

Gracewell Healthcare Limited

# Gracewell of Church Crookham

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gracewell of Church Crookham is a residential care home which provided nursing and personal care for 33 people at the time of this inspection. The service can support up to 60 older people and younger adults who may have a physical disability, sensory impairment or be living with dementia.

The home was organised in four household units across two floors. Each unit had shared areas including a dining area. Shared areas included a cinema, bistro style café and an enclosed garden.

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

People and their relatives all spoke highly of the home and the service they received. Relatives said Gracewell of Church Crookham was "the best place" for their loved one, and they felt "lucky" their loved one had a place there.

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and had put in a variety of infection control measures in response to the COVID-19 pandemic. Infection control measures were described as exemplary and exceptional by a healthcare professional and a relative.

People had a service which was effective and led to good outcomes for people. Feedback from people and their relatives about the effectiveness of the service was consistently good. There was particularly good feedback about the dining experience. 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.

People had a service that was consistently well managed and well-led. The leadership and culture promoted high-quality, person-centred care. Staff morale was noticeably positive after an exceptional period of stress in the adult social care sector, and there was an up-beat atmosphere in the home.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 17 March 2020).

### Why we inspected

We undertook this focused inspection to check the provider had made sustained improvements since our last inspection. This report only covers our findings in relation to the key questions safe, effective and well-led which we previously rated requires improvement.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used to calculate the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracewell of Church Crookham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

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

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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Gracewell of Church Crookham

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand the service's preparations to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

#### Inspection team

The team comprised two inspectors and an assistant inspector.

#### Service and service type

Gracewell of Church Crookham is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There were two companies registered as providers for Gracewell of Church Crookham: Gracewell Healthcare Limited and Gracewell Healthcare 3 Limited. Both legal entities are equally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced this inspection on the morning of our visit in order to check the COVID-19 status of the home.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager and the provider's quality business partner. We observed how staff supported people in the shared areas of the home.

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

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at softcopy records we received. We looked at all the evidence gathered in the light of CQC's published characteristics of ratings in order to make our judgements.

# 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 requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse, harm and discrimination. People told us they felt safe. One person said, "I have no concerns." Relatives told us they were assured people were safe in the home, and that staff contacted them promptly if there were any concerns. One relative said, "We have peace of mind. All the anxiety is gone."
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with had had recent training, and they were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them.
- The provider had improved how they managed safeguarding concerns. Records showed these were followed up promptly, following local safeguarding procedures and cooperating with the local authority. The provider notified us in a timely fashion when there were allegations or reports of abuse.

Assessing risk, safety monitoring and management

- The provider had a proactive approach to managing risks which took into account people's human rights while taking steps to keep them safe. The provider used standard tools regularly to update risk assessments for poor nutrition and skin health. People's care plans included individual risk assessments, such as for choking, falls, and poor skin health. There were individual evacuation risk assessments for the event people had to isolate in their rooms because of the COVID-19 pandemic. These were written to make sure people's physical and emotional needs continued to be met.
- There were improvements to how the provider shared information about risks. Staff we spoke with knew people well and were aware of risks to their health, safety and welfare. Staff knew how to reduce, avoid, and manage people's individual risks. Risk documentation in people's care plans was thorough and detailed.
- The provider took action to assess and reduce risks associated with people's living environment. There had been a recent independent fire risk assessment. This stated there were "the usual risks for this type of building". In the event of a fire, it was "unlikely to lead to serious injury or death". Recommended actions arising from the risk assessment had been completed in a timely fashion. The provider carried out regular fire safety checks and evacuation tests.
- There was an up to date independent legionella and water safety risk assessment. Actions and improvements recommended in the risk assessment had been completed. There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. This showed sustained improvement since our last inspection.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. People and their relatives were satisfied with the numbers and skills of staff. One relative told us there were always staff available

when they visited. We saw staff went about their duties in a calm, professional manner without having to rush. Staff confirmed to us that the provider filled gaps in the rota due to sickness or other absence. One staff member said, "We are always well staffed." The provider had recruited staff since our last inspection and reduced their dependency on agency staff to routinely staff shifts to the required level.

