

Grey Gables (New Milton) Ltd

# Grey Gables (New Milton) Limited

## Inspection report

29 Kennard Road  
New Milton  
Hampshire  
BH25 5JR

Tel: 01425610144

Date of inspection visit:  
01 March 2017  
02 March 2017

Date of publication:  
20 March 2017

## 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 ●

# Summary of findings

## Overall summary

Grey Gables offers accommodation for up to 24 people who require personal care, including those who are living with dementia.

The inspection was unannounced and was carried out on 1 & 2 March 2017.

At our previous inspection in March 2015 we identified the some improvements were required to monitoring the quality of the service and record keeping. Following the inspection, the provider sent us an action plan telling us the steps they were taking to make the improvements required.

At this inspection we found significant improvements had been made.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager had identified and implemented a number of service audits and monitoring systems. Incidents and accidents were recorded and actions taken and any learning to reduce the risks of it happening again. Care planning had been improved to provide more detailed guidance for staff.

People and relatives told us they felt the home was safe. Staff had received safeguarding training, understood the different types of abuse and explained the action they would take if they identified any concerns. There were sufficient staff deployed to meet people's care, emotional and social support needs.

Plans were in place to manage emergencies including alternative accommodation should the home need to be evacuated. The environment and equipment was regularly checked and servicing contracts were in place, for example for the hoists and stair lift.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks.

Systems were in place for the storage and administration of medicines, including controlled drugs. Staff were trained and their competency assessed to ensure they remained safe to administer medicines.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

People were supported to maintain their health and well-being and had access to healthcare services when

they needed them.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs.

People were supported to have enough to eat and drink and their specific dietary needs were met.

Staff treated people with dignity and respect and ensured their privacy was maintained. Staff were kind and caring, had time for people and sat and listened to them when they wanted to talk. People had access to a choice of planned activities throughout each week.

Initial assessments were carried out before people moved into Grey Gables to ensure their needs could be met. People and, when appropriate, their families or other representatives were involved in decisions about their care planning.

People and relatives were encouraged to give their views about the service. People and relatives confirmed they knew how to make a complaint and would do so if they had cause to.

The registered manager understood their responsibilities and people, relatives and health professionals confirmed they thought the home was organised and efficiently run.

The culture within the home was open and transparent. Staff felt supported by the registered manager and were confident to raise any issues or concerns with them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet people's needs. Recruitment practices ensured that only staff who were suitable to work in social care were employed.

Individual risks to people had been assessed and action taken to minimise the likelihood of harm.

Medicines were managed and stored safely and people received their medicines as prescribed.

People and their families felt the home was safe. Staff followed safeguarding procedures to protect people from abuse or improper treatment.

### Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision. Staff told us they felt well supported in their roles and could seek advice and guidance when needed.

People had access to health professionals and other specialists when needed and referrals were made in a timely way. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

People's rights were protected because staff had a good understanding of the MCA 2005, best interest decisions and DoLS.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy, dignity and wishes. They provided gentle reassurance to people if they became anxious or upset.

Visitors were warmly welcomed and encouraged to maintain

relationships with their family members. Staff supported people and their families to be involved in making decisions about their care and support and promoted people's independence.

People received compassionate care at the end of their life and families were supported by staff during this time.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their families were involved in planning their care. Care plans were person centred and focused on people's individual needs, choices and preferences.

There were opportunities for people to participate in activities, for their physical, social and emotional stimulation, if they wished to do so.

People and families knew who to go to if they had a complaint and felt confident any concerns would be responded to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The culture within the home was open and transparent. Staff felt supported in their roles and understood the vision and values of the home.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Systems were in place to monitor and assess the quality and safety of the home and these were under constant review.

# 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 checked 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 also needed to check the provider had made improvements in the areas of record keeping we identified during our comprehensive inspection in March 2015.

This inspection was unannounced and was carried out on 1 and 3 March 2017 by one inspector.

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 reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also spoke with a social care professional before the inspection to find out their views about the service.

