

Greys Residential Home Limited

Greys Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 10 and 17 October 2014. This visit was unannounced, which meant the provider and staff did not know we were coming.

The home had a registered manager. 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 and associated Regulations about how the service is run.

Greys Residential Home is a large period home with more modern extensions. It is in a residential area with similar large houses and within reach of Woking town centre and some local amenities. The home provides personal care for up to 24 older people. If people require nursing care district nurses attend to them at the home. There were 24 people living at the home at the time of this inspection.

The service does not specialise in dementia care. However, two people who had been living in the home for a long time had developed dementia and their needs

Summary of findings

continued to be met by the staff. Other people living at the home remained as independent as possible and everyone was able to meet many of their own personal care needs.

People told us they felt the home and the staff met their needs very well. They said they felt safe and looked after and that they could speak to any of the staff at any time. They described the staff in very positive terms including, “Lovely”, “Caring and kind” and “Wonderful, like a family”. People were relaxed and happy on the day of the inspection. This was evident because of what they and their relatives told us and because we saw the staff interacted positively with each person in a caring and respectful manner.

The care plans contained basic details about each person and the risks associated with their care and daily lives. The registered manager recognised the need for the personalised information to be increased and had started to take action to improve the detailed plan of care. However, the lack of recorded details did not have an impact on people’s care or safety because the staff knew each person so well they provided individual care

according to peoples’ wishes, needs and routines. People’s needs had been reviewed and they were aware and involved in planning their own care. People were supported to maintain their health and wellbeing and encouraged and helped to lead as active and independent lives as possible.

Staff were well supported through a system of induction, training, support, team meetings and appraisals. There was a positive and open culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people and working together to deliver effective and responsive care. Changes to people’s health or wellbeing were clearly communicated so the staff knew about and met people’s needs. The home was organised to suit the needs of the people who lived there. The service was well-led. Accidents and incidents were appropriately responded to, recorded and analysed. There were robust management checks in place which encouraged people to be involved in the home and made improvements to the care and service in response to their wishes.

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 because staff had received training in safeguarding and knew how to respond to and report any concerns regarding possible abuse or harm.

The staff managed risk well whilst ensuring people led a full life without unnecessary restrictions.

There were enough staff with the appropriate skills and experience to meet people's needs at a time that suited their preferred routines.

Medicines were managed safely and appropriately.

There were plans in place which all the staff knew about to safely protect people in the event of a foreseeable emergency.

Good



Is the service effective?

The service was effective.

Staff were trained to understand and meet the needs of the people they cared for.

People's rights were protected because the staff had been trained to understand the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us the food was always hot, in plentiful quantity and of good quality.

People said that the staff always met their personal care needs and they received appropriate healthcare support.

Good



Is the service caring?

The service was caring.

People said the staff always showed them kindness and respect. Our observations confirmed that every interaction was kind, appropriate to that person and thoughtful.

Relatives said they were able to visit at any time and always made to feel welcome.

People said the home felt homely and they were encouraged to make their rooms as personalised as they chose. The atmosphere in the home was calm, friendly and homely with staff and people chatting and enjoying food, drinks and activity together.

Good



Is the service responsive?

Staff were responsive to people's individual needs and wishes.

People's needs had been assessed, planned for and delivered in response to their needs.

People told us they were involved in planning a range of activities and they were able to continue with individual interests and hobbies.

People said the staff responded to any request quickly and always helped them at a time that suited them.

Good



Summary of findings

There was a complaints system which people, their relatives and staff knew how to access and use, if required.

Is the service well-led?

The home was well led by a registered manager and a provider who worked together to respond to people and provide effective and safe care.

People and their relatives told us there was good communication between themselves, the staff and the registered manager.

The registered manager promoted an open culture by listening to staff, people and their relatives. The registered manager and staff had taken timely action to identify and put right the issues that affected people's care, safety and needs.

Records related to the management of the service were accurately maintained.

People were receiving care that was consistent with the philosophy, aims and values of the home.

Good



Greys Residential Home

Detailed findings

Background to this inspection

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

We inspected this service on the 10 and 17 October 2014. This inspection was unannounced which meant the provider did not know we were coming to inspect.

On the 10 October the visit was undertaken by an inspector and an expert by experience who had experience of services for older people and those living with dementia. 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 17 October an inspector returned to the home to gather further information. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection. We also contacted by telephone a community nurse who provided a service to people at the home for their view of the care people received. We checked the information we already held about this home and the provider. We saw that no concerns had been raised about the care at this home and the provider had notified us as they are required to do regarding certain events including changes to the service, serious accidents or incidents.

