Gracewell Healthcare Limited

Gracewell of Camberley

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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 18 and 19 January 2018. It was an unannounced visit. This was the first inspection for the service since a change in its registration when it moved into a new building.

Gracewell of Camberley is a care home for people who require nursing and personal care. 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.

Gracewell of Camberley can accommodate up to 91 people on four floors in a new, purpose built environment. Shared areas included dining areas, individually decorated lounges, a cinema room, family room, conservatory and a multi-faith prayer room. There were terraces and an enclosed garden to provide access to the open air.

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.

People living at Gracewell of Camberley received a service which was outstandingly responsive. The provider found imaginative and creative ways to make sure people's care and support met their needs and reflected their preferences and cultural background. People near the end of their life received care and treatment of a high standard which was recognised by external professionals. Where people had concerns, the provider listened to identify ways to improve the service.

People living at Gracewell of Camberley were put at the centre of processes to monitor and improve the quality of the service. People received a service which was outstandingly well led. There was a very open, inclusive atmosphere in the home with a strong sense of team working and ethos of continuous improvement. There was a very effective system of governance, and thorough and sustained systems of quality assurance. The provider paid particular attention to developing the leadership skills of senior staff.

The provider had systems in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure people were supported by staff who were suitable to work in a care setting. There were arrangements in place to store medicines safely and administer them safely and in line with people's preferences. Arrangements to control and manage the risk of infection were established in line with national guidance.

People's care and support needs were assessed and care plans developed based on evidence based guidance. Staff received appropriate training and supervision to maintain and develop their skills and

knowledge to support people according to their needs. Staff put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were positive about the food choices and quality. People were supported to access healthcare services, such as GPs and specialist nurses and therapists.

Staff had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

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 protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered and stored safely, and to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs. Care plans were based on thorough assessments, standards and guidance.

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

The premises were purpose built to support people with nursing needs and people living with dementia.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were supported to take part in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The provider found creative and imaginative ways to make sure people's care and support met their needs and took account of their preferences.

There were very high standards of care planning and delivery for people at the end of their life.

The provider listened to people's concerns and used their feedback to improve the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

There was an open, inclusive atmosphere in the home, with a clear "one team" ethos which put people using the service at the centre.

Quality assurance processes were extremely thorough, wide ranging and soundly embedded in a system of continuous improvement.

There were exceptional arrangements to develop the leadership qualities of senior staff.

The provider's governance system was effective and led to high quality care and support.

Gracewell of Camberley

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 was 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 was the first inspection the home had received since it moved to a new building with a new registration.

The inspection took place on 18 and 19 January 2018 and was unannounced. The inspection team consisted of two inspectors and 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.

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

We spoke with 11 people living at Gracewell of Camberley and seven visiting relations. We spoke with visiting healthcare professionals, including a registered nurse and a GP. We also contacted professionals who commissioned services on behalf of local authorities and clinical commissioning groups.

We spoke with the registered manager, heads of department and other senior and management staff. We spoke with eight staff, including care workers, nurses, activities coordinators, housekeeping, catering and maintenance staff. We reviewed five staff personnel files and training records. We looked at care plans of nine people, including medicines records.

We reviewed other records including policies and procedures, the home's community development plan, quality audit records, activities programmes, and records of meetings.

Good

Is the service safe?

Our findings

People living at Gracewell of Camberley and their relations were all satisfied people were kept safe at the home. One person said, "Staff check me during the night in case I fall. It's very reassuring." Another person said, "Yes, I feel very safe here. They are very good to me." A visiting relation told us, "Mum is safe living here. Security is good. She can't just wander off and there's always someone around to keep an eye on her."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. We discussed recent incidents and allegations with the registered manager. These had all been followed up with the local safeguarding authority and other agencies where necessary. The provider notified us of incidents and allegations as required by the regulations. Suitable procedures and policies were in place for staff to refer to. At the time of our inspection the provider's whistle blowing policy was "policy of the month". This meant additional steps were taken to make sure all staff were aware of the policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with the use of bed rails, wheelchairs, electrical safety and the risk of scalding from hot drinks. Steps to manage and reduce risks were reflected in people's care plans and the practice of staff as they supported people. If these steps involved restricting a person's freedom, the provider consulted with the community mental health team to make sure they were the least restrictive possible.

