

Gracewell Healthcare Limited

Gracewell of 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

About the service

Gracewell of Maids Moreton is a care home with nursing and dementia support. It provides a light and welcoming environment to up to 60 older people living with a physical disability or dementia. Accommodation is spread over two floors. People have access to multiple seating areas. A bistro area on the ground floor was a focal point of the home. People were observed to routinely walk around the well-maintained gardens.

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

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

People benefited from living in a care home which provided exceptional effective, caring and well-led care and support.

There were strong links with the community and the home was an integral part of the local area, acting as a meeting place for many organisations. The home had developed excellent support networks for people, their relatives and the local residents. A number of support groups regularly met at the home, including a dementia and Parkinson's group.

People received effective support which met their individual needs. A holistic assessment was carried out which considered people's cultural, religious and lifestyle histories. Staff had been supported to develop their skills in communicating with people and 'unlocking' their personality. The service worked with a nationally recognised occupational therapist specialising in dementia care. Feedback from them to the service included "Thank you very much for sending these completed care practice reflection tools and your own reflections in the email below. It is great to see the final project of the Advanced Level Dementia Care Course being so effective in your service."

The provider had used Gracewell of Maids Moreton to pilot a new care model, which due to the success at the service was being cascaded across all the provider's locations. The care model was about how the service deployed staff to ensure it really did provide person-centred care.

Without exception people were routinely treated with dignity and respect. Staff navigated around the home to ensure everyone was acknowledged, valued and included in decisions about their care. People were truly partners in their care. Comments from people included "I think the staff here are marvellous" and "All of the staff have been exemplary in their friendliness, professionalism and caring attitude." People were supported to have a positive and enriching life and were encouraged to live life to the full. The registered manager had categorised the work they did. For instance, 'live with purpose', and live with involvement' described two

initiatives which involved engagement with the local conservation group to commemorate the anniversary of World War One.

People routinely told us they were safe living at the home. One person told us "I do feel safe living here, if I was still living in my own home I would not feel so secure." Another person said, "Oh yes I feel perfectly safe here." One relative told us their family member who was aged over 100 had "Started to live again since moving into the home." Another relative told us "[Name of person] quality of life improved within days of her moving in to the Gracewell and has continued to improve and astound us all."

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 support this practice.

The provider invested in staff training and encouraged projects to be undertaken at the home. A falls project completed by the deputy manager had been chosen to be showcased at the national clinical awards. The project looked at how falls were managed within the home and the links they had with good hydration levels and hospital admission as well as weight loss. Results clearly demonstrated by looking at all health factors affecting a person staff were more educated and falls in the home reduced significantly. The deputy manager has been nominated for the national care awards due to their commitment, drive and ambitions to provide the best possible care and support 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 outstanding (published 07 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Gracewell of Maids Moreton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

On day one the inspection was carried out by one inspector, a specialist advisor who was a nurse and an Expert by Experience (EXE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the same inspector and EXE visited the home.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we requested and received back a provider information return (PIR). We used the information in the PIR. 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 looked at information we held about the service and sought feedback from the local authority and

professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 20 people who lived at the home and eight visiting relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and regional operational managers. We spoke with nine care and support staff including the home admission advisor and reception staff.

We observed medicine administration to three people. We reviewed a range of records. This included three people's care records and medicine records. We looked at six 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 provider to validate evidence found. We looked at training data and quality assurance records and reviewed a further four people's care records. We continued to receive feedback from staff, relatives and external parties. The registered manager continued to provide supporting evidence of work they had completed to enrich people's lives.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and told us they felt safe living at the home. Comments included "Oh yes I do feel safe, absolutely," "Oh yes I feel perfectly safe here, I haven't locked my door at all and if I do go out I leave the door unlocked and everything is secure" and "I do feel safe living here, if I was still living in my own home I would not feel so secure."
- Staff had training on how to protect people from abuse. Staff were knowledgeable about recognising signs of abuse and told us they would not hesitate to raise a concern. They also told us they would have confidence in the management team to look into the issues.
- The registered manager was aware of the need to report safeguarding concerns to the local authority and to us.

