Macleod Pinsent Care Homes Ltd

Gracelands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Gracelands is a residential care home providing accommodation and personal care to adults who are living with dementia and have a range of healthcare needs. The service can support up to 31 people. At the time of inspection there were 17 people living at the service.

People's experience of using this service and what we found
We have made a recommendation about building safety and maintenance.

We have made a recommendation about sharing information with people's families in a timely way.

We have made a recommendation about following Mental Capacity Act guidance about people's specific decisions.

People's environment was not always maintained and serviced to a good standard. Improvements were required through the building, such as to fire doors and flooring, which the manager and provider were prioritising and actioning.

Infection prevention and control measures had improved since our last inspection. Further improvements were required, and the manager was working with the local authority to identify further changes.

People received care and support from kind and respectful staff, however, care records needed improving to reflect the details and progress of people's health and care needs.

People were generally supported by sufficient numbers of staff. The manager was actively recruiting staff to vacancies for care and cleaning roles.

People's health and wellbeing was supported by staff who worked in partnership with appropriate professionals when required. Referrals were made for specialist support and people had regular access to their GP and community nursing services.

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.

There was no registered manager in post at time of inspection, this required improvement to comply with regulations. The manager was working in partnership with the provider and commissioning authorities to identify and make improvements to systems, the building and quality of care provided to people.

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

Rating at last inspection
The last rating for this service was good (published 14 July 2021).

Why we inspected
We received concerns in relation to staffing levels and how people's risks were being managed. This included concerns about a lack of record keeping of incidents and accidents. We also wanted to follow up concerns we found at our previous inspection of infection prevention and control processes and practices. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Gracelands

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. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors who visited the home and one assistant working off site to contact relatives and professionals for feedback by telephone and email.

Service and service type
Gracelands 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received from, and about, the service since the last inspection and we sought feedback from the local authority. We reviewed a recent Quality Assurance visit report completed by the local NHS Commissioning team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service, and three relatives, about their experience of the care provided. Not everyone who lived at Gracelands was able to talk with us about their views, so we spent time observing how people and staff interacted and how people spent their time at the home. We observed administration of medicine. We spoke with six members of staff including the manager, care and maintenance staff.

We reviewed a range of management records including safety and maintenance records and audits. We reviewed eight people's care and support records. We looked at four staff files in relation to recruitment and staff supervision.

We spoke with two visiting professionals and a member of the local authority commissioning team.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We reviewed further documents sent to us by the manager, this included staff training information, service audits and improvement plans.

We received further feedback from the local authority and two members of staff.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Environmental fire risks and maintenance needs of the premises were not managed promptly or consistently by the provider. Recommendations from a Fire Risk Assessment Review of the premises in February 2021 had not all been implemented by the recommended date. The Fire Service visited the home in October 2021 and recommended a schedule of actions with a deadline for completion. The provider was working towards this, following the inspection we saw there was an action plan in place to meet the deadline.

● Some aspects of the internal building structures and facilities had not been well maintained. We found unsafe flooring which had been identified at a previous inspection, not yet repaired or replaced. Some toilet and shower facilities appeared dirty and in need of updating.

● The heating and hot water systems were not always effective or reliable. On the day of our visit we found some people's hand-basin taps did not provide warm water until later in the day. One member of staff told us they often had to take warm water to people from other parts of the building due to the water system not working effectively. Additional oil filled radiators were used in bedrooms in some parts of the building to supplement the central heating system. However, we found one of these radiators was hot to the touch, increasing risk of harm to people, particularly with sensitive skin.

During the inspection we highlighted these concerns to the manager and maintenance person who were in the process of assessing and addressing these risks. Following the inspection, the manager produced a maintenance improvement plan and cleaning schedules which addressed the issues found. Additional monitoring of the heating and water systems was scheduled into the maintenance risk assessments and plans.

We recommend the environment is regularly reviewed and actions taken promptly to ensure it is safe.