During the inspection we spoke with five people living at the service and a relative who was visiting. We observed people being cared for and supported at various times during our visit to help us understand people's experiences. We spoke with five members of the care staff, one of whom was covering for the chef who was on holiday. We also spoke with the registered manager, two administration staff and three health professionals who were visiting.

We looked at five people's care records, and pathway tracked three people's care to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for five staff. We also looked at other records related to the running of the home, such as health and safety, medication records, incident and accident records and audits monitoring the quality of the service provided.

Following the inspection we contacted another healthcare professional and three relatives for their views about the service.

The home received its last comprehensive inspection in March 2015 when we found one breach of regulation.

# Is the service safe?

## Our findings

People and their families told us they had no concerns about safety at Grey Gables. One person told us "We've had fire alarm tests and we've had practice drills." Another person said "I've got a buzzer and just press it. They [staff] come quickly. I feel safe here." Relatives were all positive about safety within the home and had no concerns. Health professionals told us they had not seen anything that concerned them about people's safety.

People were supported by sufficient numbers of staff to meet their needs. We observed there were always staff in the communal areas and they organised between them who was going to provide support to people, including one to one support in people's rooms. One person told us "There is always someone around and always two [staff] on at night." A relative confirmed they thought there were sufficient staff and said they "Spend a lot of time with [my family member]. They'll sit and chat, lots of one to one contact." Another relative said "The staff are visible. They are always around."

Staffing levels were regularly reviewed and assessed in line with people's changing needs and any new admissions. The registered manager told us there were four care staff, including a senior, on each morning and afternoon shift and this was confirmed during our observations and when we looked at the rotas. There were also two awake staff at night, domestic staff, a chef, two administration staff and a maintenance person. A new activity co-ordinator had been recruited and was awaiting necessary checks before starting work. Recruitment was on-going to replace staff who had left or were on maternity leave.

People were protected from abuse and improper treatment. Staff had received training in safeguarding adults and knew what signs of abuse to look. Staff understood their responsibilities for reporting any concerns to the registered manager and to external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). Staff were aware of the home's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home. Safeguarding information was accessible to staff, including contact details of external agencies.

Risks to people had been identified and action taken to mitigate those risks. Staff were aware of identified risks to people and understood the actions needed to reduce them. Whilst information about risks had been documented as part of a new recording system, it was not always clear from the records what action should be taken. We spoke with the registered manager about the new records. They told us they had recently implemented a new system for documentation and had transferred all the information onto the new templates. However, they had already identified it was not as robust as their previous recording system and following our discussion they reverted back to their previous documentation system. Individual incidents and accidents were logged with details of what had happened, any actions taken were recorded and any learning shared with the staff team to reduce the risks of these happening again.

Systems were in place for the safe storage, administration and management of medicines, including Controlled drugs (CDs). CDs are medicines that are managed under the Misuse of Drugs Act 1971 and require additional safeguards. A CD cabinet was in place to ensure CDs were stored appropriately. The medicines



cupboard was tidy and well organised. Medicines requiring disposal or return to the pharmacy were recorded and securely stored until they were returned. A thermometer was in place to monitor temperatures daily to ensure medicines were stored in line with manufacturer's instructions.

People received their medicines appropriately from senior staff who were trained to do so. Regular observations and assessments were carried out to ensure staff remained competent to give people their medicines. We observed people receiving their medicines by a senior staff member and saw they were knowledgeable about each medicine and what it was for. They took time with people and did not rush them. The staff member told us "We do meds when it's right for them, not always room by room." Each person who received medicines had a medicine administration record (MAR) which recorded the medicines they required. These had been signed by staff after each medicine had been given. However, we found that medicines records had not been accurately reconciled with the stock held on three occasions. The registered manager investigated and identified three recording errors. They documented this and put in place additional checks to ensure any errors in records were not missed in future.

Recruitment processes were in place to assess the suitability of staff before they commenced employment. Applicants provided details of previous employment and references were taken up as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting. Although appropriate checks had been made, three staff files did not contain all documentation required. Following the inspection the provider sent us the evidence.

