Grey Gable (New Milton) Limited

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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?	Requires Improvement

Overall summary

We inspected Grey Gables on 10 and 13 March 2015 in response to some concerns we had received. This was an unannounced inspection. We also checked to see if the provider had made improvements necessary to meet the breaches of the regulations we had previously identified.

At our inspection in May 2014 we found the provider to be in breach of regulations relating to safeguarding people, supporting staff and quality monitoring of the service.

The provider sent us an action plan and said they would meet the regulations by 30 June 2014. At this inspection we found improvements had been made following a restructure of the service and the appointment of a new manager who had identified other concerns and areas for improvement. Remedial action was already underway.

The service did not have a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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. The manager had submitted their application to the Care Quality Commission (The commission) for their registration and were awaiting information about their registration interview.

Grey Gables is registered to provide accommodation and personal care for up to 24 older people, many of whom were able to communicate with us verbally. The home had communal areas such as a lounge and dining room, as well as some bedrooms, provided on the ground floor. The remaining bedrooms were found on the first floor. The home had landscaped gardens which were accessible for people and enabled people to get involved in activities such as potting up hanging baskets.

People living at the home, their visitors and health care professionals were all complimentary about the quality of care and the management of the home. Staff said the morale was good. The new manager promoted a culture of openness and there was a clear management structure, with systems to monitor the quality of care and deliver improvements.

People were protected from possible harm. Staff were able to identify different types of abuse and what signs to look for. They were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns and this information was also on display for people and relatives if they needed it.

People told us they felt safe and staff treated them with respect and dignity. People's safety was promoted through individualised risk assessments and effective management of the premises. There were systems in place to manage, record and administer medicines safely. Staff competency was checked regularly to ensure they remained aware of their responsibilities in relation to medicines.

The quality and consistency of care had improved since our last inspection. Staff interacted positively with people and were caring and kind. They were reassuring to people when required and supported them at a pace that suited them without rushing. The new manager had implemented a range of improvements, with the support of the provider and staff. There was a strong commitment to provide personalised care, in line with people's needs and preferences, and to create a homely, welcoming environment.

People's health needs were looked after, and medical advice and treatment was sought promptly. A range of health professionals were involved in people's care including GPs, community nurses, dentists and chiropodists. However, we found some inaccuracies within people's records which meant staff may not have had up to date or correct information to guide them in how to provide appropriate care and support to people.

People were offered a varied diet, prepared in a way that met their specific needs, and were given choices. Important information, such as allergens in food, was available to people and staff. The kitchen was available twenty four hours a day so staff could support people to eat whenever they were hungry.

The provider operated safe recruitment processes and recruitment was continuing. There were sufficient staff deployed to provide care and staff were supported in their roles with training, supervision and appraisals. Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through relevant training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The new manager understood this legislation and had submitted DoLS applications for some people living at the home. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

Staff encouraged people to maintain their independence and provided opportunities for people to socialise. Staff supported people to make decisions and to have as much control over their lives as possible. The staff had good natured encounters with people, seemed to know them well, and talked about issues people were clearly interested in. The home employed an activities co-ordinator and there was a range of activities on offer throughout the week. Most activities took place within

Summary of findings

the home, such as singing, entertainers and quiz games. Some people were supported to maintain links with their local community including visiting the library or the local garden centre.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

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.

People's medicines were managed safely.

Staff protected people from avoidable harm and understood the importance of keeping people safe, risks were managed safely and incidents were reported and investigated.

There were sufficient suitable staff with the right skills and experience to care for people.

Good

Is the service effective?
The service was effective.

Staff were trained and supervised to provide effective care and people were helped to maintain their health and wellbeing, saw doctors and other health professionals when necessary and were involved in planning their care?.

People were supported to have enough to eat and drink at a time that they chose.

Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff had a good rapport with people and were compassionate, kind, friendly and supportive. They recognised people's right to privacy and dignity.

Staff listened to people's views and preferences and acted upon them.

Good

Is the service responsive?
The service was responsive.

Care plans were person centred and there was information about people's life histories.

Activities took place both inside and outside of the home dependent on people's interests, such as visits from the church, trips out for lunch or to the community centre.