- There were robust recruitment systems, and the provider made the necessary checks. The provider had maintained their recruitment process during the COVID-19 pandemic. They had filed the necessary records, such as evidence of a Disclosure and Barring Service (DBS) check. The standard of recruitment record keeping had improved since our last inspection.

#### Using medicines safely

- People received their medicines safely and in line with good practice standards. Relatives we spoke with were all satisfied with the provider's arrangements for supporting people with their medicines. This included arranging a medicines review with a person's GP which had led to an improvement in the person's wellbeing.

- The provider had effective arrangements in place to monitor and check that medicines were stored and managed safely. Staff who administered medicines had regular competency checks. There were monthly checks on medicines records. The registered manager had improved the procedure for following up any errors found in the monthly audits. This included both supervision and reflective practice with staff involved, and purchasing items of equipment to make it easier for staff to manage medicines safely.

#### Preventing and controlling infection

- Policies and procedures were in place to support staff to maintain very high standards of cleanliness and hygiene during the COVID-19 pandemic. A relative told us, "The planning for their response to COVID-19 has been exceptional." A healthcare professional who visited the home to give people their COVID-19 vaccinations described the provider's infection control procedures as "exemplary". The provider had exploited the layout of the building to enable staff to follow government guidance when necessary around isolation, shielding and cohorting (allowing people in discrete areas of the home to live in their own "bubble" with dedicated staff).

- The provider had made creative changes to manage risks around COVID-19. These included an enclosed pod in a shared lounge so that people could still enjoy visiting entertainers safely. The provider had made use of vacant rooms for safe visiting and as changing rooms for staff arriving to work. Staff rooms were adapted to allow staff to maintain a safe distance. The provider had gone beyond published guidance, for instance by providing a spray for visitors and visiting professionals to sanitise their footwear on arrival. There was a plumbed-in sink on an outside wall of the home for people to wash their hands during garden visits. The provider had built a test facility outside the main entrance so that visitors could complete their COVID-19 test before entering the home.

- Arrangements for safe visiting in the home took into account the individual circumstances and wellbeing of both the person being visited and the visitor. There was an "enhanced" visiting policy to allow safe visiting at exceptional times. People's relatives appreciated this arrangement which was adapted according to the guidance in force at the time. One family member told us how they were able to watch their relative opening their birthday presents from outside the home, and they were able to visit inside the home at other significant times. The provider also supported people to make visits out of the home safely, for instance if they had a relative in another health or social care service and there were exceptional circumstances.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.



- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- In the event of accidents or incidents there were thorough investigations and analysis. There was a monthly analysis of accidents including falls, which prompted for trends according to time of day and location within the home. The analysis prompted staff to make sure all incidents were recorded correctly on the provider's systems, people's relatives and GPs were informed if appropriate, and that there was a care plan and risk assessment review after each fall.
- The provider had run a falls project with the objective of reducing falls. This included a review of medicines for every person living at Gracewell of Church Crookham, and additional training in falls prevention. Learning and actions from this and from the monthly analysis were communicated effectively to staff. Staff were aware of actions needed to keep people safe.

# 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 requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support were based on thorough assessments and care plans. These were informed by healthcare specialists such as speech and language therapists, specialist nurses, and community mental health professionals. Care plans took into account current guidance in areas such as mouth care, infection prevention and control, and meeting people's communication needs. The relative of a person who had moved into Gracewell of Church Crookham recently told us he was consulted "at great length" about the person's routines, preferences and communication needs.
- Staff were aware of the information in people's care plans, and they followed guidance which led to good outcomes for people. One person's relative described a "dramatic" improvement in the person's health, "It is the best he has looked in over ten years." Another relative praised staff knowledge around dementia care, and said, "They understand how to approach and talk to [person] so she feels comfortable and reassured."

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People's relatives told us staff knew what to do to deliver high quality care. They described staff as "very competent with good medical knowledge" and "very well trained". Staff told us their training prepared them well to support people according to their needs, and there was a good balance of skills and experience across the teams.
- Staff had a comprehensive induction and did not work unsupervised until they and their manager were confident they could do so. The induction process for new staff had been thoroughly embedded in the provider's practice since our last inspection. One staff member described their induction as "very thorough". There was effective record keeping to show how staff progressed through induction and were signed off when they were able to work alone.