Regular tests of firefighting equipment and alarms were carried and recorded. Staff had completed fire safety training and regular fire drills were undertaken for people and staff. Equipment within the home, such as hoists, the stair lift and gas appliances were regularly serviced. Staff reported any environmental or equipment repairs to the maintenance staff who addressed these promptly. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that staff had completed training in infection prevention and control.

The home had an emergency plan which contained useful phone numbers and contingency plans for alternative accommodation in the event the home had to be evacuated. Personal evacuation plans had been completed for each person, detailing the specific support they required to evacuate the building.

## Is the service effective?

### Our findings

Staff at Grey Gables supported people to maintain their health and wellbeing. One person told us "Staff ask me about how I am. If I'm poorly they'll get the doctor out, if it's flu or something." Relatives confirmed their family members received the healthcare they required and one relative confirmed "They [staff] called the doctor out [for my family member] who prescribed antibiotics. They phoned me to let me know."

Records confirmed that staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses, when they had any concerns about people's health. For example, staff requested a visit from a doctor for one person who had a cough that was cause for concern. After the prescribed antibiotics had finished the staff recognised the person was still unwell and contacted the out of hour's doctor who visited and prescribed different antibiotics. People also had access to a range of health care services such as chiropody and opticians. We spoke with two visiting opticians who told us staff had noticed that one person seemed to have a problem with their eye and requested a visit. They diagnosed a serious condition which required urgent treatment. They told us the staff were very efficient and knowledgeable and said "We came in to see [the person] and they were admitted to hospital that day."

Staff had received regular training to support them in their role such as person centred care, moving and handling, food safety and first aid. Staff told us they had opportunities for further development and eleven staff had achieved a nationally recognised vocational qualification in health and social care. The registered manager had a schedule of training which monitored when staff were due to update their training. New staff completed an induction that included working alongside experienced staff as well as completing the national Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff told us they received supervision and appraisal which provided them with opportunities to discuss their work performance, concerns and any training with their line manager. We saw records of meetings which confirmed that most staff received supervision although this was infrequent in some cases. However, staff told us they felt well supported and said the registered manager had an open door and they could raise issues or ask for advice whenever they needed to. They also said they had a handover meeting everyday so felt well informed and updated. We observed the handover meeting at 07.45 on the second day of our inspection. Night staff updated the day staff on how everyone had been during the night and what care they had received that morning. The registered manager was present and reminded staff of important issues, such as a medication review for one person.

People's rights were protected because staff had acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager demonstrated a good understanding of mental capacity and how to make best interest decisions. They had carried out

assessments to establish whether people had capacity to make specific decisions when required.

Staff understood the principles of the MCA 2005 and were confident in applying them. Before providing care, staff sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others required appropriate support in relation to best interest decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and had submitted DoLS applications to the local authority for authorisation where required.

People had sufficient food and drink that was prepared in a way that met their needs. One person told us "The food is just like you would have at home, it's exceptionally good. There is a choice. We usually get fish at least one day a week." Another person said "If you don't like what's on the menu they'll get something else for you." A relative told us "The food here is brilliant, really good. I've eaten here! It's all home cooked food to a high standard." A choice of wines and beers were available for people who wanted to have a glass with their meals. Soft drinks were also offered.

We observed staff patiently and politely assisting people to the dining room when their meals were ready. People ate at their own pace and were not rushed. Staff were observant and gave verbal prompts and encouragement to people when required to ensure they ate as much of their meal as they wanted. The dining room was quite small for the number of people, and staff who assisted people to eat did not have room to sit alongside them. We spoke to the registered manager about this who told us they usually tried to serve lunch in two sittings which allowed room to sit with people and assist them. However, on the day of inspection they had been delayed so everyone ate together.

The staff member who was allocated to cook on the days of our inspection was covering the chef who was on holiday. They were also a senior care staff member and were knowledgeable about people's dietary requirements, such as a low sugar or puree diet. They said there was a list in the kitchen to refer to if required which included any allergies or food likes and dislikes.