Where people were at risk of poor nutrition, staff assessed their risk monthly using a standard assessment tool. There was appropriate guidance for staff where people's prescribed medicines introduced a risk, such as the risk of bleeding from minor injuries if the person was taking a blood-thinning medicine. We saw staff supporting people to move about the home in a safe manner, using suitable equipment. Risks associated with food allergies were recorded in people's care plans and reflected in records available to kitchen staff.

General risk assessments were in place for activities such as cooking, physical activities, gardening, day trip and arts and crafts. Risk assessments took into account risks to visiting children and risks arising from visiting pets and other animals. The provider kept records of routine maintenance of equipment used to support people, and there were regular checks on fire detection and prevention equipment, and emergency lighting. Legal checks were in place for electrical equipment and vehicles.

People told us there were enough staff to support them as needed without having to wait. One person said, "I have help to stand and sit down. They are always there, always ready to help me." Another person told us, "I have lived here a long time and I love it. They look after me really well and I have never had to wait for staff to come to help me, so I can't complain." We saw that staff were able to go about their duties in a calm,

professional manner and people did not have to wait for support or for staff to respond to call bells.

Staffing levels were based on a tool which was used to assess people's dependency and feedback from staff. There had also been a specific project to identify times of day when more staff were needed. The provider had a policy of continuous recruitment which meant they could call on their own bank of temporary and part time staff to cover holidays and other absence. Appropriate recruitment processes were in place. The registered manager told us there was a low level of staff turnover which meant the recruitment process selected staff who were suitable to work in a care setting.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. There was no use of agency staff. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

People were satisfied they received their medicines as prescribed, at the right time, and according to their own preferences. One person said, "I have medicines morning, lunchtime and evening always on time, and they ask me if I want paracetamol if I am not feeling well."

Medicines were stored and handled safely. There were appropriate arrangements in place for controlled drugs and medicines prescribed to be taken "as required". Where people had specific medicines prescribed for a limited period, such as antibiotics, there was additional guidance for staff, including observations to check the medicines were working and for possible side effects.

Accurate and complete records were kept of medicines administered, and checks were made that medicines were kept at the correct temperature according to the manufacturer's recommendations. Tablets and capsules were administered from blister packs. Medicines in other containers such as bottles and tubes were labelled with the date the container had been opened.

Nurses administering medicines encouraged people to take them and checked they had swallowed them before moving on to the next person. They were aware of how people liked to take different medicines and offered them accordingly. One person liked their pills on a spoon, and others who were at risk of swallowing difficulties were offered their medicines with thickened fluids.

The provider had arrangements in place to make sure the premises were kept clean and hygienic. The processes and procedures in place to reduce the risk of infection were based on Department of Health guidance. Staff were aware of their responsibilities with respect to infection control, and there were regular spot checks and supervisions of housekeeping staff. Records showed there had been no reported outbreak of any infection since the service moved to the new building.

Staff told us the building's design meant it was easier to keep clean and hygienic, and the provider made sure all equipment required for cleanliness and infection control was in place. There were hand held vacuum cleaners for staff to use when cleaning people's rooms. These made less noise and so were less disturbing for people who received care and treatment in their rooms.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that they could be analysed for any trends and patterns. The provider's health and safety advisor also reviewed reports of "near miss" incidents. Where there were lessons to learn, the provider used staff meetings and the daily meeting of heads of departments to

communicate them. The provider also alerted staff to safety alerts and guidance from external organisations such as a local care home forum.

Good

Is the service effective?

Our findings

People told us they received care and support that met their needs and that they were given choices about the care they received. One person told us, "Staff are very good and know what they are doing. They seem very well trained, they would never do anything without my consent."

