

Gracewell Healthcare Limited

Gracewell at Maids Moreton

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 9 and 10 January 2017. It was an unannounced visit to the service.

This was the first inspection for the service since a change in the registered provider. Gracewell at Maids Moreton is a care home for adults some of who have a physical disability or frailty and may have a diagnosis of dementia. It is registered to provide accommodation for 60 people. At the time of our inspection 58 people lived at the home. The homes' accommodation was split into three distinct areas. Residential, nursing and dementia care. On the ground floor the home benefitted from a Bistro area, which was a focal meeting point for people.

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 service people received was outstanding. The feedback we received from relatives was overwhelmingly positive. This was supported by comments from people and staff. Comments included "Everyone take the time to ensure that mum is healthy, happy and feels safe and feels cared for, in fact she feels very spoilt," "The staff always engage positively with residents and are sensitive to their moods and needs" and "Having experienced a number of homes I can certainly say the service provided at Maids Moreton Hall is outstanding."

People were supported to be safe, as staff had received training on how to recognise abuse. Staff were knowledgeable about what they would do if a concern was raised.

People were supported by staff who had been recruited through a robust process and who were supported in their role after being appointed.

Potential risks to people had been assessed and appropriate action put in place to help prevent harm to people. The home supported people to take calculated risks and this helped people achieve their chosen aspirations.

Incidents and accidents were reported, trends were analysed and action was swiftly taken to prevent another occurrence.

People and relatives told us they had good access to healthcare, this was supported by a local GP, who praised the staff for their knowledge of people and how they responded to any changes in people's health. The GP told us "I have booked my bed; I would have no hesitation in recommending the home."

People were supported by staff that really cared about providing a high quality service. Comments from staff

included, "I love the most working with the residents and trying my best to make their life better," "It always makes your job worthwhile seeing the happiness you can bring to people with just the simplest of things" and "I specifically enjoy working in reminiscence." This was supported by what relatives told us. One relative told us "Not a day goes by I don't thank you in my head for all the caring, kindness and patience, attention and personal care she receives; we are so lucky that she is with you all."

People were supported to maintain important relationship and roles within their family. We received so many stories of how the home had supported people to attend weddings, birthday parties and engage in activities they used to do. One relative commented after their family member was supported to attend a family celebration, "That, almost more than anything, has meant so much to her whole family."

People were encouraged to participate in a wide range of activities. The home had a dedicated activity co-ordinator who was keen to develop their skills and have a positive impact on providing meaningful activities for people. The home was an integral part of the local area and people enjoyed activities in the local area. For instance, some people attended a bridge club.

There was an experienced registered manager in post, who firmly upheld the core values of the organisation. There was a clear management structure in place. Staff and relatives told us the management team were approachable and available. Comments from relatives included, "Thanks to you for your compassion towards your residents and patients, your care for relatives and your very significant leadership that ensures such an extraordinary culture of compassion."

There was a clear commitment from all staff to provide an exceptional service. This had been recognised by relatives and the provider. The registered manager had received two awards in 2016 and the home was the runner up in the National Care Awards for care home of the year in 2015.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were supported by staff who managed the administration of medicines in a safe way.

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 mental 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 were supported to ensure they were hydrated and had access to nutritious meals.

Is the service caring?

Outstanding 

The service was exceptionally caring.

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

People were treated with dignity and respect.

People were supported by staff who were kind and compassionate.

Is the service responsive?

Good 

The service was responsive.

People were encouraged to feedback on the service they received. There were procedures for making compliments and complaints about the service and these were acted on in a proactive way to improve the service.

People had control and were fully involved in the planning of their care and support.

People had access to a wide range of person centred activities which were informed by their choice and desire.

Is the service well-led?

The service was exceptionally well-led.

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 certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

People were supported by a service that used quality assurance processes to effectively improve the service people received.

Outstanding 

Gracewell at Maids Moreton

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 is the first inspection the home had received under its new provider.

The inspection took place on the 9 and 10 January 2017 and was unannounced; this meant that the staff and provider did not know we were visiting. Day one of the inspection was carried out by one inspector and an inspection manager. The inspectors were supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by the same inspector as day one.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people living at Gracewell at Maids Moreton who were receiving care and support, three relatives and a visiting GP. We spoke with the registered manager, deputy manager and 11 staff across the workforce. We reviewed four staff recruitment files and training records. We looked at nine care plans within the service and cross referenced practice against the provider's own policies and procedures. We spent time observing practice this included the administration of medicine. After the inspection we received feedback from relatives and staff.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Gracewell at Maids Moreton.