Good

Is the service well-led?
The service had not been well led. The home did not have a registered manager in place; however, the new manager had submitted their registration application to the commission and was working hard to make improvements including to the quality of care records.

Requires Improvement

Summary of findings

Quality assurance systems were now in place but were not yet always effective.

The home had an open and transparent culture, staff felt supported and responded appropriately to feedback from people and relatives.

Grey Gables (New Milton) Limited

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.

This inspection took place on 10 and 13 March 2015 in response to some concerns we had received. The inspection was unannounced.

The inspection team consisted of two inspectors, a specialist adviser (a nurse with experience of older people and dementia care) and an expert by experience in the care of older people. 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, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. We had not requested a Provider Information Return (PIR) before the inspection because there was not time. A PIR 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. This information helps us decide what areas to focus on during inspection. However, we will request a PIR before the next inspection.

We spoke with seven people and two relatives who were visiting, six care staff, an activities co-ordinator, and an administrator as well as the new manager. We carried out observations throughout the day in the lounge and dining room. We reviewed five people's care plans and pathway tracked five people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, such as medication records, quality audits, maintenance and health and safety records, and five staff recruitment, training and development records. Before the inspection we spoke to a healthcare professional from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe at Grey Gables and had no concerns. One person told us "There are always plenty of staff around here". They said they had rung a call bell on someone else's behalf and staff had come immediately. Another person said "They [the staff] are gentle. Often they get awkward customers but they take it in their stride".

The provider had arrangements in place to manage medicines effectively. We observed staff dispensing medicines to people. They took time with people and asked them for their consent before giving their medicines. They explained what the medicine was and also what it was for. They ensured each person had a drink to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. All medicine administration trained staff had undergone a competency assessment to ensure they were administering medicines safely and recording accurately. Systems for ordering, receiving and disposal of medicines were managed correctly. The storage of medicines, including controlled drugs (CDs) met the required standards. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had received safeguarding training and their training records confirmed this. Staff explained how they would identify and report suspected abuse. They told us they had access to the manager and felt confident they would act if concerns were raised. The home had an up to date safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Staff also knew who they could report concerns to outside of the home if they needed to such as the Care Quality Commission or social services. Information about safeguarding was freely available for people who used the service. There was up to date information on the noticeboard in the hall way to explain what they could do and who they could call if they felt unsafe or at risk of abuse of any kind.

There were enough staff to support people with their care and support needs. Staff frequently asked people if they needed anything and requests were responded to promptly. Staff visited people in their rooms regularly to check that they were okay. People told us their call bells were answered quickly and they didn't have to wait long for help. We saw that this was the case. Staff told us they were happy with the level of staffing and they could meet people's needs. The new manager was in the process of implementing a dependency tool to assist with identifying appropriate staffing levels should people's needs change. Staff rotas for the week of our visit showed the numbers of care staff on duty during the day and two waking night staff for people who required support during the night were in line with what we had been told. The rota also included chefs, domestic staff, administrators and maintenance staff.

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff suitability, skills and experience. Each member of staff had been through an application and interview process and had accounted for any gaps in their employment history. The provider had sought references from previous employers to check people's work history. In addition, checks on whether people had criminal records were completed.

The home and equipment was maintained to a safe standard. Day-to-day repairs were attended to promptly by maintenance staff. There were contracts for the servicing of utilities, such as gas, electricity and water and equipment such as lifts, hoists, electrical items, wheelchairs and baths were checked and serviced regularly.

The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function. The plan included roles and responsibilities of key staff during an emergency, contact details of utilities companies such as gas and water suppliers, and locations of alternative accommodation should this be required.

Good

Is the service effective?

Our findings

People told us they felt well supported by staff who knew them well. One person said "Staff are wonderful. They know what they are doing. Three of them have gone up a notch by getting their exams". People were confident that staff would gain their consent before providing any care or treatment. One person said that staff always knocked before entering their room and would explain why they were there, for example, to help them get washed. If they didn't agree to this, then the staff would go and come back later. People made choices for themselves about their day to day lives. One person told us "I can get up when I please. I'm not forced to. I could stay in bed but would have to say why".