The deputy manager and clinical nurse manager carried out assessments and pre-admission assessments which were comprehensive and included any surgical history. The person's needs were identified with their input and a person centred care plan created, which was reviewed and updated regularly. Care plans include a section called "who am I" which included details of eating and drinking preferences, personal care, equipment to help a person communicate (for example glasses and hearing aids, routines, important people, life history and their interests and hobbies). Assessments, risk assessments and care plans were person centred and written to a high standard following national guidelines, such as those provided by NICE (National Institute for Health and Care Excellence).

At the time of our inspection the provider was implementing a new computer based care planning system. The registered manager told us this had prompted staff to think about people's care more. The implementation of the new system showed the provider considered areas where technology could be used to enhance people's care and support. Changes to a person's needs were communicated to the staff team at their daily meeting so all staff members were aware. Multi agencies would be involved both inside and outside the home and records showed people were supported to access healthcare services and attend hospital visits. If a particular individual need was identified, regular meetings were held with other professionals to ensure a holistic approach.

The service had a GP visit twice a week so people could access this for non-urgent medical issues. An optician attended the service bi-weekly for any people who needed to see them. Monthly eye test clinics were set up, and if there were any eye emergencies the optician would come out to the home as soon as they could. A visiting healthcare professional told us, "We work as a team, we link in with the families also and being able to come here regularly means we can meet people's needs quicker. I like the fact we can treat people as individuals, not to always have a block booking." Other professionals who regularly visited included a specialist hospice nurse, a Huntington's disease specialist nurse, a Parkinson's disease specialist nurse, wound care specialists, physiotherapists and audiologists.

Staff received a thorough induction into their role. There were two days of shadowing following induction training. Staff were shown a person's care plan before meeting them for the first time and given background information so they knew about the person. One staff member told us, "The management are very supportive, very. On my first day the manager and senior carers kept coming to check I was OK. It is a good team." There were both online and face to face training, and staff were given the choice to attend other training to enhance their knowledge and skills.

The service offered information sessions for staff, people and their families. During our visit there was a "memory café" session offering information on dementia and palliative care. Other subjects included dignity

training which was delivered by hospice nurses and foot care delivered by a chiropodist. Staff were also offered training that was of interest to them, and to enhance their professional development. One staff member told us they were going on a train the trainer course, and that this was in line with their personal objectives. Senior staff were given supervision training and training in what to expect during a CQC inspection. Care staff were encouraged to complete a relevant qualification in health and social care. Nurses were offered clinical skills training and external leadership training, and were supported to complete training required to maintain their professional registration. Training statistics were displayed in the staff room as well as the "policy of the month". After training days staff were given a follow up quiz to assess the subject learnt and embed the learning.

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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. We noted a number of people had been referred to the local authority for a Deprivation of Liberty Safeguards assessment. The home had ensured they made appropriate and timely applications and reviews were carried out in the timescales given. Appropriate records were kept to show the correct process was followed. There was also bespoke guidance for families around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards available.

People were given a choice of food at each meal time, people's dietary needs were taken into account, and the chef was given individual food preference sheets. People were given gluten free and fortified food where required or requested. Where people needed a pureed diet, the chef blended their food separately and shaped it to have the appearance of the original food, for example chips would look like chips.

People had food and fluid charts where needed and between meal snacks and drinks were available in shared areas of the home.

People said, "The food is good. There are always plenty of snacks and drinks available." Visiting relations told us, "The food is excellent. Unbelievable choice, all of a good standard. I've had meals here with mum." and "The food is good and they get a choice, or even make you a sandwich if you want. Dad can have a three course dinner if he wants."

The chef took part in the daily meeting for any updates on dietary requirements and she would do a walk around at least once a week to speak with people and get feedback on how they found the food. She could be creative and suggest changes to the menu and the organisation was responsive to ideas. There were recipes for different smoothies for people to choose from if they needed fortified drinks.

Where people were not able to feed themselves then the care staff would help, we witnessed staff being very encouraging to help people eat. People were given supplements if this was needed.