Is the service safe?

Our findings

People and their relatives told us they felt the home was a safe place to live. Comments included, "Some people here are very frail and the staff take care of everyone," "Oh yes, very safe. Everything here is very good." One relative had written to the home to express their appreciation and thanks, they stated "Everyone take the time to ensure that mum is healthy, happy and feels safe and feels cared for, in fact she feels very spoilt."

People were protected from avoidable harm. Potential risks to people had been identified and actions were in place to help staff manage the risks. For instance, where people had been identified as high risk from falling this prompted the completion of a falls prevention action plan. This identified what staff needed to do to help prevent further falls. Where people were at high risk from pressure damage, the home had access to appropriate nursing equipment to treat affected areas. The home sought specialist support where needed. For instance one person had been referred to the tissue viability nurse (TVN). The staff we spoke with had good knowledge of the treatment plan provided by the TVN. One registered nurse had told us they had successfully reduced a person's pressure damage. The home had previously been recognised for its success in preventing 'nursing home' acquired pressure damage. No home acquired pressure damage was reported from October 2015 to June 2016. Records viewed on the inspection showed continued success in preventing pressure damage as low numbers were reported. This was confirmed by what nursing staff told us. This meant the home ensured appropriate equipment and treatment was in place to manage pressure damage.

The home took a positive approach to risk taking. For instance, one relative told us how the staff had worked with them to promote their relatives independence whilst protecting others. Their family member had become disorientated and taken to walking into another person's room at night. This was having a negative impact on the person who resided in the room, as they were woken up at night. The relative told us the person had also walked out of the home into the garden as they liked to smell the flowers. This presented a risk as they were less steady on their feet and the main road was only a short walk away. The relative told us how they and the staff had worked together in supporting the family member. They spoke about the measures put in place to help the person to live as they wanted to live. The relative told us "Last year we had a very difficult discussion and decision to make about an advance directive for mother, [Managers name] was enormously professional, compassionate and helpful without attempting to influence us in any direction. That's a rare skill and one that is hugely appreciated." The measure put in place demonstrated how the home thought about least restrictive but safe practice.

The deputy manager told us how they had supported someone who was at high risk of self-harm due to their medical condition and involuntary movements. The home risk assessed the situation and acquired low level mattresses. They were placed all over the floor to ensure the person could move around their bedroom in a safe manner. All care was provided on the mattresses. This meant the home had to be mindful of safe practices for staff as well as the person. Therefore staff thought about how best to support the person maintain their safety whilst promoting their independence.

The registered manager told us how the home had undertaken a risk assessment to support a person achieve a special birthday wish. One person wanted to undertake an activity that had potential for them to come to harm. The service risk assessed the activity and decided what measures were needed to be in place so the person could undertake the activity safely. The person got to do what they wanted to do. They told us how pleased they were the staff had supported them to achieve it. This demonstrated how the service sought innovative ways to take calculated risks. The action the home had taken had a positive impact on the person's wellbeing.

People were supported by staff with the appropriate experience and character to work with people. 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 that they were able to practice as a nurse.

The registered manager ensured there was enough suitably qualified staff on shift at any one time. Both the registered manager and deputy manager were qualified nurses and maintained their registration with the Nursing and Midwifery Council (NMC). Although they were not included in the staffing number for each shift they were available to cover emergency situations. We observed calls bell were answered quickly on the days of inspection. We received no concerns from people about staffing levels. The home had a manager on call rota, which was communicated to all staff and relatives.

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. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. 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 also their requirement to report this to CQC.

Where people required support with medicine, this was provided. One person had been assessed to self-administer their medicine. This had been assessed by a qualified nurse and a risk assessment had been completed. We observed medicine being given; this was done in a professional manner. Staff followed nationally recognised guidance. The deputy manager was very proud of how the home managed medicines. This was supported by a local GP who told us the staff were competent in managing medicines. We noted the home undertook a monthly medicine compliance audit. Each month five people's medicine administration record (MAR) was checked. In the last audit completed on 29 December 2016 the home scored 100 percent compliance on the MARs checked. In addition to the checks on MARs, the systems and processes around medicine was also checked. For instance, staff training, storage and stock control were checked. We acknowledged the compliance percentage was routinely high, which demonstrated there were good practices around medicine administration.

Where medicine required additional storage and recording we found this happened in a safe and accurate way. People told us they received their medicines on time. People who had allergies were protected from exposure to potential sources as allergies were clearly documented on MARs. Where people were prescribed 'as required' (PRN) medicine staff had information available to them to ensure this was administered safely.