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

- The provider had focused on improving people's dining experience since our last inspection. We saw a dining environment that was very pleasant, with very well-presented food, which encouraged people to eat and drink enough. People told us they particularly enjoyed the food. One person said, "I am impressed with the service and the staff." We heard one person say, "Oh, I did enjoy that meal. I really did."
- There were special events to further enhance the dining experience. These included themed events around different national cuisines, and the opportunity to have a fine-dining experience with the registered manager at the "captain's table" to celebrate birthdays. Staff baked fresh bread and biscuits, and made fresh coffee on site so that pleasant aromas improved people's appetite and encouraged them to eat well.

- People were actively engaged in their food choices and could give feedback. There were audits and checks around the dining experience. These included checks on how people were involved in laying the tables, and how staff interacted with people during meals. There were checks to make sure people did not have to wait too long to be served.
- The service went to great lengths to meet people's individual preferences and dietary needs. This included sourcing particular brands of drinks, and eggs from a particular farm. People with swallowing difficulties had their own specific menu with different options, which meant they enjoyed the same high standards as were evident across the dining experience.
- People were protected from the risks associated with nutrition, swallowing problems and weight management. People's individual needs and preferences around eating and drinking were available to all staff in the kitchen and dining areas. Staff made hot drinks for people during the winter based on recipes designed to benefit people's immune systems. Where people needed soft diet, thickened fluids or fortified drinks, this was made clear to staff using standard descriptions for the consistency of their food and drink.

#### Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively across services to understand and meet people's needs. Staff gave us examples of where they worked closely with people's GPs, and other professionals including speech and language therapists and physiotherapists. A relative praised the service for how they worked with the local hospital to make sure the person's discharge back to the home went smoothly.

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

- People had access to outside space, quiet areas, areas for activities and private areas. Gracewell of Church Crookham was purpose built as a care home, and the internal design and décor reflected the needs of people who might be living with dementia. There was a variety of different shared areas, including areas for activities, quieter areas and a central bistro for social activities. The enclosed garden had been adapted to make visits during the pandemic easier and safer.
- There was a high standard of decoration and maintenance in the home. During the pandemic the provider had upgraded internet access and supplied new televisions and tablet computers. This had improved people's access to online and remote entertainment and services, and contributed to enhanced well-being.
- People had access to specialist and adaptive equipment. One person's relative told us access to a reclining wheelchair meant the person could take part in shared activities and avoid being isolated. Other people had access to exercise equipment, such as sitting pedal machines.

#### Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The provider had adapted the principles of "Namaste Care" for people living at the home. This is a technique which involves using physical, sensory and emotional approaches to aspects of daily life, and has been shown to improve outcomes for people living with advanced dementia. For one person, the introduction of Namaste Care had coincided with a significant reduction in their needing medicines prescribed to be taken "as required" for mental health and mood problems.
- To keep the residents active and promote emotional wellbeing during lockdown, the registered manager consulted with people and launched a virtual cycling project. People used exercise bikes to cycle the equivalent distance of Lands End to John O'Groats, raising money to support a charity which helped younger people during the pandemic.
- Staff carried out regular observations of people's vital signs so that any changes were picked up quickly and timely referrals to their GP or other services could be made. As a result of this, one person had prompt treatment for pneumonia and early signs of sepsis before the conditions got worse.

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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.

- Staff made sure people's human and legal rights were upheld by involving them or their families in decisions about their day to day care. Staff were aware of the principles of the MCA, such as assuming capacity and always acting in the person's best interests. Where people had capacity they were given control and choice about their care.
- Records showed the provider followed guidance in assessing mental capacity, making best interests decisions, and applying for and complying with authority to deprive people of their liberty to receive care and support they needed. The provider sought the least restrictive option to keep people safe.