The home occupied a new, purpose-built building designed with people's needs in mind. There were a number of shared lounge areas, smaller dining areas, and a forest room where people could feel like they were outside. The forest lounge included an interactive audio visual table which projected images and responded to movement and touch. This was designed to improve movement, mental engagement and communication. Opportunities for activities and reminiscence were available in all the shared areas and corridors. There were pictures of staff on each floor and some dementia friendly signs.

Bedrooms had people's personal belongings and sometimes furniture in them so people felt more at home. There were reminiscence boxes outside people's rooms with photos or small keepsakes that were important to the person. Where one person needed additional cues to identify their own room, they had a decoration they had made themselves on the door. A shared room occupied by a couple had its own kitchenette and lounge.

There was a cinema room which was also used for other activities such as exercise sessions and visiting entertainers. People had access to the outside on safe terraces and an enclosed garden with raised beds and bird tables.

Good

Is the service caring?

Our findings

People gave us positive feedback about how the staff supported them. People were supported by staff who demonstrated kindness, compassion and a genuine interest in the people they supported. Feedback from relatives was positive. One relative said "Staff are very caring and understanding, always explaining things and helping mum. She gets a bit confused sometimes but there's always someone around to sort things out for her. It certainly makes my life easier knowing that she's so well looked after."

People, relatives and staff reported that people were treated with respect and compassion. One person said "Staff that work here are considerate, kind, caring and discreet. Always going the extra mile. They always have time for you, always friendly, willing to do anything they can to help." Another person said "I've been very poorly and I miss seeing people. The staff have turned my bed round to face the door so that they and other people can wave to me as they go by. It's very thoughtful. That's just how they are." One staff member said "All the carers are patient and compassionate, you need to have those things to be a good worker, people are well supported here, residents are settled." A relative said "This place is brilliant, I want to congratulate them on this place, I can come and see my [loved one] whenever I want and can have dinner with him, you have no idea what this has done for us." We saw examples of caring interactions between people and staff supporting them. Staff were warm, spent time with people and asked them what they wanted or needed. Staff asked people, "How are you today?"

People and their relatives were provided with a comprehensive service user guide when they first came to Gracewell of Camberley. This outlined what to expect and provided details about services and options available to people.

People were involved in their assessments and care planning. A member of the management team did the initial assessment and agreed a care plan with the person or relative. People were asked about their hobbies and interests, what they wanted, and what they liked and did not like. People's care plans took into account peoples wishes, needs and preferences. One person said, "I have been consulted about my care. I make my own decisions. I like to spend a lot of time in my room and they respect that." A relative said, "We did discuss the care needs plan for mum and found the manager was very good, determined to get it right for her. Lovely people."

People told us they felt their privacy and dignity was respected. One person said, "Staff knock my door before entering. I have my own room. It's nice and it's my space, staff respect that, they don't barge in." A relative said "Staff always ask Dad what he wants. They never take away his dignity, they ask him what he wants them to do." Another person said, "Your night staff are so gentle and considerate". A third person said, "They shower me and yes they do respect your privacy. They are very careful when helping me. Very considerate, they close the door when they're helping me wash and dress."

We saw care staff closing the door and curtains in the room before helping a person out of bed. One person felt their independence was less than she would like. After discussing this, staff arranged for them to do some baking as this was something they used to enjoy very much. This person now regularly did some

baking for other people to enjoy and felt they had their independence back through having a purpose.

Outstanding ☆

Is the service responsive?

Our findings

People and their visiting relations told us consistently that the service was responsive to people's individual needs and had made a significant contribution to people's wellbeing. Staff spoke with us about how each person was treated as an individual to meet their specific needs. Three new people had recently joined the service on one floor. Extra staff were allocated to this floor so they had extra time to get to know the new people and their preferences, to respond to their needs and spend time with them while they settled.

Staff assessed people's individual needs so they always received care and support that met their needs and respected their preferences. One person said, "I could not be happier. I often join in with the activities here. There is always something going on. I never get bored." Another person's relation said, "Since mum has lived here, she has started to regain an interest in life that she had lost whilst living on her own."