Incident and accidents were reported in line with local policy and these were monitored by the registered manager and the provider. Trends were identified and remedial action was taken to minimise future events. For instance where people had fallen, the reason why the fall had taken place was looked at. One person

had been referred to the GP following a fall and their medicine had been changed as a result.

People were protected from the risk of unsafe premises. All staff had access to information and had received training on fire procedures. Floor plans were available to staff which highlighted fire escape routes. Information relating to health and safety was available on a notice board adjacent to the staff room. People and their relatives were spoken to at meetings about maintaining safety and fire procedures. The registered manager told us a lively discussion had taken place about fire prevention at the last resident meeting.

The service ensured robust procedures were in place to monitor all equipment used. The records seen were of a high quality and it was clear any remedial action required was given high priority. The home undertook regular health and safety audits which had to be shared with the provider. The home was given a compliance rating for health and safety. We looked at the latest result. The home had achieved over 90 percent compliance.

Personal emergency evacuation plans were in place which detailed what support people required in the event of an emergency. Staff were aware of the content and regular fire tests were carried out.

Is the service effective?

Our findings

People and their relatives told us they felt staff were knowledgeable about people's needs. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes. One relative told us "Staff always have knowledge of [Person's name] and what they have been doing."

Staff received a thorough induction into their role. Staff underwent a 90 day induction programme. New staff shadowed and worked alongside experienced staff, as well as attending regular one to one meetings with a line manager. New staff were assigned a 'Buddy', that staff member provided additional support to the new worker. Staff were observed throughout the induction period and their competency was assessed. This ensured staff were supported to understand their role. It also offered the management team an opportunity to provide additional training where needed. Staff worked towards achieving the Care Certificate. The Certificate is a nationally recognised set of 15 standards which care staff need to demonstrate in their work. The home supported qualified nursing staff with the NMC revalidation process to ensure they could still practice as a nurse.

People were supported by staff who received key training sessions which the provider deemed mandatory to equip them to provide effective care. We looked at the training matrix and staff we spoke with confirmed that they had received the training identified. Staff training was a mixture of face to face and online learning. Staff had undertaken dementia care training, which included a virtual dementia tour to enable staff to understand the challenges faced by people with dementia. The home supported relatives to understand the illness. This was done through open sessions held at the home. The home had access to a national training officer, dementia care manager, and regional head of care and nursing whose role was to support and deliver mandatory, bespoke training packages for all team members, and to be a source of support and advice. The registered manager spoke highly of the supported provided.

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. We noted a number of people had been referred to the local authority for an assessment. The home had ensured they made appropriate and timely applications. At the time of our inspection the home was awaiting for an assessor to visit people where applications had been made. On day two of our inspection we noted a best interest assessor was visiting two people to complete an assessment. The deputy manager showed us a spread sheet they used to track when applications had been made and when an assessment had taken place. This also provided information on when a re- application was required as all authorisations are time

limited. This ensured the home acted within the guidelines of the MCA.

We saw consent was sought from people in line with the MCA. The registered manager told us they had been working alongside relatives to ensure the home had received copies of the legal powers held by them and other third parties. This was to ensure they only sought consent from a third party who had legal authority to act on a person's behalf. One relative who did hold legal authority to act on their relatives' behalf told us "The home have been exceptional, they have worked with me and my sister to ensure they know what our wishes are." We noted the home had recently received direction from the family about their relative. We noted the decisions about the persons' care and treatment had been communicated to staff and staff understood and respected those decisions.

People gave us mixed feedback about the food. Positive comments included, "The choice of food is good" and "I am going to try the pasty tonight. I wonder if it is homemade, I love the dark choc ice here and of course, sometimes I have a glass of red wine, which is good." Another person told us "I always love the soup, and I am enjoying my drink of a small glass of white wine spritzer." Negative comments included, "There is lots of bread for the soup today. It is not always like this. The plates are not always hot," "I am always asking for cauliflower cheese, but it does not happen" and "I am not very keen on the food. Sausage rolls and beans are not good at present." However relatives told us "Mum enjoyed her birthday meal here in November, where we, the family used the private dining room" another relative had told the service in writing "I often stay for lunch with mother and the food has remained first-rate throughout the two years providing nourishment, variety and 'plate' appeal for mother who is a poor eater. [Chef's name] is excellent and a credit to his profession."