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of choking had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medicines and the use of bed rails. We observed risk assessment were routinely reviewed to ensure they were accurate and up to date.
- People were encouraged to live how they wanted to. People who had been assessed as a high risk of falling were not prevented from accessing the garden. Throughout the inspection we observed staff monitoring people's movements from a distance to provide them with space and dignity. People also told us staff helped them to feel secure. One person told us "If I opened that door they would be here within a minute to see what was going on, they really are on top of everything."
- Environmental risks were managed well within the service. Good records were kept of routine and unplanned repairs.

Staffing and recruitment

- People were supported by enough staff. We observed call bells were answered in a timely manner, this was sustained by comments from people, "If you ring the bell, they always come" and "Yes I have a buzzer and know how to use it."
- The provider operated robust safe recruitment to ensure new staff had the right skills and attributes to work with people. All the required pre-employment checks were in place.
- The provider had developed a staff model which drove staff deployment based on people's needs. A project lead for the provider told us "The aim is to deploy carers and nurses where and when they are needed by residents rather than trying to provide all care services in the time we have available in a fixed

staffing structure." They went onto say "Gracewell of Maids Moreton was central in the innovation, design and success of the model and paved the way for our other homes. The team and management led by [Name of registered manager] embraced the process with the main aim of improving resident care and our ability to respond better to changes in need."

Using medicines safely

- Medicines were managed well within the service. We observed medicine administration, and this was carried out professionally and calmly. Medicines which had to be given at a certain time were administered in line with the guidance.
- Staff had access to a list of common medicines and what they were prescribed for. One member of staff told us "I find it very useful and I do refer to it."
- Some people were prescribed medicine for occasional use. Additional information was available for staff on when, how and why it should be offered. For people living with dementia the service used a well-known pain assessment to ascertain if they required pain relief.
- Regular medicine audits were completed by the service to drive improvement. In addition, an external pharmacist visited the service in July 2019 and found no concerns with the management of medicines.

Preventing and controlling infection

- People were protected from the risk of harmful infections. The home was supported by a knowledgeable domestic staff team who followed best practice guidelines.
- Staff had received training in the prevention of infections. Staff had access to personal protective equipment (PPE) such as gloves, aprons, shoe protectors. The home had additional resources available to them should an outbreak of infection occur. Staff were aware of the location of the 'outbreak box'.
- The home had received an inspection by the local authority on food hygiene in February 2018 and had been awarded the highest rating of five.

Learning lessons when things go wrong

- The provider and registered manager had robust systems in place to cascade learning across the organisation and Gracewell of Maids Moreton. This included a monthly publication called 'News in Brief', which shared health and safety issues. Information was routinely shared with staff about learning from events which had occurred elsewhere in the care industry.
- Accidents and incidents were routinely recorded. Staff demonstrated good awareness of what to do in the event of a person having an accident. All staff were aware of the additional checks required following a person falling. One member of staff told us "We assess the person for injuries, take their vitals." Another member of staff told us "To complete all the documents including the update of the risk assessment and falls care plan. Inform the family. To investigate and do a root cause analysis. To communicate with the team about the fall." There was a clear emphasis on learning from why the person had fallen to prevent another event. This had been driven by a falls project completed by the deputy manager.

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 remained the same 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 needs were routinely and consistently assessed. The home promoted a truly holistic approach to working with people and their relatives. The service worked in partnership with other professionals to assess people's needs. The home worked with an internationally recognised occupational therapist specialist in dementia care. People had their needs assessed in line with widely published best practice guidance. There was an emphasis on reducing people's level of distress. One member of staff told us they had "Used the information in the assessments to understand triggers of distress." They went on to tell us how they reduced one person's anxiety and distress, "[Name of person] was always sad and anxious, we have used the life history to get to know them. We now sit with [Name of person] and involve them in washing up, preparing the mixture for the bread-making machine and buttering, serving for the afternoon snack, folding and putting away laundry. This has led to less anxiety and their mood has lifted. I think it gives them a sense of purpose."