The provider supported people in creative and imaginative ways that reflected their cultural and religious background. In one example, the registered manager had arranged for a person's room and furniture to be adapted to reflect their cultural background. This had involved changing the regime used to support the person's nutrition as they needed to take in food and fluids via a tube feed. This was done in consultation with other healthcare professionals involved in the person's care. The provider had arranged for a religious festival to be celebrated in the home to further support the person in line with their protected equality characteristics. The person's family had appreciated this, and there was a cutting about it from the local newspaper displayed on the wall by their room.

In another example, the provider had adapted a room into an apartment to allow a couple to occupy it. This included requesting us to change their conditions of registration to increase the maximum number of people who could use the service. One of the people told us, "My [partner] came in here a long time ago and I have moved in because I missed her so much. We have this beautiful apartment, and they have put the beds together so that I can lie beside her. It means I can hold her hand and comfort her if she cries out. They sorted all this out for us. It is wonderful." The provider had supported these people to exercise their human right to have a family life. This was an exceptional response to address people's needs in relation to the protected characteristic of marriage and civil partnership.

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 a sitting golf game, "knit and natter", arts and crafts, bingo, fish and chip Friday, baking club, and teapot Tuesday (high tea). The provider encouraged people's family members to take part in some of these, such as the fish and chip meals and high tea.

The service also held regular entertainment in the form of singers and themed evenings, such as a recent story telling evening to celebrate national story telling week. This kept people in touch with events outside the home. There was a cinema room in the home which could be adapted to host some of these larger events. There were two staff members dedicated to supporting people with meaningful activities, including individual activities in people's rooms. This meant that people who were unwell or less mobile were supported to take part in activities they chose.

Staff supported people to move to where activities were taking place in the home, if these were not on the same floor as their room. If necessary management and reception staff would help with this.

Staff had found an innovative way to reduce a person's risk of falling by means of meaningful activity. The person lived with dementia and staff had noticed he liked to have something to look after and was interested in dolls that were available in the home. They encouraged him to look after dolls by placing a cradle at the end of a corridor by his room. This had a positive impact on his wellbeing and reduced the frequency of falls as he was more careful when carrying a doll. The service found individual ways to support people with exceptional results.

The provider supported people who needed emotional support. There were large teddy bears in shared areas of the home for people to cuddle if they felt they wanted to. The provider encouraged visitors to bring family pets, and there were two "house cats". Appropriate risk assessments were in place for the resident and visiting animals. We saw two dogs visiting during our inspection, and people responded positively to them. There had also been visits from a "pets as therapy" service.

Notes from residents meetings showed that people living in the service were involved in the planning of activities at the service which gave people a chance to be included, express their preferences and have their needs met. People were also involved in reviews of activities arranged for them and could give feedback on what had gone well and which activities that they were not so keen on.

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 information book and people were aware of this process. A complaints policy and procedure was in place.

The registered manager told us it was very important that people were listened to and concerns dealt with. Complaints and concerns were followed up and used by the service to develop their practice and improve the care and support people received. In one example, a person's family had raised a concern that their loved one's health needs were not being dealt with. This was acted on quickly, the person saw a medical professional and a letter of apology was sent to the family. The provider also followed up with staff supervision and training to prevent the same thing happening again. People told us that if they were unhappy they would speak to a member of staff or the registered manager and were very confident any issue would be dealt with.

The registered manager kept a record of the many compliments that they had received about the service provided to people. These were in the form of cards, emails and letters from relatives of people which were placed in albums for people to look through. One person's relative said, "My sister and I had a wonderful Christmas lunch. Your carers that waited on us were always smiling and so thoughtful, they made us feel so special." Another read, "I don't think we would have coped through mum's time with you without the support you gave us. All the nurses and carers showed exceptional dedication to their roles and for that we are so grateful. Never stop believing in what you do, you make a difference every day."