We observed three meals throughout the course of the inspection. We noted people were asked what they would like to eat and for people who had memory loss a plate of food was shown to them at the time of choosing. This was to ensure they could make an informed decision. On day one of the inspection the meal times observed appeared to lack organisation and some people were seated at the dining table from 12.25 to 13.45. We spoke with the registered manager and staff about this. Staff told us anything that could have gone wrong went wrong. We felt there needed to be a constant presence of staff in the dining room used by people with dementia and nursing needs. We advised the registered manager of this. On day two we noted a much improved service. Where people did not want to eat the meal provided a further choice was offered, for instance, one person choose bacon and egg sandwich and another person choose ice cream for pudding instead of the pudding provided.

The chef and deputy manager met on a regular basis to ensure people who were at high risk of malnutrition had additional support. This included homemade milkshakes and a high calorie diet. Weight loss and gain was monitored through the quality auditing system.

The home had taken part in a national pilot programme for Acute Kidney Injury and Hydration working with the NHS and Acute kidney register. This programme was to raise awareness of Acute Kidney Injury amongst health and care professionals.

We noted there were hydration stations at strategic points in the home. This ensured people had access to drinks when required. The home had a Bistro; this was staffed with a hostess. Staff and the hostess served people and their relatives. We noted this area of the building was a meeting point for many people and their relatives. One person commented "I like the Americano coffee here at the Bistro." A relative provided feedback, "The Bistro is a special place that everyone who comes to visit mum and joins her for a coffee and chat, they are amazed."

The home had thought about the environment and how this could be improved in the dementia unit. They had purchased tactile wall coverings for the dementia care unit and many rummage baskets for the residents. These created impromptu activities for people.

Is the service caring?

Our findings

People gave us positive feedback about how the staff supported them. People were supported by staff who consistently demonstrated kindness, compassion and a genuine interest in people they supported. Feedback from relatives was overwhelmingly positive. One relative stated "Having experienced a number of homes I can certainly say the service provided at Maids Moreton Hall is outstanding." Another relative told us "We both find visiting Gracewell a positive experience as the staff are friendly and make the effort to get to know us and our mother."

We observed many caring interactions between staff and people. One aspect which stood out was staff always acknowledged someone as they walked passed. This was observed to happen with all staff regardless of their position. This meant people felt important and part of the home. This was supported by someone who visits the home, "The staff always engage positively with residents and are sensitive to their moods and needs. I have never seen a member of staff irritated with a resident whether a housekeeper, caterer, member of maintenance team or carer, all treat residents with respect."

We received many examples of how the home had worked with people to improve their quality of life and sense of wellbeing. Staff really understood what was important to people and supported them to achieve a sense of worth and value. Staff had a wealth of knowledge about people. This meant conversations with people were meaningful and relevant. We observed staff speaking to a person in the dementia unit. The person was talking about family and how they missed them. They became a little confused. The member of staff very skilfully spoke with the person about other family members. The person then became more animated and started recalling positive memories of other family members. It was clear the knowledge held by the staff member had a positive impact on their communication with the person, which in turn promoted a sense of wellbeing. A relative told us "The Maids Moreton team are always willing to go the extra mile to ensure that my father is happy and content, and will escort him to his local shops / barbers and the local restaurants / bars to provide him with as much variety and interest in his daily routine as possible." This meant the home really did support people to improve their quality of life and sense of wellbeing.

The registered manager told us they and the staff team tried to replicate a family environment and this was supported by what relatives had written about the home, "Respect and a wish to provide a homely safe place and a warm welcome for families are the essence of this unique care home" and "At every step of the way, she has been extremely well looked after by staff who really care about the residents and who really try to make Gracewell a 'home from home'." Another relative had commented, "Maids Moreton Hall is not an institution it is a home. What make it a home is the people who work there and the quality of the care they give." A healthcare professional wrote about the home, "Of the many homes that I have visited or worked in over the years, Maids Moreton Hall is the only one where I feel most 'at home' and more importantly, part of the family."

People, their relatives and external healthcare professionals gave us examples of how the home supported people in a positive way and provided a high quality service. Comments included, "The level of care she receives is excellent," "There are some days and events that take the care you all provide a long way above

and beyond what we have come to know and even expect," "Not a day goes by I don't thank you in my head for all the caring, kindness and patience, attention and personal care she receives; we are so lucky that she is with you all." This was supported by another relative who was able to give us many examples of how the service has had a positive impact on their family member. For instance, their relative wished to move rooms, not once but three times. On each occasion the home supported the person. The relative told us "So with little fuss, she was moved to a room of her choosing the same day – no worry no bother, it was just done for her, and she was so happy and is so content." This demonstrated the home worked with people to help them achieve a sense of wellbeing which had a positive impact on them.