Systems and processes to safeguard people from the risk of abuse

● There were safeguarding policies and procedures in place which staff knew about and understood. Staff we spoke with could explain their responsibility to identify and report any safeguarding concerns.

● Training records were not up to date, however, staff we spoke with had accessed online safeguarding training and found it helpful. The manager was in the process of recording when all staff revisited their core training requirements, including safeguarding training. We have reported further about record-keeping within the well-led section of this report.

● Incidents and accidents, such as falls experienced by people, were recorded and reviewed by the manager. The manager noted when people experienced recurring falls and had made referrals to health

services for people to be further assessed and supported.
● People's relatives gave us mixed feedback about how well incidents and accidents were being communicated to them. Overall, relatives we spoke with felt people were kept safe from harm, but they had not always been informed promptly when accidents were experienced. One relative told us they were informed by the hospital rather than the home when their loved one was admitted following a fall.

We recommend the manager reviews the processes for recording and responding to incidents and accidents to ensure information is shared with relevant people in a timely way.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some parts of the home were not cleaned to a high standard and required further maintenance and updating.
● We were somewhat assured that the provider's infection prevention and control policy was up to date and being implemented. For example, we found the smell of stale urine was present in the entrance hall and one bedroom. Audits of hygiene had not led to action to resolve this.
● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were no cleaning staff at the home and the manager was in the process of recruiting to two vacancies. Care staff told us they were undertaking cleaning tasks in addition to their care roles.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The manager was receiving advice and support from the local authority to improve their response to infection prevention and control.

Staffing and recruitment
● The service experienced challenges in recruiting enough staff across a range of job roles. There were vacancies for key staff such cleaning staff and care staff. The manager was actively recruiting for these posts online and through agencies. Regular agency staff were being requested to ensure there were enough consistent care staff working.
● The home had experienced a high turnover of staff. Staff told us this had been challenging as new staff needed time to understand their roles and settle in before being fully able to carry out tasks. People's relatives told us they noticed periods of high staff turnover, this meant staff did not always know people well when providing them with care.
● The manager used a dependency tool to calculate safe staffing levels based on people's needs. We saw that there were generally enough staff for care to be delivered safely, however there were gaps in ancillary staff which meant care staff were trying to undertake multiple tasks beyond caregiving. Staff told us they were trying to fit cleaning tasks into their care roles, but this led to inconsistent cleaning around the home.
● The current recruitment process ensured staff recruited were suitable to work with the people they supported. We saw that pre-employment checks were completed for new staff.

Using medicines safely

● The service ensured medicine was stored safely and securely. On the day of our inspection a lock repair was required on medicine fridge, this was completed on the day. Medicine fridge temperatures were routinely checked and recorded.
● Staff who administered medicine were trained and assessed for competency. We observed people being safely supported with medicine administration by trained staff in a respectful way.
● Audits of medicine management were regularly carried out by the provider's compliance manager. Areas of improvement were shared with relevant staff and followed up at subsequent audits. Staff who administered medicine understood that errors or issues with records needed to be reported promptly.
● There was a system in place for checking and managing medicine stock levels. Staff worked with pharmacy services to return stock when required. Staff understood how to store and dispose of medicines safely.

Learning lessons when things go wrong
● The manager was working in partnership with the local authority and health authority to improve the management of infection prevention and control following a recent outbreak of COVID-19. Action plans had been identified and the manager told us they were committed to addressing any shortfalls. Improvements had been made to infection prevention and control management since our last inspection.
● The manager reviewed incidents, accidents, complaints and concerns to ensure issues were addressed and further risks reduced. Staff knew that incidents and accidents had to be reported and were confident in doing so.

