Grey's Residential Homes Ltd

Felbury House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Felbury House is a residential home which provides care and accommodation for up to 28 older people with physical health needs some of who are living with dementia. One person said “The staff are very caring people.” Respite care is also provided (Respite care is short term care which gives carers a break by providing care away from home for a person with care needs).

On the day of our inspection there were 28 people living in the home. This inspection took place on 16 September 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered

Summary of findings

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 home is run.

People told us care staff treated them properly and they felt safe. We saw staff had written information about risks to people and how to manage these in order to keep people safe. Staff had received training in safeguarding adults and were able to tell us they knew the procedures to follow should they have any concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. People did not have to wait to be assisted. One staff member said they had never had a role in care work before and were nervous about manual handling of people, but the training was good and gave them the confidence to move people in a safe way.

Processes were in place in relation to the correct storage and auditing of people's medicines. Medicines were administered and disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted to keep them safe. However we identified that the process to assess someone who lacks capacity and support them to make decisions was not in place.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. The registered manager said that people could regularly go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit or leave the home.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors' and opticians' visits had been recorded in people's care plans.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The provider had quality assurance systems in place, including regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

Summary of findings

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.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the home.

Assessments were in place to manage risks to people. There were processes for recording accidents and incidents.

Good

Is the service effective?
The service was not always effective.

Mental Capacity Assessments had not been completed for people where they lacked capacity. Staff were aware of the requirements of the Mental Capacity Act 2005 and DoLS

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Requires improvement

Is the service caring?
The service was caring.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs.

Good

Summary of findings

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised home.

People felt there were regular opportunities to give feedback about the home.

Is the service well-led?

Good

The service was well –led.

There was a registered manager employed in the home.

The staff were well supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns. The staff new the values and ethos of the home.

The registered manager regularly checked the quality of the home provided and made sure people were happy with the home they received.

People who lived in the home and their relatives were asked for their opinions of the home and their comments were acted on.

Felbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 16 September and was unannounced. The inspection was carried out by 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 home.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with 14 people who lived at Felbury House, six care staff, three relatives, the registered manager, a visiting health care professional and the registered provider. We observed care and support in communal areas and looked around the home, which included people's bedrooms (with their permissions), the different areas within the building, the main lounge and dining area.

We reviewed a variety of documents which included six people's care plans, 12 staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the home in June 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; "I've felt very safe here" and "To my knowledge, everything is very safe, they [staff] are very friendly."

The provider and staff had taken steps to help protect people from avoidable harm and discrimination. We saw a poster at the entrance to the home which encouraged people to speak up if they suspect abuse. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us, they "listen to what people say and report (to the registered manager)". All staff were aware of the provider's whistleblowing policy. One staff member told us, "Whistleblowing (is) not being afraid to tell" if they saw something of concern. The home had reported any concerns to the local authority in a timely manner.

The risks to individuals and the home; for example health and safety, were managed so that people were protected. The registered manager ensured staff assessed the risks for each individual and recorded these. Staff were able to describe risks and supporting care practices for people. Care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible. For example one person was at risk of developing pressure wounds – a plan had been put in place to prevent and minimize the risks to the person such as them having pressure relieving mattresses and cushions for their chairs.

We checked a sample of risk assessments and found plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One staff member said, "We have to read people's risk assessments to know what support to give." Staff supported people to remain as independent as possible. Incidents and accidents had been documented and the registered manager had assessed each accident, to ensure that people's safety was maintained.

People's medicines were well managed and they received them safely. One person told us "I have medication when I need it and I do get painkillers". Another person said "I have my medication when I expect it." Another person administered their own medicines they had a lockable drawer provided in their room to store the medicines.

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given.

We observed staff giving out medicines to one person. They gave the person their tablets with a glass of water and observed the person whilst it was taken. After people had taken their medicines the staff member signed the medicines administration record (MAR) and we saw staff returned the trolley and secured it to the wall. Staff told us they had received training in medicines and had annual competency assessments to ensure there skills were maintained to ensure best practice.