People were encouraged to maintain their role in society and family life. Staff within in the home were passionate about supporting people to maintain important relationship within their own family. The registered manager told us how they had supported a person to attend their grandchild's wedding. The venue was not close to the home and other family members were staying at the venue before the wedding so could not assist the person get ready. The registered manager arranged for a hairdresser to visit on the morning of the wedding, the person was supported to change into their 'wedding outfit'. The wedding venue was in an area where the person used to live. The registered manager told us "I was amazed as we were approaching the area she knew where she was, pointed out where she had lived on a lovely farm, and the school she had attended. Her face lit up. When we got to the church, [person's name] was interested to look around the graves, and she stood by her husbands' grave for a while before we went inside to the church." The importance of the support the home gave to this person was summed up by family members "[Name of manager] and her staff could not have been more encouraging and helpful...They looked after her with great care and compassion throughout the afternoon and as soon as mother got tired they were ready to take her home – that, almost more than anything, has meant so much to her whole family." Another family member commented " It is impossible to say quite how much this has all meant to us as a family and how, for the future, it has left us with some very, very special memories." This demonstrates how the staff's dedication and support had a positive impact on not only the person but their wider family network.

We heard many more examples of how staff had supported people to attend weddings, and birthday parties. A member of staff who had supported a person attend her brother's wedding told us "[Name of person] had lost the power of speech now but the sheer delight on her face when she entered the reception and saw all her old friends and relatives was priceless, it was a day I will never forget she was made to feel like royalty for the day and it was so lovely for her." Another staff member who had supported a person attend their granddaughter's birthday party told us " It was lovely to see [Name of person] face when [granddaughter] arrived, and although it was [granddaughter] birthday [Name of person] was treated like royalty...On the drive home she kept thanking us for taking her and saying what a great time she had." This demonstrated how the staff were happy to support people outside of their usual working time as they had a genuine wish to improve the quality of a person's wellbeing.

People were support with their aspirations and to live a fulfilling and valued life. The home had supported a person with a complex medical condition which was known to be progressive. The person was well known to the local area having lived there most of their life. One member of staff told us how they had got to know what the person liked to do before moving into the home. This included, amongst other things, shopping at the local market and going to the local curry house. The staff member told us how they had supported the person to continue with those activities. For instance, "It was decided to take her down to the local market, it was a lovely day.... she came back very proud of all her purchases and took great delight in showing off all her clothes to her Mum." The staff member told us of another example, "Through [Name of person] travels she developed a love for all types of cuisine especially curry's and she was a regular at the local curry house, although [Name of person] speech had deteriorated I could always make out salmon suka which I had no idea what it was until speaking to her mum and she explained it was her favourite curry at the local curry

house. I spoke to the home manger and she agreed it would be a great idea to take her down one lunch time which I did, it was so lovely to see her face light up as the manager and all the staff welcomed her like an old friend and for her to enjoy her favourite dish as it made my day." The staff really understood what was important to people and tried to make it happen. The home understood the need to help people to live despite the challenges their medical condition placed upon them.

Staff demonstrated how committed and compassionate they were. We saw this in action throughout the inspection and in talking to staff. The registered manager and deputy manager spoke highly of their staff team. Comments from staff included, "At this job I love the most working with the residents and trying my best to make their life better and easier than before they stepped in this place, feeling as at home. Also, I love keeping in touch with their families, listening to their concerns(if there are any) and trying to improve as much as I can, so both residents and their families to be happy with our service," "I specifically enjoy working in reminiscence as every day is different with new challenges to face." One member of staff told us about how they had a positive impact on a person who regularly got upset about a family member who lived in another country. The worker told us how they had suggested writing to the family member. Together the person and member of staff made a post box, which was painted. The staff member regularly supported the person to write to their family member. The member of staff told us "We have made this into a regular event so that when [Family member] does visit, they can talk about all the things that [Person's name] has been involved in. I believe that this has enhanced [Person's name] life in living at Gracewell... she is and more comfortable in her environment when [Family member] is not around."

The deputy manager provided leadership for staff when the home was supporting people at the end of their life. The deputy told us of how they had recently supported someone with very complex end of life needs. This involved moving furniture from the person's room and redecorating the room with paintings of what the person liked. The deputy manager spoke respectfully of the person and their family as they told us how they had been supported towards the end of their life. One relative had recently thanked the care home for the support they had provided to their family member "Thank you both again for all the support you and your amazing team have provided especially during the last few days...You ensured she had as dignified a life and death as anyone could have wished for."