Requires Improvement

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's weights were not consistently recorded when required. For example, some care records stated that people should have been weighed weekly due to concerns about weight loss, however, there were sometimes gaps of several weeks. We saw that people had been referred appropriately for specialist health support regarding nutrition. However, because there were gaps in records, people's weight changes were not known in a timely way.
- People were encouraged and supported to have meals which reflected their specific dietary requirements. We observed the support people received at lunch time, people were given choices and offered alternatives when they had not eaten much of their meals. We saw people were offered drinks, supplements, planned diets and enriched food through the day according to their needs.
- People's food preferences, likes and dislikes, required consistencies and nutritional needs were recorded in the kitchen for all staff to access. People had been referred for specialist assessment and advice when they had difficulties eating or managing their food. We were given an example of an Occupational Therapist's advice being followed regarding a particular colour of plate that one person with a visual impairment needed to help them identify their food.

We spoke with the manager about the gaps in weight records, they acknowledged the need to improve this aspect of tracking people's health risks and stated they would review training needs and processes in recording people's weight. We have reported further about record keeping within the well-led section.

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.

● One assessment was used by the provider to record an overall decision that people lacked mental capacity to make a range of decisions. There was no record that people's views, wishes or preferences had been considered when specific decisions needed to be made in their best interests.

● The local authority had been contacted appropriately when the service needed to seek an authorisation to deprive people of their liberty. The manager understood how to apply the principles of the Mental Capacity Act and how to support people to make decisions as far as possible.

We spoke with the manager and staff about how decisions were made in people's best interests. We found that people and relatives were consulted about decisions, but that records did not always reflect these discussions.

We recommend that the provider seeks best practice on implementing the Mental Capacity Act guidance.

Staff support: induction, training, skills and experience

● Staff training records were not all available at the time of our inspection. We were told some training information was missing so it was not possible to see complete training histories, due dates for refresher training or gaps in training. Staff had been asked to retake the suite of training courses to provide assurances they had up to date knowledge in key aspects of safety, care and support. Staff we spoke with told us they had completed their core training but their records had been lost.

● Induction records for established staff were not all available, however, the current manager had ensured there was an induction process in place for new staff. We saw new staff had access to training and support through their induction period to ensure they understood their role and the way people should be supported at the service.

● Staff told us they felt well supported by the new manager and felt that management were approachable. One staff member told us, "It's been really difficult during COVID (pandemic). I feel that staffing numbers are still challenging but we are supported and the manager is interested in staff doing more with their experience and skills in working with people with dementia."

We have reported further about the storage of staff records within the well-led section of this report.

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

● Improvements to the home's decoration and comforts were ongoing. There was an action plan to improve the inside of the home and steps were being taken to make these improvements, alongside essential safety updates.

● The outside of the building needed tidying and was not inviting for people or their visitors. The manager had identified improvements to the garden and outside area to make it more accessible and pleasant. One relative told us, "The outside of the building looks unkept, but I know it's safe." Another relative said, "They don't get the residents out into the garden. [The manager] talked about things she has done previously and her plans for improvements to this building, to make it dementia friendly."

● A visitor's lounge was available for people to meet. People's relatives told us they were welcomed by staff and had privacy to meet with their loved ones.

● There were communal areas around the home for people to gather and spend time with each other. The manager had identified a need for a second dining area, closer to the lounge, for people who found it harder to access the main dining area or who wanted to remain close to the lounge. After our visit steps were taken to create this area for people.

● The manager had identified ways to improve how people recognised and orientated themselves to areas in the home. During our visit memory frames were being sourced to put up at people's bedroom doors, these were planned to hold special pictures and photographs that were important to people. There was an action plan to paint people's bedroom doors in their favourite colour and to put up more visual cues around the home to signpost people, for example to the dining room and visitor lounge.

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

● People's needs were assessed prior to admission. Care plans gave essential information about people's needs and risks. These supported staff to understand what people needed support with and how their care should be provided.

● Care plans did not always reflect much detail about people's history, family, friends or interests. The manager had identified a need to improve this, the newly appointed activity coordinator had started to contact relatives and find out from people what their life story and interest were.

● People with specific mobility needs or with a risk of falls were supported by equipment and technology. Some people had been assessed as needing sensor mats to alert staff they were walking and may require support. People who experienced falls were referred to the fall prevention service for specialist assessment.