- People in the home benefitted from the knowledge and skills held by the member of staff employed as the director of memory care. The member of staff had developed an assessment tool called 'The Pool Activity Level (PAL)', which had been recommended in the National Clinical Practice Guideline for Dementia (The National Institute for Health and Care Excellence -NICE, 2006). The director of memory care facilitated a quarterly memory care forum. A journal club had been created from this. The registered manager told us "An article from the journal of dementia care is used as a focus for discussion and ends with an action plan for delivering that learning to all team members in order to benefit the residents. The most recent forum article was used to stimulate ideas for enhancing the use of the garden." The PAL provides a person-centred assessment of an individual interests and abilities for activities of daily living and supports meaningful activities or occupation. Staff who used the PAL assessment tool told us they were able to provide person-centred support. One member of staff told us, "We spend time with her talking and involving her in the activities like bread making and pickling the tomatoes from our garden, which was a great success, as this was a reflection on her home life as a farmer's wife."

- Assessments were shared across the whole staffing team. There was a clear link between assessment and action. Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.

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

- People were consistently and routinely supported to optimise and maintain their physical, mental health and well-being. Changes in people's medical conditions were responded to quickly and effectively by staff. People who had been admitted to the home in a state of malnutrition were supported to improve their

weight to a healthy optimum. Comments from relatives confirmed this "[Name of person] soon put on weight" and "She arrived in quite a sorry state after suffering a life-threatening illness. From day one she has been superbly cared for, and her general health improved very quickly. Now, I think she is the happiest she has been... She is contented and despite her illness she seems happy and settled." A third relative told us "Inevitably his health deteriorated over the next two years, but the level of medical, pastoral and palliative care was outstanding. I cannot find the words to convey my gratitude for the incredible level of compassion and commitment shown by every member of staff in whatever role they played."

- People and their relatives told us how their health had improved since moving into the home. One relative told us their family member who was aged over 100 had "Started to live again since moving into the home." Another relative told us "[Name of person] quality of life improved within days of her moving in to the Gracewell and has continued to improve and astound us all." Relatives told us their family members were routinely supported to regain their independence. One person had been bedbound prior to moving into the home. Their relative told us "She was unable to stand as she had been bed bound for nearly a year ... began to stand with support and even shuffle a few steps during her first year." They went onto say "Gracewell have certainly enabled her to bounce back from this bad period of her life."

- People were supported by staff who routinely worked efficiently and effectively well as a team. There was a clear link between staff training and how that knowledge or project work benefitted people who lived at the home. For instance, a fall reduction project had recorded a significant drop in the number of falls people experienced. Figures showed a drop from 22 in March 2018 to 10 in August 2019. People's quality of life had also been enhanced by knowledge gained by staff who had carried out hydration and continence projects.

- People were referred to external healthcare professionals when needed. A local GP visited the home on a weekly basis and responded quickly to requests from the home to see people when they had become unwell. People were also seen by physiotherapists, district nurses, dieticians and speech and language therapists. There was a clear commitment from staff to ensure people kept well and stayed well. Referrals were made to external health support groups such as 'Healthy minds' and 'Live well, stay well'. Feedback from external healthcare professionals was consistently positive. Comments included "It is great, I have a very good relationship, staff are very knowledgeable, I would put my mum her, in fact I have many colleagues who like it so much they are thinking of sending relatives here."

- The registered manager was keen to share a new initiative with us. They had planned to create an external professional breakfast meeting. The first session was planned for the Autumn 2019. The registered manager explained, it will be an opportunity for local professionals who have regular contact with people who live in the home to come together. The registered manager told us "I am really excited about it."

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

- People benefitted from a well-maintained environment. People and their relatives spoke highly of the home. We received many positive comments. These included "The accommodation is very good and the facilities for residents and guests are excellent," "We were allowed to decorate his lovely ground floor room with his pictures and belongings in a way that immediately made him feel at home" and "When we were looking for a home for my father to move to it immediately became apparent that Maids Moreton stood head and shoulders above all others that we had looked at."

- People had been instrumental in making changes to the environment. Feedback from people about lighting in a ground floor lounge promoted the service to trial different lighting options. Throughout the trial people were consulted if they had noticed any improvement. People told us they were looking forward to the chosen lighting being fitted throughout the lounge.