We spent time observing how the staff interacted with people. We shared a meal time with people and also observed how people were supported during their lunch and during individual care and activities.

We spoke with 16 people, one visiting relative and a visiting GP. We also spoke with the provider, the registered manager and four members of care staff. We looked at four people's care records to see if these reflected an accurate picture of people's needs and risks and provided staff with up to date information to deliver personalised care. We looked at three staff recruitment files and other records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe and staff cared for them and listened to them. One person said, “I feel very safe here, the girls listen to me and help if I am worried about anything.” Another person said, “I have a number of difficulties and staff help me very well and this is what makes me feel safe”. One other person told us, “The staff know me and what I can do and they keep an eye on me to make sure I am well and safe.”

The staff had been trained to recognise abuse and to respond appropriately. Staff knew how to find the policy related to protecting people from abuse where further guidance was available. They said they could always report concerns about possible abuse to the registered manager or the provider at any time of the day or night. Staff said they understood the whistle blowing policy and although they had not needed to use this to report concerns about the work of colleagues they would not hesitate to do so. The manager had a system in place which would enable them to record and report any abuse or whistle blowing to the appropriate authorities.

People said the staff knew how to provide safe care. One of these people said, “The girls know how to look after me they are always making sure I have my walking stick so I don’t fall.” The other person said, “They are very careful when they help me to shower and they know what they are doing.” People had their needs met by staff who had been trained to care for them safely. This training included moving people safely and first aid. Two staff had completed a further advanced first aid course. The staff had regular contact with the health care team that advised on reducing the risk of older people experiencing falls and they had put this advice into practice. This included referring one person to a falls clinic and following their advice and a smaller more easily manoeuvrable walking frame was supplied. Since this change the person had not experienced any falls so they were safer whilst walking independently. One person had fallen recently but she said the staff had helped her straight away and made sure she had the care she needed. People’s risks had been assessed and recorded and the staff followed this guidance when they cared for and supported people.

The home recorded any accidents and incidents including this person’s fall and the registered manager then reviewed these to ensure that any lessons were learnt. The staff

meeting minutes recorded that accidents and incidents had been discussed amongst the staff so they were all aware of what they needed to do to minimise risk to people.

People said they received their medicines in good time. One person said, “The staff bring my medicine to me and they explain what the tablets are for”. The staff who gave people medicines had been trained to do so safely. We saw that when staff were giving people medicines they wore a red tabard. This meant they should not be disturbed with the intended purpose that mistakes being made due to distractions were reduced. No medicine errors had been reported. The room used to store medicines was clean and well organised and a member of staff was responsible for making sure that medicines were held in enough quantity and ordered in good time. The staff had completed accurate records which showed that medicines were given to the right people in the right doses at the prescribed times. The registered manager checked these records regularly to ensure that they were correct and up to date.

People told us there were always enough staff. They said, “They come straight away if I need them,” “I never have to wait long” and “Anything that needs doing is done very quickly”. We saw the staff had enough time to provide personal care, attend to people and respond to their requests. Staff were listening to people and chatting with them, organising and participating in activities. Staff said they were always busy but they were able to provide safe care that met people’s needs. The registered manager said they and the provider were available to provide extra help when that was needed.

The registered manager showed us the system they used to evaluate and monitor how much support each person needed with all aspects of their daily lives. This was used to inform the staffing numbers. This was kept under review and changed according to people’s needs. The registered manager said they did not like using agency staff as these temporary staff did not know people well. They said the staff team worked together to provide care when other staff were off sick or on holiday. The staff confirmed that they worked well as a team to provide consistent and safe care to people at all times.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. All staff were checked through the Disclosure and Barring Service (DBS) and records were kept of these in staff files. The DBS helps

Is the service safe?

employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Employer references were also obtained and checked. Staff confirmed that all these checks and a thorough interview had been carried out before they started working in the home. Volunteers were used in the home and they were subject to the same checking process as regular staff. This meant that the service followed safe recruitment procedures.

The staff knew how to protect people in an emergency. There was a box which contained emergency contact lists and information about each person. The staff had been trained to protect people in the event of a fire and they

knew how they should respond. The registered manager had developed hospital passports which could be given to emergency staff if people needed to go to hospital. These contained all the relevant medical information about each person. This meant that consistent care could be provided and staff in another service would be aware of people's individual needs.

The equipment including hoists to help people move safely and fire equipment had been maintained safely and regular servicing and checks had been carried out. The staff had been trained to use the equipment appropriately and to report any faults which they said were fixed in a reasonable time.

Is the service effective?

Our findings

People told us they were happy with the way they were cared for and supported. They said, “It’s like a ‘home from home’ here. I always get the care I need”. Another person said, “It’s wonderful, no other word for it”.