The provider took exceptional care to make sure people at the final stages of life received care and support which met their needs, respected their wishes, and kept them free of pain. When people's care assessments indicated end of life care was needed a dedicated care plan was created. This included people's wishes and preferences for their care and treatment when they were in their final stages of life. Staff worked closely with external agencies including a local hospice. Nurses from the hospice visited regularly to assess whether any changes were needed the person's care plan. People's doctors assessed any changes needed to people's

medicines,

Multi professional meetings were held to ensure a holistic approach to people's care. People's end of life care plans took into account their wishes. One person's care plan showed they wished to be pain free and comfortable, to avoid hospital, and to avoid treatment "if no benefit". Minutes of these meetings were kept in the person's file. Families were involved in planning people's care, and the service maintained communication with them and supported them as well.

A visiting family member told us when their other parent was at the end of their life, they chose Gracewell of Camberley. They had a professional connection with a local hospice and were able to compare the care provided at this service with their knowledge of the hospice. They said they were "really happy" with the care at Gracewell of Camberley, and staff were "brilliant" at keeping them informed. They had stayed at the home for the last three days, and staff had made sure they were looked after as well by providing sandwiches, and a coffee and croissant in the morning.

A specialist hospice nurse who visited the home said the provider did a "fantastic" job, and that the home was their "nursing home of choice". They said, "I love coming here. Families are always happy and there are no complaints" They found the registered manager to be open and receptive to ideas and suggestions to improve the care people received.

Records showed the care for people at the end of their life was reviewed regularly. Notes included confirmation that the person was free of pain, that they had agreed medicines to be prescribed in case they were needed. Comments written by the visiting hospice nurse included: "[Name] feels very well supported by staff and her family", "No pain or nausea at the moment" and "[Name] is stable and needs are being well met."

Staff undertook end of life training which included end of life care, end of life dignity training, managing distressed behaviours, person centred care, privacy and dignity, mental capacity, fluids and nutrition and any other training that might be needed to meet an individual's needs. The registered manager said, "People and their families choose to stay here rather than go to a hospice when they reach end of life."

Outstanding ☆

Is the service well-led?

Our findings

People we spoke with were all very positive about the management of the service. They described the registered manager as being supportive and approachable. One person said, "The manager is always popping by to see how we are getting on." Another person commented, "Coming here was really well planned, nothing was overlooked. They thought of everything." Another person's relation told us, "I think the manager is very good, she's always around when you come in and if you want a word with her it is never a problem. She's brilliant, very easy to talk to and willing to help in any way." Another family member had given a written testimonial which included, "I believe [Registered Manager] is an outstanding leader at Gracewell of Camberley and an example of what can be achieved when the right person is heading up a team."

There was a clear vision to provide a high standard of care and support based on the values of kindness, integrity, trust, empathy and respect from which the service had created the acronym KITER. These values were communicated to people and their families in a welcome folder and emphasised to staff through interview, supervision and day to day interactions such as the daily "huddle" meeting for heads of department.

The registered manager walked round the home daily which enabled her to make sure the values were embedded in the daily practice of staff. The manager encouraged staff to start each day by thinking how they could make life better for a person living at the home. Staff told us that the KITER values were applied in relationships between staff and management as well as in relationships with people. One staff member told us they liked working at the home, "It comes easy", because they shared the organisation's values. They said there was a "whole house, whole team" approach and they could go to any of the management staff if they needed to.

There was a strong governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by a leadership team which included a deputy manager, clinical nurse manager, head housekeeper, admissions advisor, head chef, activities coordinator, administration, reception and maintenance staff. The registered manager personally supervised her heads of departments with other supervisions delegated to heads of department, senior staff and registered nurses.

The very high standards of governance at Gracewell of Camberley were recognised by the provider organisation. The provider used the home as a "training ground" for newly appointed heads of department in other Gracewell homes. Four heads of department in post at the time our inspection were formally nominated job coaches in the provider organisation.

The registered manager's excellent leadership had been recognised internally and externally. They had been awarded the provider's annual award for engagement in July 2017. This recognised the high levels of engagement in the staff team, low staff turnover and sickness rates, and the avoidance of the use of agency staff.

The registered manager had recently completed a master of business administration qualification which further enhanced their leadership skills. They had used the case studies and project material from this course as training materials and team building exercises for senior staff in the home. These included identifying personal leadership styles and applying other leadership styles according to individual situations. There was exceptional support from the provider for heads of department and other senior staff to develop their own leadership skills and to obtain their own appropriate qualifications.