People told us the food was good. One person said "The food is pleasant. I would get an alternative if I didn't like something". Another person told us "There is plenty of food. I could have a snack in the middle of the night. A few nights ago staff did scrambled egg on toast for someone, in the middle of the night". People told us they had access to health care when they needed it. One person said "If I need a doctor I would tell a member of staff and they would arrange it". Another person said "A doctor comes in on Fridays and a chiropodist comes in too".

People were supported with their specific health needs. Staff monitored people's health effectively and were knowledgeable about any changes. Health professionals were called promptly if there were concerns about people's health and referrals to dentists, speech and language therapists, opticians and chiropodists were made when necessary to assist with people's care. There were effective staff meetings at shift-changes to hand over information about people's health and welfare. Staff talked knowledgably about individuals and shared any recent observations or changes in people's wellbeing.

People were cared for by staff who were trained to provide effective care. Staff confirmed there had been a recent change in management and told us the new manager was "Very approachable" and "Supportive". They said training had been a priority and recent training they had undertaken included safeguarding adults (to help staff to understand how to keep people safe from abuse), medication, equality and diversity, fire safety and first aid, which the maintenance staff also attended. The new manager had implemented a system to monitor the training that had been completed by staff and when this needed to be updated. For example, training in COSHH (Control of Substances Hazardous to Health) had been scheduled for all staff to attend in March and this had now taken place. Newly promoted staff had been enrolled on to further courses to aid their understanding of their new responsibilities, such as a level 3 Diploma in health and social care. Staff also used work sheets to develop knowledge and test their understanding of topics such as moving and handling and administration of medicines. The new manager had also identified that some training certificates were missing for some staff who were in the process of bringing copies in to keep as part of their training records.

We were told by the new manager that a recent, life threatening emergency had been dealt with by staff efficiently, calmly and appropriately as a team, including resuscitation. Paramedics were called immediately, arrived on the scene quickly and the person was taken to hospital. Senior staff on duty at the time now felt more confident if they should ever be in charge during a similar event.

People were supported by staff who received effective supervision and appraisal. The new manager had started to provide individual supervision meetings for staff and had put in place a supervision and appraisal schedule for the coming year. Staff confirmed they had received recent supervision and could talk openly and freely about their work, ideas for training or any concerns they may have. Records of what was discussed at each supervision meeting was recorded in staff files. Annual performance appraisals had been carried out in 2014 for all staff and were not yet due for 2015.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. People's mental capacity had been assessed and there was guidance for staff in how to apply the MCA when making assessments. Staff had received training in the MCA and understood what it was for and how it was applied. Part of the MCA relates to the safeguards that protect people's freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local

Good

Is the service effective?

authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. The new manager had made DoLS applications to the local authority and was awaiting the outcome.

People were supported to eat and drink enough and they were complimentary about the quality of the food. Weekly menus were on display in the dining room showing options, and the chef offered people these choices at each mealtime. Allergy information was recorded under each meal choice so people and staff could be aware if there was something they could not eat. The new manager explained there were choices of hot and cold food at each meal, including a cooked breakfast, which we saw on the menus. Staff were available in the dining room at mealtimes to assist with serving the meals, and could offer other foods if requested. This helped them gain immediate feedback on people's views on the menus. People were also offered mid-morning and mid-afternoon drinks and homemade cakes, and evening drinks with biscuits.

Staff understood people's particular dietary needs, their known likes and dislikes and made provision for fortified food and drinks for those at risk of losing weight. People who required pureed or softened food received their choice of meal which was prepared to their requirements and provision was made for people requiring a diabetic diet.

The new manager had made some improvements to the way food was served since being appointed at Grey Gables. They told us that all food was now freshly prepared "From scratch". There was now no set routine and people could have something to eat when they were hungry. They told us "The kitchen is now open 24/7. Staff have been informed that if someone is hungry and wants, for example, scrambled egg on toast at 10pm, you make it for them". When asked, people confirmed that this was the case. We also observed one person enjoying a glass of red wine at 4.20 in the afternoon on the day of our visit which showed us that people's choices were respected.

Good

Is the service caring?

Our findings

People told us they were happy living at Grey Gables. One person said "They [the staff] are wonderful. As soon as I entered the hall I was impressed. I love my room. It's a happy home". Another person told us "They are caring right the way through. They care the whole time". A visiting relative told us it had been a hard decision to agree to move their relative in to a home but said "I can always speak to [the manager]. She is hands on, approachable and friendly".