One person said "There are plenty of staff, I never have to wait." Staff also said there were enough staff on duty. They told us they had time to sit and socially interact with people. One staff member said there were enough staff to keep people safe. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and phone colleagues to help people when needed. The provider used a dependency tool to assess the staffing levels were in place to meet the needs of the people. Staffing was consistent the home had regularly staff team.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Home (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support homes. Staff members confirmed they had had an interview and provided two references and had a DBS check done before starting work.

Good

Is the service safe?

There were emergency and contingency plans in place should an event stop part or the entire home running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

Requires improvement

Is the service effective?

Our findings

People told us that they were able to make their own decisions and were in control of their daily routines. However we saw that for people who lacked capacity, the registered manager had not followed the appropriate capacity assessments or best interest decision processes and staff did not demonstrate full understanding of the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. DoLS are part of the MCA and they aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff had received training in the MCA & DoLS.

Those people in the home who had been diagnosed with a cognitive impairment; assessments had not been undertaken appropriately to determine their capacity to consent to care or treatment decisions. People had not always had consent obtained in relation to some aspects of their care and treatment. For those that lacked capacity no best interest decision meeting had been held or documented.

We found that records of any mental capacity assessments were either incomplete or missing from people's care plans. There were no records of any decision around why it was in someone's best interest to restrict them of their liberty if this decision had been made.

The Mental Capacity Act had not been used appropriately to establish if people lacked the capacity to make certain decisions. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not restricted in the home. One person said, "I **am free to move around." Another person said "I come and go as I please; the front door is always open."**People were not restricted or deprived of their freedom to move around or leave the home and we observed this on several occasions.

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff are well qualified, they are very caring people." Another person said that the provider had recruited "Excellent staff" and that the staff were "Some of the best, never heard them use a bad word." One person said to us; "The staff are very friendly, they call me by my Christian name as I have asked them to."

The registered manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. One staff member said the training was really good and they had shadowed senior colleagues before working on their own. Another told us, "The organisation is very good with training." They said that this training had helped them understand and develop best practice when caring for people. One staff gave us the example of asking people haw they wished to be addressed. Staff said that they had received training in Dementia care, First aid, people handling, safeguarding ,w whistleblowing and many other courses with confirmed this with the registered manager and by looking at the staff training plan. We saw that newly employed staff had undertaken the Care Certificate.

Staff said they had annual appraisals. This is a process by which a registered manager evaluates their work behaviour by comparing it with pre-set standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their registered manager on a one to one basis monthly to discuss their work or any concerns they had. This was confirmed in the staff files we read.

People's nutritional needs were met. All the people and relatives we spoke to were very complimentary about the meals, the variety and choice, the quality of the food and the responsiveness of the chef. One person said; "It's like a restaurant" and "The food is excellent". Another person told us "Wine is available every day" and "It's like a classy hotel."

The chef said they had a list in the kitchen of people's dietary requirements. They were able to identify those people who were on specialist diets and / or had health conditions that may affect their nutrition siuch as diabetes. The chef updated this information each week, but if someone's dietary requirements changed substantially the staff would inform them immediately (e.g. someone going from soft food to liquidised food).

Requires improvement

Is the service effective?

We noted that a choice of fruit juices was being offered throughout the meal. Everyone was allowed to eat at their own pace whilst staff circulated checking that people were enjoying their dinner, offering extras and discreetly assisted several people who needed help.. Where people needed assistive cutlery or crockery this was provided, we saw one person had a plate guard to help them maintain their independence in eating their meal themselves.

The menu was displayed on each table in the dining room and included the main meal of the day, together with the alternatives on offer including a vegetarian option. There was one main course on offer however the residents had a choice other main meals if they wanted to. On the day everyone had opted for the cottage pie on the menu and most people finished their meal.. We saw drinks were served prior to lunch, people were offered a choice of an alcoholic or soft drink.. During the day people had drinks in front of them and tea and coffee was offered throughout the day. There was also a bar area where people could help themselves to snacks and soft drinks.

Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw, in individual care plans, that staff made referrals to other health professionals such as the speech and language therapist (SALT), the falls team (support people at risk of falling to build a comprehensive care pathway with the home that contributes to the reduction of possible future falls . The main outcome will be to minimise avoidable admissions to hospital and to maintain people's independence at home. Preventing falls in people will increase their quality of life and decrease disability) or district nurse when required. One person said; "They would call the doctor to see me if needed at any time, even on Sundays." and "I see a chiropodist, but if I needed anyone else, I'm sure they could organise it." We observed a staff member take someone to the GP and on return log the change in needs for this person.

We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner. They told us staff responded if suggestions were made, and communication with staff was "Really good."

Good

Is the service caring?

Our findings

People told us that the staff were very caring. One person said; “They are some of the best." Another person said; "Staff are very caring, very good" and “They are very respectful.” One person told us “You couldn’t beat them (staff), all willing to do what needs to be done and able. I reckon I’m spoilt.”

During the inspection, we saw a number of people visited by family and friends. From what we saw, staff had a caring approach and this was confirmed by the healthcare professional we spoke to, relatives and people themselves. One relative said “My mum said - I never have laughed as much since being here and this gives her piece of mind”.

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people’s care records. This showed us that staff were aware of the up to date needs of people within their care. We saw staff support a person to transfer from wheelchair to armchair. Staff spoke reassuringly to the person encouraging them to be as independent as possible. Staff told us about how they support people with maintaining independence for example following risk assessment and asking people how they want to spend their day.

People were treated with dignity and respect and we observed examples of this. One person said; “Staff do knock on my door, you see them quite often” and “I don’t mind who looks after me, the girls are nice” and “If they attend to me, they close the door and draw the curtains.” We saw one member of staff brought someone a drink during the morning. They sat in the conservatory and the staff member took them a call bell, should they need to use it. We also saw staff knocking on bedroom doors and asking permission before entering. People told us that they were happy that the staff were very respectful and professional. One person said that the staff were “Not intrusive.”

We heard staff speak nicely to people and show them respect. There was a good sense that people and staff knew each other well and they spoke to each other in a relaxed, jovial manner. We observed staff sitting with people and engaging in conversation.

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations e.g. Parkinson’s Society and Age Concern. We saw the reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding.

We asked people and family members if they had been involved in their care planning or the care of their relative. Some of the people we spoke to were not aware they had a care plan, and they did not really want to know about it. Relatives felt that they were included and kept up to date by the registered manager and the staff at the home. One person said “Communication about my relatives needs by the staff is good.”

Good

Is the service responsive?

Our findings

One person said, “The staff do help those people who need it” and “I think I get what I need” and Another person said “There is enough for me to be interested in” and “I don’t need much care but they give me what I need and would, if things change.”

Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people’s needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person’s background and were then able to talk to them about their family or life stories. We saw one person visit the home for the day and stay for lunch. The registered manager said this was part of the transition process which helped the person familiarise themselves with the home.

The registered manager stated that there were only some people at Felbury House with early signs of memory loss. However when we looked at people care plans we noted that five people had been diagnosed with dementia and a cognitive impairment. Although dementia assessments for some people had been undertaken actions had not been implemented and reviewed as stated. For example if a person's score was 18-24 the guidance stated refer to management and review monthly. This had not happened.

Individual care plans contained information which related to people’s preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people’s weights. People were weighed regularly and staff calculated people’s body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs.

However we noted that the system used was a very clinically orientated and generic system and did not lend itself to being person centred. For example when a person was on antibiotics and their health had deteriorated, care plans had not been altered to show the increased care needs for the person. However staff were aware of how to care for the person. The registered manager sent us documents showing that care plans had been implemented.

Staff were responsible for a number of people individually which meant they ensured people’s care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty and in the afternoon if there were a change of staff. This was an opportunity for staff to share any information about people.