Staff support: induction, training, skills and experience

- The provider had identified a need to improve staff retention. This led to the introduction of 'A better induction programme'. This was a targeted induction based on groups or cohorts of new recruits starting

their induction journey together. Since the commencement of the induction programme there had been a marked increase in staff retention, figures showed it had increased from 58 percent to 86 percent. There was a very clear induction programme which included all departments within the care home. The provider sought feedback from new members of staff. Comments included "Very welcomed and the training and practical sessions were all going to be very helpful and informative in my new role" and "I enjoyed the induction and found it very useful." Existing staff also commented on how successful the induction programme had been. One member of staff told us "The benefits are increased safety, productivity, relationships and employee morale."

- An induction day coincided with the first day of our inspection, it was clear all members of staff were fully prepared for the new recruits. One member of staff told us "I walk them around the building and ask them to comment, it is really useful as sometimes they see things we don't. One person highlighted a sign could not be read as it was covered by an overgrown bush. This was quickly rectified."
- The registered manager was keen to develop their own and the wider staff team skills. The provider supported staff to study a leadership development programme which had been endorsed by a nationally recognised organisation. The programme was offered to senior care staff, heads of department and registered nurses. It offered staff opportunities to look at how they could improve people's experience of living in the home. One of the provider's senior staff had commented how the programme had developed from a supervision and coaching model to the full programme. At the first graduation ceremony for staff they said "The course provides bespoke learning and development opportunities for team members."

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

- People had their dietary needs met. Staff were knowledgeable about the nutritional requirements people had. For instance, if they required drinks to be thickened or food served in a soft texture. Each person had a personal dietary notification form completed which described their likes, dislikes, allergies and food which should be avoided due to contraindications with medicines. All meals were able to be adapted for people with swallowing difficulties who required soft or pureed food. Where people did require a pureed meal, this was presented in a sensitive and appetising manner.
- People were included in choices about meal times and the chef met with staff to ensure they were aware of people's likes and dislikes.
- The provider had identified ways in which meal times could be improved. An 'enriched dining experience' was one of four key topics under the 'enriched memory care model', a nationally recognised best practice guidance for working with people living with dementia. The registered manager was a keen advocate for improving people's dining experience. Since our last inspection new dining areas had been created. One area was designed to provide people living with dementia positive and 'enriched' time when eating their meal. We observed two meal times in this area and it was clear people were content with the support provided by staff. Staff were observed by the registered manager at meal times, they were asked to complete a written reflection on the support they gave. We found this drove improvement in the service to ensure people had a better dining experience. Staff had changed body language to ensure people were really engaged with a positive dining experience.
- Another area had been created at the request of people. A small number of people had commented they would prefer to eat their meal in a different part of the home away from the main dining room. The registered manager and staff made this happen and created a new dining area. We received positive feedback from people who had dined in the area. Comments included "We asked for this," "We prefer to sit down here." and "We have a lovely relaxed lunch here and staff are on hand if we need them." One visitor commented "It is like a five star hotel."

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.

- People were routinely and consistently supported in line with the MCA. Where appropriate, people had completed mental capacity assessments in place which followed the code of practice for the MCA. Where people did not demonstrate an ability to make the informed decision, the service ensured a best interest process was followed.
- We observed staff were aware of the importance of seeking consent from people prior to supporting them. Throughout the inspection we noted people were offered choice and encouraged to be in control of decision making.
- People who were deemed to have had their liberty restricted had been referred to the local authority (LA) for a DoLS assessment. The deputy manager had effective systems in place to monitor progress and updated the LA with any changes in a person.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception people were treated and cared for exceptionally well. There was a clear focus from all staff members to ensure people received person centred care. It was highly noticeable that all staff members always acknowledged people as they walked passed or stopped to check they were alright.
- People and their relatives provided us with a wealth of positive comments about how caring, kind and outstanding the home was. Comments included "The staff have been marvellous with [Name of person] every day and every night for nearly three years now and we cannot thank them enough," "I cannot recommend the Gracewell enough for the care of your nearest and dearest. All the staff really do care and any issues are dealt with swiftly and with compassion in a happy family atmosphere. [Name of person] is often heard to say that she is perfect now, and that to me sums it all up." "All of the staff have been exemplary in their friendliness, professionalism and caring attitude" And "I am particularly impressed by the sympathetic, as well as practical care, she receives consistently from members of staff."
- Care staff routinely went out of their way to ensure people had a positive experience. One carer worker told us about a time they had supported a person dying wish to be dressed in her wedding dress. The homes reception staff routinely came in on their weekend off to take people out. One person had requested to be taken to a local farm which had put on a cream tea. It was clear when talking to people they appreciated the extra effort made by staff to really make a difference to them.