At the start of the inspection, the new manager told us they had already identified concerns with people's care plans and the care planning process. People had not always been involved in the planning and review of their care. Care plans had not been signed by people or their relatives, in their best interests, to show they had agreed to their plan of care. They told us they were in the process of updating the care planning process and this was now being addressed.

The home employed an activities co-ordinator who told us they spent time with people, finding out about their life histories and likes and preferences to assist them in planning relevant activities. For example, when talking to one person about their life, they found out they liked embroidery so purchased some embroidery needles and thread for them. They told us that if a person was unable to take part in these important discussions, they involved the person's family or friends.

Staff were respectful and displayed compassion when interacting with people. We heard people greet the staff warmly and seemed pleased to see them. The staff were consistently kind, polite and friendly. They seemed to know people well and had good natured encounters with them. We observed that staff communicated clearly and effectively with people, and recognised when people needed assistance. For example, if staff saw people needed some assistance during lunch, this was offered appropriately and with kindness. Staff engaged with people in an unhurried manner. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way. Staff sat with people when having a conversation, showing them respect and consideration. They about things people were interested in, such as the garden, which stimulated their enthusiasm and engagement. Staff were able to tell us in detail about people, such as their care needs, preferences, life histories and what they liked to do.

Some people told us they chose where they had their meals, and others explained how they preferred not to go to the main lounges, but would rather spent time in their room. Staff described how they recognised people's individual choices, such as when to go to bed or get up. Their views were respected. Staff treated people with dignity and respect, used people's preferred names and checked for permission before providing any care or support. When people required personal care the staff were discrete and this ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms.

Relatives were welcomed, visiting was not restricted and there was a 'homely' atmosphere. Although staff were busy, they did not appear rushed and provided care and support for people in a calm and relaxed way. People's hair was clean and styled. Where appropriate, people's make-up and nail polish had been applied, which showed that time and care had been taken to support them with their appearance. People were well dressed in clean clothes and the new manager said it was important to ensure people's dignity was respected in this regard and they checked after each meal that people had no food spilled on their clothes.

People's birthdays were celebrated if they wanted to do so. We heard that staff helped people to celebrate their "Special day" with a birthday cake, balloons and a card signed individually by each member of staff. The new manager told us they purchased flowers and chocolates for everyone on Mother's day so those people who did not receive visitors, also had some gifts to enjoy.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person told us "They're very good here. I've no complaints". A relative said "They are quite decent, nice, nothing to grumble about". People told us that staff listened to them and were responsive if they had any concerns. One person explained "I would see the manager. If she wasn't in her office I would tell staff and they would get her to see me". Overall, people were aware when asked if they had been involved with planning their care. One person told us "Never talked about a care plan but I think they would be responsive". Another person said "I know they are there for me". When asked if they had been involved in planning their care, one person said "I have seen a care plan. I agreed it". Another person told us they had made a contribution "When I came here 18 months ago but not since".

At the start of the inspection, the new manager told us they had already identified concerns with people's care plans and risk assessments. These had not previously been detailed or person centred to reflect people's individual care and support needs and were in the process of being rewritten to include important information, such as their life history and preferences. Staff confirmed this was in the process of being implemented and the activities co-ordinator was speaking to people on a one to one basis to discuss their life histories although this was not yet completed.

Not everyone had received an initial assessment of their needs before moving in to the home so the provider could not previously have assured themselves that they were able to meet the person's needs before they moved in. This issue had already been identified by the new manager who was in the process of implementing a new initial assessment process which clearly demonstrated the involvement of all relevant people.

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes such as being called by their preferred name. People were supported to maintain their independence and enjoyed making decisions for themselves about what they wanted to do. Activities in the home, such as potting up hanging baskets, puzzles and quizzes, music and dominoes, were open to everyone to enjoy. Activities were planned in advance and everyone received a copy of the programme so they could choose what they wanted to join in with. One person told us they were looking forward to the entertainment that afternoon and we saw them enjoying themselves.