The registered manager felt supported by the provider organisation. They said they were "there when you need it." They also were able to adapt corporate standards to reflect the individual needs and preferences of people using the service. Areas of the home were named to reflect people's memories of the previous building occupied by the service.

There was a very strong governance framework to monitor the home's performance and deliver clear quality improvements. This included a thorough and wide ranging system of quality assurance based on weekly input by the registered manager, monthly audits and unannounced site visits. Findings from these sources were consolidated into a monthly report which compared the home with other homes in the provider's portfolio.

Topics covered included use of bed rails, infection control, medicines management, health and safety, staffing issues and records. There were reviews of staff practice, including food and fluid records, falls management, awareness of mental capacity and deprivation of liberty, understanding of distressed behaviour and wound care. A recent audit of wound care had resulted in a score of 98%, which was described as "very strong". Where concerns were identified, for instance where staff had not signed records or showed some confusion about mental capacity, actions were taken through supervision and training.

There were monthly checks on people's weight, body mass index and risk of poor nutrition. Other checks included medicines errors, hospital attendance, and pressure injuries. There had also been reviews of pressure mattresses by an external supplier, the local clinical commissioning group, and the provider's own dementia advisory team.

Monthly clinical governance meetings were used to analyse trends and outcomes from the monthly audits. Where areas of improvement were identified these fed into the provider's community development plan. Improvements identified and carried out included better signs around the home for people living with dementia, additional training in caring for people with dementia, and better meal options for people with diabetes.

The registered manager and their deputy carried out regular unannounced observations of staff across all shifts. These included shadowing staff for the entire shift and observing all practices, and were followed by feedback to staff and their line managers. A recent observation had led to increased staff assigned at certain times, for instance when a large number of people had hairdressing appointments.

There were quarterly quality assurance audits carried out by the provider's director of operations and regional head of care and nursing. These were supplemented by regular specialised audits carried out by knowledge area specialists appointed by the provider organisation. These included audits of learning and development, dementia care, infection control, housekeeping, food service, and health and safety. In addition there were monthly monitoring visits which could look at the whole service or a specific theme, such as nutrition. These included time spent with staff to monitor their engagement and morale. At the end of these visits the registered manager received written or verbal feedback as appropriate, and was responsible for making sure any actions identified were carried out.

A recent dementia care audit had resulted in improvements for people living with dementia. These included a "dementia information file" which could be used by staff, people and their families and included information on various aspects of coping with and living with dementia. Staff had been issued with "chat cards" with ideas for topics of the day which they could use to engage with people while supporting them. The provider had also introduced individual "rummage boxes" containing items which reflected the person's interests and could be used by both staff and visiting family members to engage with the person.

The provider's quality team also conducted a "pre-inspection" audit based on our key lines of enquiry. This had instigated improvements around staff knowledge of mental capacity and deprivation of liberty issues. This had improved following a "policy of the month" project where there was focus on a particular provider policy through a display in the staff room, and making sure it was discussed at every shift handover. The provider had also used a treasure hunt game as an innovative way of improving staff knowledge. These examples of improvements to people's experience showed they benefited from the provider's wide ranging, thorough and embedded quality assurance processes.

There were a number of creative initiatives to engage and involve staff and others in the service in addition to survey questionnaires and "town hall" meetings for staff, people using the service and their families. There was a very positive sense of team working among staff, many of whom wore "Welcome to Camberley" and "I love Camberley" badges. The provider had a "Heart andSoul" recognition scheme for staff. Colleagues, people using the service and their families could nominate staff members they felt had gone "the extra mile". The awards were recognised at monthly staff meetings and at an annual gala event. The home's activities coordinator had been shortlisted for a national "Heart and Soul" award, which showed the staff's contribution was recognised outside the home.