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

- People were true partners in their care. People were thoroughly encouraged to talk about their care and be involved in decisions. People had not only been consulted about changes made to the environment they had driven change to the environment.
- Staff had been supported to develop their skills to better communicate with people. One person told us when they moved in to the home they were highly anxious. But one member of staff demonstrated they had time, kindness and compassion to get to know them. The person told us "[Name of staff] is my carer, he is very good" and "I trust [Name of staff], he takes me in the gardens and I didn't like it when he was away on leave". We also received feedback from the member of staff and it was clear they had not only enjoyed getting to know the person there was a clear sense of pride in the support they had provided.
- Staff demonstrated a commitment to work with people who had lost verbal communication skills. Following the completion of an 'Advanced memory care' training course the registered manager wanted to try to re-connect communication with a person who had previously been outgoing, however, as their dementia advanced they had become withdrawn. Using the training and skills the registered manager created a bespoke activity plan which involved playing music to the person. It was music which the person

used to play on guitar. The person began to respond and tapping along to the music and opened their eyes. The involvement has led to them being more alert and has been supported to go into the garden and has been heard humming to themselves. The registered manager told us "After a few times of repeating this [Name of person] opened his eyes and smiled, tapping his fingers and his feet. The moment only lasted a few minutes but felt like ages, I was so emotional, to see this man's eyes light up it touched my heart."

Respecting and promoting people's privacy, dignity and independence

- People told us they were routinely and consistently treated with dignity. Respecting people was a focal point for staff. Comments included "I think the staff here are marvellous," "We think everything here is near perfect, we are so pleased with the home they really look after you and treat and speak to you like family, they are on top of the pills [prescribed medicine] and they are all caring all of the time" and "In the two years that my mother-in-law resided at Gracewell of Maids Moreton, she experienced nothing but kindness and exemplary care."
- People were routinely encouraged to celebrate important life events and were supported to maintain their role in life. Family members were warmly welcomed and encouraged to take lunch with their relative. One person whose mobility had deteriorated used to work outside and missed spending time sitting on the grass. In the summer they were supported to sit on the front garden. When they told us, it was clear the activity had meant a lot to them and had brightened their day. They told us it had taken them back when they laid on the grass in the fields. One member of staff told us "It is about making it personal, it is not what we want, we try to make people's wishes come true."
- Staff were equipped to recognise any changes in people. It was evident throughout the inspection staff had got to know people well. One relative told us "I cannot praise [Registered manager] and her team enough, all the nurses and carers are so kind and obviously are very fond of my mum. They all keep me informed about mum's condition and if she needs anything. It gives me so much peace of mind knowing my mum is cared for to the highest standard at Maids Moreton." Another relative told us "On a day to day basis, he is treated with care, kindness, dignity and respect by all members of the staff and especially enjoys trips out and the all the in-house entertainment."
- There was a strong emphasis on supporting people to live well. It was clear from the evidence we were given, what people and their relatives told us Gracewell of Maids Moreton provided outstanding care not only to the person but their extended family. One relative told us "It gives me great peace of mind that I know that our father is very well looked after and is very happy living at Maids Moreton. The staff have also been very supportive of us as a family." The oldest resident of the home shared how they were looking forward to attending a family members wedding. The home was going to provide the person with support. It was clear the attendance meant a lot to them. The person then went on to tell us about how the staff had taken them to lunch for their last birthday. They had visited a local farm shop and the person got to hold a piglet. They spoke of the visit with fondness and told us they used to be a farmer. The person had received telegrams from the Queen and these were displayed along with memories of activities they had completed to commemorate each birthday. The same person was seen in the local paper as they had opened the home's summer fete.

Is the service responsive?