People were encouraged and supported to maintain links with their community. Some people went out on their own for a walk or with relatives and friends to the library or garden centre or went out for lunch. One person told us they had lived in the area all their life and still went out to meet their friends.

The manager had a system in place to log and monitor complaints and concerns but had not received any complaints. Staff were aware of the complaints policy and confirmed they would support people to take forward any concerns or complaints they might have. People's informal, verbal concerns, such as with their laundry, were dealt with straight away. There was information for people on the notice board in the hallway to inform them how to make a compliant if they needed to do so.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the new manager was "Very good", "Approachable" and "Friendly". One person went further and said "[The manager] keeps her eye on the staff". Another person told us "I would say it [The home] was well run". People confirmed that the new manager was always on hand to chat with them.

Quality assurance systems for checking care plans and other care records were not always robust or effective. An external quality assurance audit in January 2015 had identified some issues with care plans and other care records. Although the new manager was in the process of re-writing these and told us this was a work in progress, we identified some similar concerns in the new records we reviewed. For example, some people's new care plans had been written by copying and pasting from other people's plans so any errors in the original document had been copied to new care plans, such as three people's communication care plans stated they were able to speak when they were not able to. Another person's health and medication care plan stated "I do take medication at this time", when it should have stated that they did not.

We found errors and omissions in other care records. For example, one person had been identified as losing weight, however their records showed this was not consistently recorded. Another person had a continence care plan but this had not been updated to reflect their current needs, and another person's records stated they had a skin tear but there was no information to explain what clinical support they had received or how this had been reviewed. We spoke to the new manager about this who told us that it had not been a skin tear, and this term had been used incorrectly. We found a number of other examples where the terms used by staff did not correctly reflect the circumstances. The new manager told us they would address this with staff.

The registered person did not maintain accurate or complete records in respect of each service user in relation to their care and treatment. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance.

Staff told us there had been significant positive changes within the home over recent weeks. The previous manager and a number of long standing staff had left and there had been a restructure to the staff team. A new manager had been promoted from their previous role of deputy manager and was in the process of reviewing and implementing new procedures, staffing, care plans, risk assessments and improving the environment. The home had operational policies in place. Some of the policies required updating and the new manager was in the process of reviewing all of these to ensure they were fit for purpose. The home's Statement of Purpose had been updated and sent through to us following the inspection.

The culture within the home was open and transparent. Staff told us the home was well led and that the new manager was professional and approachable. Staff had been consulted about improvements, such as a review of the staff rotas, and said they felt valued because of this. The atmosphere in the home felt positive with management and staff working to together to implement improvements. The new manager was available and visible throughout the home and interacted well with people, relatives and staff.

We spoke at length with the new manager to understand how they were approaching the process of review and significant change. We found they were enthusiastic and proactive in their approach to developing the service and were also open to all of the issues we raised and responded positively to us throughout the course of our visit. They had a clear vision for the future of the home and for people who lived at Grey Gables and this had been communicated to staff. They were supported by administrative staff who had been involved in developing systems to aid improvements, such as "Peer benchmarking". This was where they obtained CQC inspection reports from other similar homes and looked at what they did well. They then measured Grey Gables against this good practice and developed additional action plans to incorporate this.

They told us they had already carried out audits for staff supervisions and medicines competencies and had identified concerns and areas for improvement and had prioritised the work required. They had introduced a number of improvements to the home, including a new approach to supporting people in a more person centred way. An full service audit had been carried out by an external auditor and actions identified from this were already being addressed. They told us the owner of the

Requires Improvement

Is the service well-led?

home was now more involved, was supportive and financial resources were available to support and implement the improvement plan. Staff said the improvements made so far were positive, such as having open access to the kitchen twenty four hours a day so that people could eat whenever they were hungry.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. The home had a complaints procedure and this was available on the noticeboard in the reception area for people's information. People and relatives told us they knew how to make a complaint if they needed to do so. The home had not received any formal complaints, but any concerns raised were acted on. For example, a relative raised verbally that some clothes had not been ironed properly and this was rectified straight away. Further action included domestic staff being given longer hours in the week to ensure that all ironing could be completed and to a good standard.

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 17 HSCA (RA) Regulations 2014 Good governance We found that accurate and complete records were not kept for all service users in relation to the care and treatment provided. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.