We looked at care records for four people. Each person had a care plan which described their needs and health. The registered manager and a senior member of staff told us they knew the care plans needed to include more individual details and they had begun to improve these. Despite the lack of individualised and detailed care plans the staff knew each person well. They were able to describe how they met people’s needs. Staff passed information to each other about people’s needs, routines, wellbeing and any changes to their health every day so they were aware of how to provide appropriate care. We heard the staff asking people how and when they would like to be helped with their care. One member of staff said to us, “I always ask people what they want and what routines they like. They are all individuals”. The basic details in the plans did not prevent the staff delivering individual care that met people’s needs. The registered manager was taking action to improve the details and personalisation of people’s care records.

We saw one person who was unsure of whether they wished to remain in the dining room at lunch time. The staff took the time to listen to this person and reassure them and then comply with their wish to be helped to move to their favourite place in the lounge. The staff stopped what they were doing when people spoke to them and gave them their attention. This showed that staff made people their priority rather than the day to day tasks they needed to perform. Staff were communicating effectively with people. The registered manager told us that the ability to communicate with people well was a priority when they were looking to recruit new staff.

People made positive remarks about the skills of the staff. One person said, “I strongly agree that the staff are well trained, they know what they are doing and they do it well”. The staff said they received appropriate and regular training which ensured they had the skills they needed for their roles. One new member of staff said they had completed their induction training which included learning about each person, the home’s policies and procedures and working alongside more experienced staff. They also

said they could always ask questions if they were unsure of how to carry out any part of their duties. The staff had completed training courses in all the core skills including infection control, food hygiene, first aid and health and safety. The registered manager said that they had secured additional funding to allow all the staff to update their skills over the six weeks from the date of the inspection to enhance their knowledge. This was in addition to the normal training all staff completed.

Staff said they felt well supported by senior staff, the registered manager and the provider. Staff had informal and informal supervision meetings where they were able to discuss the standard of their work and their training needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location was meeting the requirements of the DoLS. . People were free to come and go from the home and many did so on their own or in the company of friends and relatives. People’s freedom was not unnecessarily restricted.

The staff had an understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions as they had received appropriate training. Where it had been necessary people’s mental capacity had been assessed and their family had been consulted. Staff had made one application for a best interest decision because they had assessed one person as not being able to make one important decision. However, the staff were fully aware that this person remained able to make day to day decisions related to their care and lifestyle.

People said the staff always asked them before they carried out any care and some people remembered being asked for their formal consent and signing a form. We heard staff asking people for their verbal consent before they delivered any care. The care plans included a form where people had agreed to their care and signed to say they had consented.

People made very positive comments about the food and how involved they were in making sure the food suited them. One person said, “Good food and always tasty”. Another person said “You can have more if you wish”. Someone else commented, “We do get a healthy diet which

Is the service effective?

is always hot and the portion sizes are good” One other person said, “As you can see the dining area is pleasant we have a choice of meal and we make suggestions at our residents meetings”.

The dining room was well lit and comfortably furnished. The tables were set before lunch time with individual settings of cutlery, serviettes and tumblers. The dining room offered people a pleasant sociable setting in which to eat meals. The lunch was a three course meal and people had choices at each course. Three staff served the meals and they interacted in a friendly manner and were aware of people’s dietary needs. The staff checked frequently to ensure people had enough to eat and drink. We saw that people were offered a choice of wine with their meal. One person said to us, “We are offered a glass of wine with our lunch every day, not just because you are here”.

If people had been assessed as at risk of not having enough to eat and drink due to their health, the staff had recorded this and begun monitoring their weight and food intake. The staff knew who needed additional help to ensure they

had enough to eat and drink and they were making sure these people had what they liked and needed. We saw that people had been referred to dieticians and the GP if their weight became a concern.

People said staff helped them manage their hospital or other medical appointments well. A system was in place so staff reminded them of appointments and helped them attend these. One person said, “If I feel unwell I can ask to see the doctor and I have done this in the past”. Another person told us “I had a hearing problem and I was advised to go and see a specialist. The staff here made all the arrangements and I was fitted with a hearing aid and all is well. The staff assist me to change the batteries when required and I am happy because I can communicate with others”. Each person had a health passport which detailed their medical history, the medicines they took and any other health issues. These documents could accompany them on hospital visits or if they needed to go into hospital and they ensured the staff in any health setting had access to important information about people’s health.

Is the service caring?