Staff provided a dignified service and had good knowledge on how to protect a person's dignity. We observed a member of staff supporting someone with adjusting their clothing to ensure their dignity was maintained. This was done in a professional, calm and quiet manner. This showed how the staff member was aware of the impact their interaction had on the person. This was supported by what relatives told us. One relative told us "She is so well looked after and is treated with such dignity. Despite not being able to do it herself, she is always nicely dressed in coordinated outfits and her hair is done regularly, small things, maybe, but these are things which have always been important to my mum. And that really sums up what Gracewell at Maids Moreton is all about, they know their residents and relatives personally, they know what is important to them and they go the extra mile to ensure that these preferences are respected." Another relative told us "She was very weak and frail when she arrived and I feared that her life expectancy was short but due to the excellent care she has received her life has been transformed. She is always treated with kindness and respect and I would have no hesitation in recommending Gracewell."

People told us they felt listened to and supported to express their views. People were invited to attend meetings with the registered manager and the home was developing a keyworker system. This would identify a member of staff dedicated to work with a person and help them express their views. Where required people had access to advocacy services. Advocacy gives a person independent support to express their views and represent their interests. One person told us "I meet up with the manager whenever I need to. I have no problems about the home. I could not go to the residents and relatives' meeting at the

weekend, but I did know about it."

Is the service responsive?

Our findings

People and relatives told us consistently that the services was responsive to their needs and had made a large contribution to people's wellbeing. Staff spoke about how each person was treated as an individual and staff responded to people's needs on an individual basis.

People were supported to take part in a wide range of activities at the service. These included a number of regularly planned activities such as the poetry group, book club, knitting group and art group. As well as this the service held regular trips out and entertainment in the form of singers or themed evenings such as the recently held French evening. It was evident that all the staff at the home worked together to make these events successful for people. For example, the theme was taken on by the chef who prepared a French menu for people to go alongside the entertainment.

Residents meeting notes clearly evidenced that people living in the service were involved in every stage of the planning of activities at the service. People also reviewed the activities held and feedback on what had gone well and activities that they were not so keen on. The services activity co-ordinator attended all the residents meetings as well as the relatives meetings held at the service. Minutes of these meetings demonstrated that people in the service were in control of the range of activities provided.

The service had several rooms within the home dedicated to providing activities for people. These included an activity room, cinema room and bistro area. The activity room was large and very welcoming and we observed that it was well used by people in the service. It housed a small library and lots of equipment and resources for people to use. There were displays of previous work done by people and photos of other activities. For example, an art therapist visited the service on a weekly basis to work with people from the home. Many of the paintings and drawings from these classes were displayed in this room.

We also saw that as well as the regular activities held at the service, lots was done to ensure that people maintained links with their community in an individual way. For example, two people were supported to attend a monthly bridge club held in the local area. The activities co-ordinator had also supported another person to attend a game at the local bowls club. The activity co-ordinator told us that this had been really successful and brought lots of memories back for the person. This enabled the person to develop friendships with people at the bowls club. These relationships have been maintained and people from the bowls club arrange for them to attend the bowls club whenever they are playing a match.

The activity co-ordinator told us of an activity they had arranged for a married couple who lived at the service who were celebrating their 60th wedding anniversary. They arranged for the couple to go out on a date at the school where they had met each other whilst working as teachers. We saw photos of the day which showed the couple enjoying an afternoon tea in the staff room of the school. We were told that the visit prompted lots of memories and the photographs created a lovely reminder of the day for the couple.

The service had developed close links with the local community. Two local schools were involved in a project where students visited the service on a weekly basis and spent time talking to people and sharing

experiences. People told us they enjoyed these visits. One person told us "it's lovely to see the young people and talk to them about our experiences and pass on some of the lessons I have learnt over the years. I have also learnt a lot from them about their experiences growing up in the world we live in today!" The service also had close links with the local church, which people were supported to attend if they wished to. There were also visits arranged from local clergy for people who were not able to attend the church. The activity co-ordinator told us that they were in the process of arranging other community links with the local Woman's Institute and meeting someone to discuss Pilates and mediation sessions for people in the service.