Our findings

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

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

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

- People received a personalised service. Each person had a care plan in place which detailed their likes and dislikes. There was a clear focus from staff to get to know each person.
- There had recently been a change to the member of staff who took the lead on activities. The new person had been introduced to people and we were told "[Name of staff] is now in charge of activities."
- People were supported to engage in a wide range of meaningful activities both within the home and the local and extended community. On day two of the inspection, a group of people were attending a weekly coffee morning. One person told us "I like to go most weeks, it is good to meet other people." Another person said, "It usually lasts for about fifty minutes, it is good, it means I can get out and have a chat."
- Where people had identified their chosen faith and religion, this was respected by staff. For instance, people were supported to go to church each week if they wished or took Communion in the home from a visiting church.
- System were in place to ensure people had their care needs reviewed to reflect their up to date needs.

Meeting people's communication needs

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

- The provider and registered manager were aware of the AIS.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

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

- There was a clear emphasis on supporting people to have social interaction. It was clear a number of very close friendships had developed between people. People living with dementia were actively encouraged to move around the home and not remain in their living quarters (memory care unit). However, the service also understood how to tailor activities around people's memory loss.
- A number of people took art classes at the home facilitated by a local teacher. The group became known as The Gracewell 500. This was a resident suggestion as it was the group's combined age. The artists had joined the Bucks Art week and welcomed visitors into the home to discuss their work. The registered manager spoke passionately about one artist. The home admissions advisor told us "We had many visitors during the two weeks that the event was held and [Name of artist] thoroughly enjoyed talking about his

work. He beamed when staff told him that people were asking if they could buy the paintings."

- A local community engagement worker had developed a resident care home exchange initiative, where people were invited to visit other care homes. Gracewell of Maids Moreton was one of six homes which joined the monthly sessions to help people feel connected and reduce social isolation.
- We received many more examples of how people were supported to engage in meaningful activities. One person told us "I join in lots of activities, 'revitalize' (exercise group) I go to that twice a week, I have been painting, to pottery and flower arranging. Other people told us how they had been to local restaurants with staff and to the races.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Information was readily available to people and their family on how to raise any concerns.
- Where concerns had been raised we found they had been investigated and responded to appropriately.

End of life care and support

- Where people had expressed a wish for their body to be donated for medical research this was documented and well known by staff. People's end of life wishes were well known by staff.
- We noted and spoke with family members whose relative had died at the home. We routinely received positive comments about how the person was supported with end of life. Comments included "Gracewell is a professionally run establishment displaying the highest levels of care, hygiene and cleanliness. During my father's last days, he was afforded not only round the clock care but also dignity and affection by all involved."
- Relatives of people who had been supported with end of life care had written to the home to thank them. It was clear family members had felt supported at the time of bereavement.
- The home was planning a multi-organisational event to talk about end of life, the event was aimed and supporting and educating people and their family on how to make and be supported to make good end of life planning. The organiser had sought support from recently bereaved families on what they would have liked to do differently.

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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and their relatives told us the home was exceptionally well-run. Comments included "As soon as you arrive in reception you are made to feel welcome! The staff are truly wonderful! They are friendly, caring and very approachable" and "My father will tell you, this is home and what a great home it is too!."
- There was a demonstrable commitment by all staff to provide good outcomes for people. People received a person-centred service which promoted partnership working. People told us they were involved in decisions about the home. One person told us "We thought the knives (cutlery) were not sharp enough to cut meat the chef listened and ordered some new ones and we got them for the first time today a result." We heard other examples of communication bringing about change in the service, for instance, the creation of a new dining area and changes to lighting.
- The registered manager not only led by example they created an inclusive and empowering staff team. It was clear throughout the inspection the registered manager was connected to people. We observed many positive interactions between them, people and their relatives.
- There was a clear vision from all staff to provide a high-quality service, which supported people to live well and achieve their goals or aspirations.
- The provider's business strategy and policies fully reflected its commitment to provide a service which reflected the diverse needs of people living with dementia and physical disabilities in care homes. The registered manager demonstrated an acute awareness of the challenges facing people in care and challenged discrimination when it was encountered. For instance, when people were being discharged from hospital without a re-assessment of their needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was a registered manager in post. The provider and registered manager created a clear and solid structure, which promoted positive outcomes for people. Daily meetings with all heads of department were used to check on all elements of a person's care.
- Staff told us they felt supported and liked working at the home. One member of staff told us "I want you to know that Gracewell of Maids Moreton is the best care home I have ever worked at in my nine years care home experience." They went on to say, "The management team are fantastic and should be very proud of what they and their staff achieve every single day of the year, I could not work in any other home after working here as nothing else would compare."