Our findings

Everyone said they were satisfied or very happy with the way they were cared for in the home. Their comments included, “They are so kind here” and “It’s like a ‘home from home’”. One relative said, “I always feel welcome when I visit and the manager or staff are always available to discuss my relative’s care”. People said they were pleased that the same staff cared for them all the time as they got to know them. One person commented “The young care staff are so kind to me, I think they think I am like a gran to them”.

The staff showed a kind, caring and thoughtful approach in their interactions with people. They held people’s hands, showed appropriate affection and smiled at people who responded by smiling and chatting freely with staff. The home had a friendly and calm atmosphere where staff were attentive to people’s needs and wishes.

People said that the staff were caring, comments were, “They spend time having a conversation with you,” “The manager is always available,” and “Staff call me by my Christian name because I have given permission for them to do so”.

The staff knew people’s personal histories and the things and people that mattered most to them. We heard them using this information whilst they talked to people. The registered manager and other staff said they got to know people as much as possible before they moved in and continued to understand people by asking them and their families to provide information about their lives. We saw records such as life histories and previous work people had done included in their plan of care.

Staff said they always tried to treat people as if they were members of their own family and the interactions we saw confirmed this compassionate approach. The registered manager said they discussed equality and diversity with

people and the staff and expressed the need to treat everyone with dignity and respect. We saw a record that this conversation had been included in the last residents meeting and staff meetings.

Staff knew what people needed help with and what they could do for themselves. We saw staff encouraging people to do as much for themselves as they were able. This included at meal times and when assisting people to move around the home. People were encouraged to participate in the everyday running of the home. Some people liked helping with folding laundry or laying the tables and cooking cakes. People’s care plans included some details about what they were able to do for and by themselves and what they required support with. This meant people were enabled to maintain their autonomy and independence.

People said they were always treated with respect and their privacy was maintained at all times.

One person commented, “They always knock on my bedroom door and never enter unless I say they can, and I see this as a mark of respect.” Another person said, “You have witnessed for yourself they have knocked on my bedroom door since you and I have been having a conversation”. We saw staff treating people in a way that made sure their privacy was maintained including speaking to people discreetly and not sharing confidential information within the hearing of others. People could be confident that information about them was treated confidentially. Personal records were stored securely in a locked room or in each person’s private room. Staff were careful to close doors when people were being supported with their personal care. People who liked their privacy and wished to spend their time in their own rooms were supported to do so.

The bedrooms had personal items such as family photographs, pictures, arm chairs and television sets; one had a filing cabinet for storing personal documents. One person said, “I was encouraged to bring personal items from home when I came to live here and this has made a difference to me as it has made me feel comfortable”.

Is the service responsive?

Our findings

People said they had been involved in planning their own care and staff had asked them about their preferred daily routines. People said they had control over their own lives and choices. One person said, "It is up to me what I want to do each day and although staff don't interfere they offer help". A relative said they had been asked about the person's needs before they had moved to the home and they felt fully involved. They said the person had been encouraged to visit and share a meal to make sure they felt comfortable. Before people moved into the home their needs had been assessed to ensure these could be met by the staff. This assessment led to the development of a basic care plan. Following this a health passport which contained relevant medical information had been added along with a life history. This meant people and those that matter to them had been involved in planning their own care.

People said the staff responded quickly to any requests for help. One person said, "I never have to wait too long; they come straight away". The staff responded to people in a timely way and they knew people well enough to anticipate when they would need help.

The care plans contained basic information about how people preferred to be cared for. Staff said they asked people every day what they wanted and what times of day they would like help with their care. There were no set routines and the staff adapted to suit individual people. Staff knew who liked to get up early and those that preferred to have breakfast in bed before they had help to get washed and dressed. The staff were aware that people could change their minds and we heard staff checking with people what they wanted throughout the day. The care plans had been, and continued to be, reviewed in response to people's requests or changing needs. One person said, "There is a meeting arranged next month to review my care and make sure everything is still alright for me".

People were able to choose how they spent their time. They said activities were on offer both inside the home and outside if they wanted to take part. They said they were fully involved in planning activities and staff made sure these happened. We saw 10 people taking part in a 'Music 4 Health Class' led by the activities co-ordinator, also two staff were present. One person said, "I look forward to the music to movement class it keeps me fit". Another said, "I am sure these exercises are good for my ageing limbs".

Other people maintained their hobbies and interests. One person had a collection of books that related to their hobby. Another person said, "I have had the poems I wrote printed in the new home's brochure, and I am also given an audience to read my poems to staff and residents". People remained involved in the local community by visiting local shops and churches. Members of the community also came into the home. One student came and played games with people and a volunteer came specifically to talk with two people who enjoyed extra social contact.