# 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 requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture based on the values of respecting people as individuals. There was a focus on understanding the service from people's perspective and encouraging social confidence so people did not feel isolated. These values were reflected in our conversations with staff, and the management team led by example in this respect. The atmosphere in the home on the day of our visit was up-beat and positive.
- Staff were positive about the management of the service, saying there was good teamwork and excellent relationships with management both at location and provider level. One staff member told us they could not fault the open communications in the home, others described managers as "approachable" and "good listeners", and one staff member described their head of department as "a rock".
- The provider encouraged managers and staff to develop leadership skills. Relevant training continued during the pandemic, and the registered manager used opportunities to promote staff internally, including to management roles. Staff received continuing support to perform to a high standard.
- People's relatives were positive about the management of the service. They told us they were kept informed, and that during the pandemic there had been regular, daily updates by email about what was going on in the home. One relative said, "The home has a family feel to it. They treat [person] as an individual. It is good to see her happy." Another relative said, "Our experience with [the provider] was very good from the start."

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

- The manager was aware of the need to be honest and transparent with people and their families. People's relatives told us they were kept informed in a timely fashion of any significant incidents, and that the provider listened to them.

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

- Staff understood their role and responsibilities. There were internal meetings and supervisions which led to effective communications. Leadership roles which had been newly introduced at the time of our last inspection were now embedded and had proven to be resilient in the face of change and unprecedented pressures during the pandemic. Staff told us they felt trusted to get on with the job and there were always senior staff or managers available for advice and support.
- Staff knew about and understood the importance of effective quality assurance and risk management

systems. A recent internal operational audit had concluded: "All staff gave the impression of a well-run unit where everyone is aware of their responsibilities and carries them out thoroughly and exceptionally well."

- The registered manager was supported by the provider organisation. There was regular contact with the provider's quality business partner and with a support network of peer managers within the organisation.
- The registered manager understood their legal and regulatory responsibilities. We received timely notifications of events providers are required to tell us about. Where internal investigations were requested, these were completed promptly and thoroughly. We received an updated provider information return (PIR) when requested. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

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

- People's relatives told us they were involved meaningfully in decisions about people's care. The provider had made use of videoconferencing technology during the pandemic to maintain engagement with people's families. One relative said, "We are consulted about any decisions that are required." A recent customer experience survey for friends and family gave a score of 80% for the overall experience and 83% for "confidence and trust".
- The provider engaged with and involved all staff to help shape the service and culture. In a "have your say" survey undertaken in July 2020, 90% of staff felt they were able to make a positive contribution. Where the score was lower, for instance in response to "my manager values my opinion and listens to my ideas and views", the registered manager had put an action plan in place. The provider had continued with their staff recognition programme during the pandemic, replacing face to face events with videoconferencing according to the regulations in force at the time.
- The provider considered equality characteristics when engaging with staff and people using the service. The provider put reasonable adjustments in place and staff had discrete "informal training" and mentoring.

Continuous learning and improving care

- The provider had a comprehensive system of internal quality assurance audits. These were used as the basis for continuous improvement planning. A recent care quality audit highlighted "exemplary" levels of cleanliness and infection prevention and control, and "highly competent" staff. Monthly audits covered specific areas, such as medicines, care plans, food preparation, infection control, and housekeeping. Actions from these audits were followed up to improve the quality of care people received.
- There was a strong focus on continuous improvement. Each unit within the home had an "ambassador" to represent the people living in that unit, to advocate for improvements and put forward new ideas. Within the staff teams there were specialist "champions" to identify and share best practice in areas such as dementia care. The provider had identified some changes made during the pandemic which would continue to improve people's experience as restrictions eased. They intended to continue with videoconference visits with family members who did not live near the home or could not travel regularly for face to face visits.

Working in partnership with others

- The provider worked with other agencies and organisations to deliver joined-up care. Care plans showed joint working with other healthcare professionals. Where required there were timely referrals to specialists such as speech and language therapy, and specialist nurses for Parkinson's disease, diabetes, and skin health. Staff consulted with occupational therapists, physiotherapists and dieticians to make sure people's care plans reflected current standards and guidance.
- The registered manager had worked closely with the GP practice and pharmacy to improve the delivery and management of medicines. This had enhanced people's experience of receiving their medicines on time and as prescribed.