- The registered manager worked well with the deputy manager. The management team was extended to include a 'clinical nurse manager role' This provided staff with support and time to carry out their role. A number of projects had been completed in the service. These included a review of people's dining experience, hydration and a falls project. It was clear the projects had looked at holistic factors affecting a person. For instance, results demonstrated the hydration project reduced the number of falls people had which in turn led to less hospital admissions. The deputy manager falls project was chosen to be cascaded across the whole organisation as the results clearly showed people's wellbeing was increased.
- Gracewell of Maids Moreton was one of the top performing homes within the provider's region, noticeably being rated high in staff surveys and key performance indicators. The deputy manager had been nominated in the national care awards and were awaiting the judging.

Continuous learning and improving care

- There was a clear commitment to invest in staff. The provider had developed a bespoke training programme for staff. Staff at all levels were able to demonstrate the training they had attended made a positive difference to people. Staff had completed the PAL assessment to understand people's lifestyle and help them make choices on a daily basis. For instance, about activity or meaningful occupation. The deputy manager who had recently completed the provider leadership course told us "I can say that the quo training had a big impact in my leadership style, I did improve more with my listening and communication skills, innovation and creativeness and increase emotional intelligence." Another member of staff told us "I have learnt the importance of communication, direction and team work to provide a whole team approach to keep continuity in the daily life activities for our residents."
 - Staff were encouraged to carry out reflective practise to drive improvement in their work with people. The provider had implemented a new staff induction programme which set out very clear guidelines for staff and the expected values and work ethic.
 - Senior managers met with other managers across the organisation. Learning was shared across the staff team.
 - The provider had used feedback and learning to develop a new model of care delivery (Staff rostering system). The model of staff deployment was calculated everyday to meet the changing needs of people. Care staff numbers could be adjusted on a daily basis. The home had introduced additional ancillary staff and new shorter shift times to ensure staff were deployed to meet people's individual needs. For instance, if a person needs had increased the system would show additional staff were required.
- Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The was a strong positive working relationship with many external organisations. The care home was an integral part of the community and routinely sought to extend other opportunities to support people in the local area.
 - The home admission advisor had made many contacts in the local area. The home was working with the local Dementia Action Alliance to drive awareness and held a seat on their steering group. The home facilitated a monthly dementia group. This was advertised in local newspapers and community settings. Each month a different topic was discussed. The meetings provided education and opportunities to develop a greater understanding of the condition. Anyone from the local community could attend. Relatives of people living in the home were asked for feedback and it was overwhelmingly positive. The group was created following feedback at a standard relative meeting.
 - More recently the home had been the host of a Parkinson disease café. This was a support group for people affected with the condition facilitated by the local Parkinson Disease Society.
 - The home routinely engaged in intergenerational events with the local school. We saw many photos of children who had visited the home to play games, do gardening and sing to residents. The school children invited residents to the school to watch plays and concerts. People we spoke with thoroughly enjoyed the

interactions with children and told us "It keep me young."

- We were provided with many examples of working in partnership and engaging with people from the local area. The local parish council held its meetings at the home. Anyone living at the home could attend the meeting and feel involved. The home had worked with the local conservation society group. The group helped people observe the 100th year anniversary of World War One. The home played an integral part in the Heritage Day with many residents sharing their stories with the wider community. People told us they had really enjoyed being involved. Two people had enjoyed having their photo taken for the local newspaper.

- Staff were proactive in making life at Gracewell of Maids Moreton memorable and inclusive. A member of staff told us "We want to increase knowledge and effectiveness of our knowledge to help residents with mental issue, how do we best look after them, the mental health of residents and of our staff too." They went on to say, "We are working on a project with the University of Buckingham in the psychology department, one of them comes in and gives a talk. There is an open evening here in October."