People's care plans included nutritional assessments and details of their dietary requirements and any specific support needs, such as thickener in their drinks. Guidance for staff included when to prompt people to drink and when they needed full assistance. During both days of our inspection we saw staff consistently replenishing the drinks in the communal areas and assisting people to drink. A relative told us "[My family member] has to be coaxed to drink. They're always topping up with squash. There are always jugs of squash in the lounge." Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake and recorded it on a daily chart.

## Is the service caring?

### Our findings

People and their relatives told us the staff at Grey Gables were very kind and caring. Comments from people included "I'm happy here. It's my home. Excellent staff, first rate" and "The staff are very good, very kind" and "It's a very good home. Just what I was looking for."

Relatives confirmed this and told us "The staff are fantastic! [My family member] couldn't be in a better place. Very friendly staff. I'd recommend it" and "They [staff] have always been very nice, very kind. [My family member] loves it there. She's always comfortable, clean and warm. It's a small home, it's so calm." Relatives also commented that their family members were "Always happy" and "Looks content, always happy and settled" and "The staff are polite, very caring, they'll try anything to help [my family member]."

The atmosphere in the home was calm and relaxed. There was a good rapport; smiles, laughter and banter between staff and people they supported. A relative told us "They have a laugh and a joke with [my family member]. It's fantastic." Staff had time to sit with people throughout the day and chatted with them about things that were important to them, such as their family and what they would like to do.

We observed that staff were kind and thoughtful in their interactions with people. They were observant and responded to people's requests for support, such as help to visit the toilet, discretely and patiently. Staff had a good knowledge of the people they supported and quickly identified if they were becoming anxious or upset and provided reassurance. Staff encouraged people to maintain their independence as much as possible. Staff supported people and relatives to express their views and be involved in making decisions about their care and support.

Staff respected people's privacy and dignity. People chose to spend time in their rooms if they wished and received personal care in the privacy of their rooms. We observed staff knocked on doors before entering people's rooms and asked for permission before providing any care or support. They waited for a response and respected people's wishes if they refused. For example, one person wanted a lie in so staff arranged with them to come back later and support them to get up and washed and dressed.

People were clean, well-groomed and smartly dressed and where they wished to do so, wore make up, jewellery and had their nails painted. The registered manager told us "Residents [people] look nice. If a drink is spilled down them they have to be supported to change. Staff know I won't tolerate anything less."

Staff encouraged people to maintain relationships with their families and friends who were welcome to visit at any time. Relatives told us "There are always smiles, they [staff] say hello. They know us all" and "Staff greet you, they're very welcoming. I can't say a bad word." Staff joined in with celebrating people's birthdays. A relative told us "We brought in a cake. They all sang happy birthday with us. It was lovely."

The registered manager had completed a programme of refurbishment to people's bedrooms, which had been redecorated and refurbished with new flooring. People had personalised their rooms with their own belongings, such as pictures, ornaments and photographs.

People received caring and compassionate care at the end of their life. A health professional from a local hospice told us about a person they had supported to stay at Grey Gables at the end of their life. They told us "All throughout his stay at Grey Gables I was communicated with incredibly well as to what was occurring. To the point that I had great confidence in their abilities to recognise his deterioration. He died peacefully at the home and I was very impressed and touched by what I saw at Grey Gables. During this time, all the staff were a great support to his wife also. I feel their communication with our service is fantastic. 10/10! I feel this shows that they respond appropriately to the needs of the patients that I have seen there. I have great confidence in their abilities and willingness to care for end of life patients."

## Is the service responsive?

### Our findings

People and relatives told us they were happy with the care they received. One person said "Anything you want, you can have." Relatives were also happy and confirmed they were kept informed and involved. A relative told us "It's a fantastic home. [My family member] has settled in really well. Very well looked after." Another relative said "They keep me informed. That's what I like."

Pre-admission assessments were completed with people and their families before they moved into Grey Gables to ensure their individual care needs and preferences could be met. People's care was planned with them and this was recorded in their plans of care. These provided guidance to staff about how each person would like to receive their care and support. This included, for example, their personal care, mobility, pressure area care and continence care. People's life histories, lifestyle activities, social and cultural needs were also documented and understood by staff. People's care plans were reviewed regularly or when their care and support needs changed. We discussed some aspects of care planning with the registered manager as some records were not easy to follow. During the inspection they reviewed the information and made changes to the way they recorded it to make it clearer for staff.