One person told us they could do whatever they liked, “I can get up when I like, eat when I like and go out when I like.” Their relative said “There are no restrictions to my visits, I can come at any time and I am made feel very welcome” and “I am aware of the relative’s meetings.”

There were regular activities going on throughout the week. An activities coordinator was employed who had specific responsibility for planning social activities. One external healthcare professional said “There was always a buzz in the place – morning and afternoon. We often saw care staff joining in on the activities.”

On the day there was an external activities session taking place in one of the lounges. An exercise session with movements and stretching. There were five people taking part. The session was well planned and encouraged each person to push themselves to do more exercises.

People said that there was always activities happing at Felbury House. We spoke with the activities co-ordinator who showed us the colourful laminate detailing all the activities for the week. The activities included exercise sessions, yoga, walks with the staff in the local countryside, shopping trips each week, baking, gardening.

They also said that they had one or two large trips each month; this has included trips to Wisley, Canal Boat trips and the theatre. In addition they had resident's parties for birthdays, friends and family were invited. One recent 90th birthday party had 60 guests at the home.

Good

Is the service responsive?

The activities coordinator also said that they had a monthly visit from a local vicar and that they organised transport to local churches for those residents who wanted to attend Sunday church.

We saw that people were supported to maintain distance relationships and the home had a computer that people could use to skype family and friends, or use the internet to shop online or undertake research.

People told us they knew how to make a complaint if they needed to. One person told us "I've no complaints, but I would if I needed to, I would tell the management." Another person said, "I've never complained, but would to the staff if I needed to."

We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their home user guide.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said on their survey "Quite honestly there is everything here I need." Any suggestions are discussed at the residents' meeting." People said that the management was so open they could approach them at any time. One minor comment was people said they would like the exercise class twice a week and were going to raise this with the registered manager. The last residents' meeting was held in August where issues such as supper menus and trips out were discussed. Everyone said that they would recommend the home to friends and family.

Good

Is the service well-led?

Our findings

The home had a registered manager. The registered manager was in day to day charge. People and relatives we spoke with all knew who the registered manager was. One person said the manager was “Lovely, very approachable, knows her job, if you want something done, it's done quickly."

Staff were open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being. We observed the registered manager interacted well with the people. An external healthcare professional said “The registered manager is excellent.” Care staff said “She is fantastic. She’s hands on and when you need her she’s always there for you.”

Staff were positive about the management of Felbury House. They told us they felt supported by management and could go to them if they had any concerns. One member of staff said it was a good group of staff who worked well together and there was good communication between them. They were meetings in which staff could speak openly and make suggestions to help improve the home. We saw copies of the staff meeting minutes; one suggestion made was about staff attending further training for NVQ (National Vocational Qualifications). This showed us that registered manager was consistent, led by example and was available to staff for guidance and support.

One member of staff said when new staff started they received training on the philosopy of the home. Which was to Promote privacy and dignity, support people maintaining independence and supporting people to continue to have a fulfilled life. It was then up to senior staff to monitor them to ensure they put these aims into practice. Any issues identified would be covered in an individual or group supervision session. Which would develop consistent best practice and drive improvement.

We saw notes of staff meeting minutes which showed discussions had been held about the new regulations and the ‘Duty of candour’ they also included discussions on general care needs such as continence care.

We spoke to the registered provider who told us that they had won the 2014 Care Awards and had been nominated one of the best providers in Surrey. We saw the certificates on display. We were told that the provider and registered manager regularly attend care shows and kept updated with best practice guidance which helped them drive improvement in the home.

The quality assurance systems in place were robust. We saw evidence of audits for health and safety, care planning, medication and infection control. This enabled the registered manager to identify deficits in best practice and rectify these. The registered manager explained that regular health and safety meetings and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings including the handover forms and answering call bells. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent There was no evidence that the Mental Capacity Act had been used appropriately to establish if people lacked the capacity to make certain decisions.