There were also lots of examples of where activities were person centred activities were provided for people when the opportunity had arisen. For example, the activities co-ordinator told us about a situation where they had been supporting a person to attend an appointment in the community. The person began to recognise the place names along the route of the journey. They explained that they used to attend the farmers market when they were younger as part of their work. The person went on to explain how they used to enjoy going to the pub for a pint afterwards. On the way back from the appointment they arranged to stop in this place and visited the pub that the person was talking about. The activity co-ordinator told us that it was lovely to hear the memories coming back for this person. They also told us that this was really appreciated by the person and made them feel valued and respected.

It was clear that the activity co-ordinator had a good knowledge of the history of people who lived in the service. They had developed good relationships with people and this had allowed them to provide person centred activities for people. They described a situation when they noticed that one person was quite down in their mood and not their normal self. The activities co-ordinator arranged for this person to visit and spend time at a local farm, as they used to be a farmer. They also arranged for another person at the home who got on well with this person to attend. We were told the visit went really well and the two people spent lots of time talking about their memories of working on the farm. The impact for that person was that their mood lifted and not only could they talk about this day with the activity co-ordinator but also the other person living in the home who shared the day with them. This prompted and supported this person to develop and maintain relationships with other people in the home therefore reducing the risk of social isolation for people.

The service also had a wish tree for people. Staff told us that if someone expressed a wish to do something, this would be recorded and facilitated if at all possible. We saw that many of these wishes had been arranged by the home. Some of the wishes were easier to arrange than others but the service didn't let challenges stop them from granting people's wishes. For example, in the gardens of the home was a prominent life-size statue of a stag. One person had a wish to sit on the stag for their birthday. The challenges and risks of enabling this person to get onto the statue were safely overcome and the person was delighted and proud of being able to achieve this. Another person wanted to be lifted up by a fireman in a 'fireman's lift'. Although it was not possible to facilitate the lift, the service organised for the local fire brigade to visit the service and spend time with the person and show them around their Fire engine. The person thoroughly enjoyed the day and felt that their wish had been met.

The activity co-ordinator had attended training for their role which included recognised national training and visiting other activity co-ordinators in the provider's other services. They told about the benefits of this training and how it had helped them ensure that people were fully involved in the activities on offer in the home. Activities were provided when people wanted them, this included during the evenings and at weekends. Detailed records were maintained for people who attended an activity. These included details of how the person had responded to the activity and any memories or discussions that this activity generated. This helped to increase the knowledge of the person's life history and past experiences. This was then fed into the care records to develop staffs understanding of that person enabling the service to provide a more

person centred service.

We observed that people were encouraged to take part in activities whatever their abilities and people were not discriminated against. For example, people living with dementia were supported effectively to be involved in the daily activities and life of the service. We saw staff encouraging people to interact together and get involved in discussions. People who wanted to spend time in their room were visited regularly by staff through the day to ensure that they were ok and spent time chatting to them. One person told us that they liked the peace and quiet of their room and enjoyed spending time alone, but appreciated the staff spending time with them on a 1:1 basis.

People and their relatives were actively encouraged to give their views and any concerns raised were treated as complaints. Information regarding how to make a complaint or compliment about the service people received was displayed in the service and people were aware of this process. A complaints policy and procedure was in place, which included the process that would be followed in the event of a complaint. We saw that over the past year there had been 23 recorded complaints. Many of these complaints were collected through the registered manager's daily 'walk around' audits. The registered manager told us that it was very important that people were listened to and concerns dealt with however minor. It was clear that complaints and concerns were used by the service to develop their practices and improve the care and support they provided. For example, one complaint was in regards to a person's lunch being served on a cold plate. Records showed that this was discussed with the person and the registered manager had addressed the issue with the chef. The records showed that the person was happy with the outcome. People told us that if they were unhappy they would speak to a member of staff or the registered manager and were very confident the issue would be dealt with.

The registered manager kept a record of the many compliments that they had received about the service they provided to people. These were in the form of cards and letters from relatives of people which were placed in albums and kept in the reception area for anyone to view.

Initial assessments were comprehensive, detailed and contained information about the person's life history and things that were important to them in regards to their care and support. The information was transferred into a care plan and risk assessments, which were updated on a monthly basis with clear input from the person and where appropriate their relatives or close friends. The assessment process gathered lots of information about the person's life history, interest and likes and dislikes. This supported staff to build relationships with people and provide support in a person centred way.

When speaking to and observing staff interactions with people, it was clear they knew people living in the home really well and had built effective caring relationships with them. This was demonstrated in the way they interacted with people throughout our inspection, which was appropriate and person centred. Staff addressed people by their preferred name and adjusted their approach to each person. This ensured that people interacted with staff in a way, which they felt comfortable with. For example, staff told us that some people living in the service were very relaxed and liked a joke and staff when speaking with them used this approach. Whereas other people preferred, a more formal approach from staff and this was evident in the way that staff interacted with them. Records showed and people confirmed that they had been involved in the development of their care plan.