People's daily care, support, activities and any health interventions were recorded in their care records which provided a detailed picture of the care they had received and how they spent their time.

Most people commented they were happy with the activities available to keep them occupied. Although two people said they got bored at times, they went on to say that at their age they didn't really want to do anything and were happy to watch TV or watch what was going on in the lounge. One person told us "We have people come to talk to us about a popular subject, country dancing, music. We have everything here." Another person said they, and the person they sat next to in the lounge, were friends and told us "We get up to mischief together!"

There were a number of visiting entertainers during the two days of our inspection which included a singer, a pianist, and a keep fit facilitator. Most people seemed to enjoy the activities and some people joined in, singing, dancing or tapping their feet. At other times staff encouraged people to read books, take part in quizzes or do colouring if they wished. Staff consistently gave praise and encouragement to people for their participation and effort in joining in and respected people's choice if they decided not to. Staff made time for people who preferred not to join in with planned activities and sat with them, reminiscing or chatting with them. A relative told us "They have open days and themed events. Fantastic. They all enjoy it. They had a Hawaiian party and Christmas party. They encourage family and relatives to come." An activities co-ordinator had recently been recruited to provide dedicated time to provide additional activities, and was waiting to commence employment.

The home had a complaints procedure and this was included in their 'Service User Guide' which was given to people when they first moved into the home. People and relatives told us they had not had cause to complain but would speak with the registered manager if they needed to do so. They felt confident that any concerns would be listened to and responded to. One person told us "I have no complaints. I would mention

it if I did."

# Is the service well-led?

## Our findings

People and relatives told us they knew who the registered manager was and they were always seen around the home and were involved in their care. A relative commented "She [the registered manager] is very approachable. She seems incredibly organised. She runs a tight ship but I think the staff respect that." Another relative told us "It's a very difficult job they do. I'm in awe of them. It's taken a lot of the worry off. I feel very confident and relaxed."

At our previous inspection we found that some improvement was required in relation to monitoring the quality of the service and record keeping. The registered manager had made significant improvements within the home since our last inspection.

The registered manager and administration staff had worked together to identify ways to improve quality assurance systems. Care plans had been re-written in a new format to make information more accessible for staff and this was on-going. The registered manager told us they had carried out on-going reviews of care plans and other documentation since our last inspection as they wanted to "Get it right." They had purchased a quality assurance package which provided templates for monitoring which had recently been implemented. This included updating policies and procedures for staff to follow. We saw action plans were in place as a result and this was a work in progress.

The home had devised a benchmarking process to review how they were doing in relation to other registered homes in the area. They did this by reviewing CQC reports for other homes which had been inspected and rated as requires improvement, good and outstanding. They looked at what these other homes were doing well and where they needed to improve. They identified and measured how they were doing against these reports and developed an action plan accordingly. The administration staff told us "We want to improve and this really helps us to understand what other homes are doing well that we could replicate, and what not to do."

The culture within the home was open and transparent and staff felt able to raise any concerns with the management team. Staff told us they felt very well supported by the registered manager. A staff member told us "She [the registered manager] is really good, gives us information, sits down and explains things. We all know our jobs. We get the training we need. She keeps on top of training." Another staff member said "She's really approachable, a really good manager. She has an open door so any problems can be raised straight away." A third staff member said "She's very pleasant to work with. She has a good ethos, very person centred, encouraging. It's a very lovely place to work." Health professionals told us Grey Gables was a lovely home which was efficiently run. The registered manager communicated well and had a focus on quality care and improving people's experiences. One health professional told us "[The registered manager] has also signed up to my end of life care database and is hoping to attend future link nurse meetings."

People were asked for their views about the care and support they received and surveys were sent out to relatives. The most recent survey results showed relatives thought the service was good or very good. Two people had completed an online survey and comments included "A very happy well-run care home. Staff



very supportive to residents and are well trained and hard working. food excellent and residents happy" and "This is a very well run happy home. We are one big happy family."