated well. I have had to say a couple of times about the way I've been spoken to but it was dealt with."
- The service was proactive in ensuring equality and diversity were respected. They had recently held a "Pride of Gracewell" event to raise awareness of older people from the lesbian, gay, bisexual and transgender (LGBT) community who may need care. Entertainment was provided by Miss Drag UK, 'Aunty Ginger.' Members of the community and the media came to the event. One person told us, "I've been on the TV for the gay pride day at the home....The place was bouncing with colour and sound. Staff were wearing angel wings and coloured clothes....It went down very well." A staff member told us a person had approached them to say they now realised what an important issue this was.
- Care plans included information about people's diverse needs and the person's life story. This included information about religion, celebrations and occupation. One person told us about a Baptist bible reading they attended and another about a communion service within the home which they enjoyed attending.
- At times staff supported people in their own time which demonstrated their kind and compassionate nature. For example, one staff member had supported a person to go to two family weddings and another had come in on Christmas Day to do people's hair.

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

- People's care plans included information about how they would like the care to be carried out. People

knew about their care plans and said their relatives were involved. One relative told us the care plan, "Is reviewed and updated regularly, we have a consultation to make sure we are happy with it."

- People told us they made choices about their care. One person said, "I'm got up by the night staff. I could stay in bed longer if I wanted but I like to get up early." We observed one person supported to dress smartly in a suit, shirt and tie and a relative told us how staff supported their mum with choices and decisions about her appearance, they told us, "Mum's very particular about what she wears and staff support her and say 'Oh that lipstick colour looks nice.'"
- People were encouraged to express their opinions through regular Residents Meetings. At the last meeting we saw one person had asked for a certain activity to be provided and another person asking for the dining room to be swept more often, this was agreed and put into place.
- People were involved to make decisions about furnishing and decorating the service. There was only one person using a bathroom on one of the floors and she had chosen the colour and furnishings for this room.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- It was evident staff knew people well and used this knowledge to provide personalised care. All the staff we spoke to could tell us about people's individual needs, life histories, hobbies and occupation. This meant staff spoke about the person with respect and we saw them engaging in discussion with people about their lives.
- People told us the care they received met their individual needs. We saw care plans contained information about how people liked their needs to be met.
- The service used the Pool Activity Level (PAL) tool, to assess people's individual interests with a view to plan activities that best supported them. We saw two activities happening on the same morning in different parts of the building, a larger group taking part in exercise and a smaller group involved in reminisce. The managers told us how this had reduced distressed behaviour as activities were more appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and included in their care plans. This included clear guidance to staff of how to enhance people's communication.
- People received a guide to the service when they first moved in to the service. This was produced in larger fonts for people with sight difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of activities were on offer to people. There was an activity program leaflet published monthly, activities included; Tai Chi, gardening club and walks led by the local police. The head of each department and registered manager also ran an activity each month which included Knit and Natter, tribute acts and a trip to the social club. One relative told us, "They've made a real effort to find activities that suit. [Person] was a teacher before and [registered manager] does a poetry group," another said, "There is plenty going on. [Person] enjoys poetry, bingo, craft and indoor bowls."
- Some people told us they had attended trips to outside events arranged by the service, for example to the theatre and garden centre.
- On each floor one of the carers was identified as an activity motivator. It was their role to support people to engage in activities. We observed a reminiscence session taking place on the memory care floor. The staff

member engaged a small group of people living with dementia in a conversation about the war and their memories.

- The service was working with age- concern on an anti-loneliness campaign, so support people avoid social isolation in the local community. This involved offering people a free lunch at the service and two people had attended for Christmas day dinner.

Improving care quality in response to complaints or concerns

- People told us any complaints were dealt with promptly. One person told us when a member of staff spoke to them sharply, the deputy manager had "dealt with it quickly," and things changed after this.
- The service had a complaints policy. Information about how to complain was on display and in the guide given to people when they first moved to the service.
- The registered manager held a record of any concerns raised and the response to this. A tracker was used to pick up any themes that may arise and identify the appropriate action.

End of life care and support

- People were asked about their wishes around end of life care. We saw advanced care plans which included information about where they would like to be cared for at the end of their life and who they wanted to be involved in decisions.
- The registered manager told us it was important when people died they left out the front door in which they had come in. Everyone who was in the reception area/ bistro would be made aware and the staff would come down and stand at the front door to say goodbye. Sometimes music would be played that the person liked.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager understood their legal requirements within the law to notify us of incidents of concern. Although we had received some safeguarding notifications, there were two safeguarding incidents which were not notified of and had not been referred to the Local Authority. We saw action had been taken by the management team to reduce the risk and appropriate medical attention had been sought. These safeguarding's had been referred to the CCG as the registered manager advised they had been told this was the new process. Prior to our inspection these notifications were sent to us retrospectively and the local authority was informed.
- The service had a range of quality monitoring arrangements in place. We did find some inconsistencies in some recordings to monitor risk around pressure relief and catheter care. The management team had put a plan in place to improve this area and we did not see that it had impacted on people as staff knew people and their individual needs well.
- There was a clear staffing structure in place and staff were clear of their responsibilities. Staff spoke positively about the management team and the support they received.

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

- Staff spoke highly of the management team. Staff told us they had an open-door policy and could go and speak to them at any time. One staff member told us, "[Registered manager] and [deputy manager] are the most compassionate people I've ever met."
- People and their relatives also spoke positively about the leadership in the service. One person told us, "The manager always listens to any complaints," a relative said, "There's so much involvement with them, with the activities they'll join in."
- There was a positive person-centred culture within the service and they had been shortlisted for a National Care Award for Best Care Team. Our observations showed staff knew people really well. All members of the team were engaged with people, for example we saw the head of housekeeping taking part in a knit and natter activity. People consistently told us they would recommend the service and one person told us, "It's the next best thing to being at home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- We saw management had identified an increasing number of falls on the memory care floor. They had



responded by increasing the staffing at certain periods of the day and highlighting to staff the importance of engaging people in activities.

- The service had responded to concerns raised from a visit from the CCG which found some risk assessments being inaccurate. The CCG advised actions had been addressed in a timely manner.
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- The leadership team shared their vision with staff for best practice for people living with dementia. The deputy manager spoke with passion about the service they offered and how they supported people to be as active as possible and to reduce incidents of distress.

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

- The service had strong links with the local community. They held a "Wednesday club" twice a month where people from the local community could enjoy lunch and entertainment. They also had volunteers from a local college who supported students with disabilities. One of the volunteers had secured part time employment at the service.
- People using the service were encouraged to be involved in food forums and 'residents meetings'. The provider also had an annual audit to seek out and act on views.
- Staff told us monthly team meetings were held. Staff were also acknowledged through 'Heart and Soul Awards'. Staff and residents could be nominated by people, colleagues or relatives for going above and beyond. Recognition was given through a ceremony and gift and there was an annual dinner for staff who had received the most awards.

Working in partnership with others

- The service worked in partnership with age concern to engage with the local community and support them to come into the service through it's anti-loneliness campaign and Wednesday Club.
- When the service held events, it raised money for local charities. For example, the "Pride of Gracewell" event raised money for LGBT Birmingham. They also held a Shoe Box appeal for the homeless at Christmas time and people and their families donated items.
- The service worked in partnership with district nurses and health professionals to ensure the service people received was person centred.