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

● Staff worked in partnership with visiting health professionals to follow advice and guidance about people's health conditions such as diabetes and for skin health. A visiting health professional told us, "Staff know about [people's] symptoms and if they have concerns, they come to us. Some people have challenging health risks, but staff have kept their symptoms stable. One person with has improved significantly due to staff monitoring their nutrition and insulin."

● People were supported to access support from community healthcare in a timely way. Regular contact was arranged with the GP and people were referred appropriately to community healthcare such as the Occupational Therapist (OT), Speech and Language Therapist (SALT) and to the fall prevention service. Care plans showed when contact and referrals had been made for people.

Requires Improvement

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 has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People's records were not consistently kept up to date. We found three care plans where the person was due to be weighed weekly, but their records showed this had only happened monthly at times since September 2021. The provider's audit system had not identified these gaps or improved the records during this time. People had been appropriately referred to health professionals and their nutritional records had been updated. The manager told us people had been weighed as required, however, their records did not reflect this.
- Some staff member's training information had been lost and there was no back up record of training completed by those staff. Staff had been asked to revisit core training to ensure new records could be kept. The manager had started new training records.

We raised this to the manager at the time of inspection. The manager took action to schedule reviews of people's care plans and to remind staff to record people's weight when required. Staff had started to revisit core training online.

Systems were either not in place or robust enough to ensure records, for example people's care records and staff training and induction records, were maintained securely and accurately. We found no evidence that people had been harmed, but this placed people at increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager had been in post for several months but was not yet registered with the Care Quality Commission. It is a requirement that services, such as Gracelands, which carry out regulated activity have a registered manager in place. The manager told us they were planning to make an application to the Care Quality Commission to become the registered manager.
- The manager had identified areas for improvement across the service. This included action plans for risks and safety, record keeping, management processes and quality of care. We saw examples of new staff recruitment and induction records being maintained, person centred reminiscence and activity planning and plans for the home environment to become more welcoming to people living with dementia.
- Relatives told us there had been a lot of staffing changes and use of agency staff rather than regular carers, but they felt positive the new manager was addressing improvements. One relative said, "I would say [the service's] biggest asset is the new manager. Generally, I have faith in her, she passionately cares." Another

relative said of the new manager, "I've only spoken to [her] briefly. She seems nice, seems to have plans."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● People's care plans had not always recorded their care in an individualised way. The quality of care records needed further improvement to ensure consistency and quality of information. For example, care plans did not always show details about how health conditions being monitored were progressing. However, staff we spoke with understood people's individual needs and the support they required. A visiting health professional told us that staff understood and followed guidance and that people's symptoms had either been stabilised or improved.
● The manager was implementing plans for improving the systems and processes to support people and to improve their experience of being cared for. The manager had a strong commitment to ensure people living with dementia enjoyed their home, were safe and comfortable. Actions had begun to change and improve decoration and signage and a new activity coordinator had recently started in post to improve people's social experiences.
● Staff and managers worked together to support each other as a team. Staff we spoke with told us they had confidence in the manager to bring about the improvements required for people's experience of care. One member of staff told us, "I can see things changing and improving. The manager is promoting us to do a lot more of the social contact, all the good things. People have their comforts. This is their home and we want it to be a happy place. I think we are all working together as a team." This was echoed by other staff we spoke with.

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:
● There were processes in place to ensure that people were told when things went wrong and what would happen to put things right. The manager and staff understood the duty of candour; their responsibility to let people know about mistakes and to make changes and improvements.
● There were policies and procedures in place to support concerns being raised through supervision and by whistleblowing concerns. Staff knew how to access these procedures.
● Staff told us the manager was approachable and they could raise questions and suggestions about how the service could be improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The manager and staff worked in partnership with other professionals and agencies to ensure people had access to specialist assessments and support when required. The manager was working with the local authority and commissioners to improve the quality and consistency of the service.
● The manager had recently started a project to support people living with dementia to have their personal histories recorded. A member of staff was building up information from people and their families so there could be conversations and pictures to evoke memories. The staff member was in the process of finding out people's interests and the things which made them happy.