The staff wrote a newsletter with contributions from people. This included a diary of events and trips out as well as news about people and staff. People knew about the newsletter, they all received a copy and one was displayed on the notice board.

Staff said they communicated frequently with relatives and responded to their requests for information. We heard the registered manager having a conversation with a relative about a visit. They then went to share this with the person and ask them if the visit time was suitable.

People said they could make a complaint at any time by speaking to the staff. They said they didn't need to make formal complaints because they just spoke to the staff and their questions were answered and things were changed straight away or as soon as possible. The registered manager had a system for managing complaints and responding to people or their relatives. The staff knew where to find this guidance. We heard staff asking people for their comments. Staff had discussed with people how they could complain if they felt they needed to at a residents meeting.

People, and those that matter to them, were encouraged to make their views known about their care and support through day to day conversation with staff, regular meetings and surveys. Where suggestions were made by people these were followed through. One person told us, "We have monthly residents meeting and we can raise any concerns, we did about the menu choices and this was changed".

The registered manager said they liked to encourage people to speak up and express their views. They said one person had requested that garlic bread be included in the menu choices. They said this had been introduced and although one person had said it was not 'garlicky' enough

Is the service responsive?

another person said it there was too much garlic. The registered manager said this showed people were happy to freely express their opinions and they tried to meet everyone's wishes.

A GP visited the home and they told us the staff knew a lot about each person and people appeared to be well cared for. They said the staff contacted them in a timely way and followed people's care plans. We saw the staff had

recorded people's changing health and that they had contacted the GP to arrange a visit as required. One person had problems with their health and the staff ensured they were reassessed and seen by a specialist. This had been recorded in their plan of care and staff had updated this when their health had improved. People had their needs responded to by staff who understood how to monitor people's health and plan their care.

Is the service well-led?

Our findings

There was a registered manager who led the service with the support of the provider. The registered manager said they were supported by a dedicated and committed staff team and close involvement from the provider. The provider's family had started the home and a member of their family still lived there and provided some services to people such as the laundry.

Our observations, comments from people, relatives and staff showed there was an open culture at the home with a focus on the needs of people who lived there. The provider's stated aims and values emphasised people's privacy, dignity and respect and ensured people were able to live their lives in the way they choose with as much independence and autonomy as possible.

We saw that people knew the registered manager by name. The registered manager spent time listening and chatting with each person, discussing subjects that mattered to them such as family, friends and their interests. People and their relatives told us they had good and open communication with the registered manager and the staff. We heard staff and the registered manager talking with relatives and sharing relevant information about their family members in a discreet and caring manner.

People and staff were involved in the home and they were encouraged to share their views and ideas to improve the care and service. This happened in a number of informal and formal ways. There were regular residents meetings and people's ideas had been acted upon. One person said they had been so pleased when they had suggested some roses were planted in memory of a loved one and this had been done soon after the meeting. People were given regular surveys they could complete and we saw these had been reviewed and acted on. The staff said the main comments related to food and they were always adjusting the menus to suit people. One person had said they found it difficult to hear at the residents meetings so the home started using a microphone which had helped them to participate. People told us they had been asked to comment on how they thought new staff were caring for them. The registered manager confirmed that they asked people to give their opinions on the work of new staff and if they felt they had the skills to work in the home.

We heard staff asking people for their views and responding to them positively. Staff said they met with the registered manager and each other to discuss their work. There were group staff meetings and individual supervision meetings. Staff had suggested an extra staff shift in the late evenings to assist people at the times they preferred and the registered manager had introduced this change which the staff said had helped them to deliver better care. Two members of staff said, "We can speak to the manager at any time she listens to us and supports us". The staff were clear that they could contact the registered manager or the provider at any time to seek support or advice.

The staff were clear about their roles and some staff had been made responsible for different aspects of the care such as the medicine system and the infection control procedures. Staff understood their responsibilities and who they could go to for advice.

People told us they were asked regularly about the quality of the care. They said they did not always want to fill in surveys as they saw and spoke with staff all the time. There were effective quality assurance systems in place to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the home and the care to make sure that any shortfalls were identified and improvements were made when needed. They told us they recognised the care plan system did not provide enough personal information about the care each person needed. They had taken action by obtaining some different systems which they were in the process of discussing with the staff before they introduced a new care plan method. While this was being considered they had introduced a new health passport so the most important information was available for staff and others.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the registered manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment.

The registered manager had made links with other organisations with the intended aim of introducing best practices in care at the home. These included attending a local care association talks on relevant subjects. This had led to an improved monitoring system for the number of

Is the service well-led?

times people experienced falls and how they were then referred to appropriate specialists for assessments. The records showed this had reduced the number of times people had fallen in the home.