Is the service well-led?

Our findings

The service was exceptionally well-led. It had an experienced and skilled manager in post, which provided stable and consistent management. This was supported by what relatives told us. One relative commented "This is obviously also a consequence of your leadership. You lead by example and ensure when you appoint your staff that the successful candidate is one who is compassionate and has a desire to work with the elderly." Another relative had written to the registered manager to express their appreciation. "Thanks to you for your compassion towards your residents and patients, your care for relatives and your very significant leadership that ensures such an extraordinary culture of compassion." A Third relative commented "The whole care team is compassionate and exemplifies good practice led by the outstanding [Name of registered manager]."

Staff told us they felt valued by the management team and the organisation. The provider ran a 'Heart and Soul' staff recognition scheme. This was awarded to staff who had demonstrated they understood the core values and went above and beyond the call of duty. Staff could receive nominations from anyone. Two staff who had received the award in the past told us "It always makes your job worthwhile seeing the happiness you can bring to people with just the simplest of things and 2015 I got nominated for the Heart and Soul award by my manager, which was an extra honour" and "In 2016 [Home manager] nominated me for the Heart and Soul award for going above and beyond which was a really great honour." Heart and Soul winners were invited to attend an awards ceremony at the end of the qualifying period. This gave staff a sense of worth and provided recognition for their hard work.

The provider offered a number of key benefits for staff to support them maintain a good work life balance and sense of wellbeing. This included discounts at high street retailers and eye care vouchers. The provider produced a 'Your voice counts' newsletter for staff on a quarterly basis. This was an opportunity for the home to share good news stories, changes in legislation and changes to the organisation. We noted the home had shared a number of events in the newsletter this included a 70 wedding anniversary which had been celebrated by two residents of the home.

Staff were asked to complete an annual survey. The home had 100 percentage completion rate in 2016, this had been recognised by the provider as a sign of outstanding staff engagement. The survey questioned staff on how they felt supported in their role and how content they were in their job. The overall result of the survey was 89 percent, which was one of the highest in the company. The registered manager was awarded an 'Engage' award at the provider's national leadership conference in recognition of this. We asked the registered manager how this supported people to have a positive experience of living in the home. They told us "We listen to what is important to our staff. They have ideas and we work together to achieve excellence."

The registered manager and provider completed regular quality monitoring of the service to drive improvements for people using the service. This included regular audits, daily meetings with heads of departments called 'huddle' meetings and clinical governance meetings. Topics audited included accidents, medicine and number of falls. The results from the audits were collated and entered onto a community development plan. This was a provider wide plan which demonstrated evidence of the home's performance

against others in the group. The systems and the support around auditing provided the registered manager with excellent oversight of how the home was performing. The registered manager had also been recognised for her compliance in submitting the quality assurance audits and evidence to the provider in a timely manner. This together with the number of compliments they received was reason why they were awarded a 'Care award' in 2016 from the provider's national leadership conference. The registered manager told us this was in recognition of all the continuous improvement they made to ensure the home provided a high quality service to people.

All new staff completed compliance and code of conduct training. This was an opportunity for staff to understand the core values of the organisation and expected levels of behaviour. It was clear from our discussions with staff. The core values of the organisation were understood and demonstrated at all levels within the staff team.

Staff told us they felt supported by the management team. One staff member told us "Maids Moreton Hall's manager always supports me to be a great leader, and is always calm in any rough situation. She tries to make me feel more comfortable not only as a manager but as a colleague as well. I can say that she is a great leader and we always try to make Maids Moreton Hall together as a whole team a better place." We witnessed and the registered manager told us they walked around the home on a daily basis, this was to ensure they knew what was happening and provided a constant and visible presence.

Relatives told us they were pleased with the open door policy and told us the registered manager was approachable and available. Relative's comments included "[Home manager name] is very approachable and always willing to speak to any relative who has any questions or concerns. She has led the team to create a feeling of Maids Moreton being a 'Home away from Home'. She knows all the residents personally as well as their relatives and always has time to chat to them." Another relative commented "We welcome your open door policy and know that we can discuss any issues that we may have. In summary MMH is well run and provides a great solution to residential care and we can take great comfort from the fact that our father is living there."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. Where there was a requirement for the home to follow this we noted the home acted appropriately and promptly.

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 someone has a serious injury. The registered manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.