The provider reviewed their pay awards in comparison with other local services and paid a small increment above the local average. There were other tokens of appreciation in use, such as flowers and cards, and flexibility of rotas to take into account family and other demands on staff time. At a time when colds and other minor ailments were prevalent, the provider made available honey and ginger lemon tea for staff. The registered manager told us they worked on the principle that, "If we make the staff's day, they will make the residents' day."

The provider arranged activities which could be shared between staff and people living at the home. These included sports and exercise events where staff participated and people living at the home could watch or participate as they preferred. There was engagement with local schools who came into the home for special events and performances. The provider had organised a coffee morning so that families could meet senior staff. Arrangements were in place for additional involvement with families, including where applications were made under the Deprivation of Liberty Safeguards, the registered manager met with the person's family to explain what this meant.

There had been 98% involvement by staff at the home in the provider's corporate "Your Voice" survey. There had been no actions identified as a result of the survey. The provider had responded to other feedback from staff by setting up a "safe staffing" phone line where staff could report low staffing levels, and by providing a mobile phone for staff working alone in certain areas of the home, such as the laundry.

The provider's survey questionnaire for people living at the home covered the ethos of the service, freedom, visitors, courtesy and respect, personal care, involvement in planning and reviews, activities, food and nutrition, and the environment of the home. Responses were all positive with some suggestions about activities and opportunities to chat with staff. A survey about the "dining experience" was 98% positive.

There were creative and innovative arrangements in place to make sure people's experience was at the centre of initiatives to monitor and improve the quality of the service. In addition to the provider's annual survey which compared Gracewell of Camberley to other homes in the provider's portfolio, the registered manager carried out their own survey just for people living in the home. This meant they could discuss the results with people with confidence any comments and suggestions related to their own feedback. The registered manager had identified that some people did not always feel comfortable speaking in the large monthly residents meetings. They had introduced a series of smaller meetings and found these were better attended and that people could be engaged in more productive discussions and conversations as a result.

The registered manager was very proud of the service and was committed to a process of continual improvement. The community development plan included actions which had been identified from a variety of sources including team meetings, self-audits, guidance from head office and reviews of records. The most recent additions to the plan were in progress, and included a review of staff supervisions, a review of care plans for sign off by residents and families and the recruitment of family members to act as "ambassadors" for the home.

The open and supportive atmosphere at the home was conducive to reflection when areas for improvement were identified. The provider had the philosophy of "own it and learn from it" if things went wrong. Team meetings were used for role playing exercises and scenarios based on learning from concerns raised about certain aspects of care and support.

There was a systematic approach to working in partnership with other agencies to improve people's care experience. The provider worked alongside a range of multi-disciplinary teams to improve staff knowledge and expertise. These included community opticians, community dentists, and specialist nurses in skin health and avoiding pressure damage.

The provider worked with support and advocacy services such as Age Concern, Alzheimer's Society and Citizens Advice Bureau. There was a good relationship with the local clinical commissioning group and hospice, which had led to a high standard of care and dignity for people nearing the end of their life. There was a weekly clinic with a specialist nurse from the hospice.

There were similar contacts with dementia specialist nurses, who gave training on meeting the communication needs of people living with dementia. This had resulted in people having personal and individual communication care plans, which in turn had improved the communications between care staff, people and their families based on better listening techniques. Other contact with specialists included Huntington's and Parkinson's disease, and motor neurone disease. These relationships improved staff knowledge about how to support people with these conditions. Other healthcare professionals such as occupational therapists and chiropodists were invited to do talks for staff about their areas of expertise.

The home worked with a forum based on the local hospital and nearby residential care homes, and a link nurse from the home attended meetings of the forum. They used this forum to identify improvements to the process when people were discharged from hospital to a residential home. The provider also arranged for timed outpatient appointments for people who might find it distressing to spend time waiting in an unfamiliar environment. Partnership working with other agencies was used to improve people's experience of healthcare services.

Registered managers have to notify us of certain incidents and events which have taken place during the carrying on of a regulated activity. Examples of these events include when somebody dies or has a serious injury. We had received appropriate notifications when such events occurred. When the provider adapted

the home to enable a couple to live together they applied for the necessary changes to their condition of registration which stated the maximum number of people they could accommodate.