

Greydales Limited

Howards Residential Home

Inspection report

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12 June 2018

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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 ●

Summary of findings

Overall summary

Howards Residential Home is a residential care home that provides accommodation and personal care for up to 20 people some living with dementia. The inspection was carried out over two days, the 31 May and the 12 June. Both were unannounced. The service had 19 people using the service on the first day of the inspection and 17 on the second day.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Staff knew how to keep people safe and there was a sufficient number to meet people's needs. People's risks were assessed and measures were put into place to protect people from harm while respecting their freedom of choice. The home was clean. Policies and procedures meant that medicines were managed safely apart from the lack of PRN protocols which has since been addressed.

Staff considered people's individual needs. Staff were trained to deliver the care needed. Staff had sound knowledge of legislation and guidance relating to consent and decision-making requirements. The home's design and decoration met the needs of the people living there. People were supported to maintain a balanced diet and have plenty to drink. People had access to healthcare and staff liaised with healthcare professionals.

Staff were caring and respectful of people and their needs. Staff genuinely appeared to enjoy working for the service. People were cared for in a homely environment. Staff knew people well and interacted with everyone in a friendly caring manner. There was good communication with families who were made to feel welcome and contributed to care planning where people did not have the capacity to do so for themselves.

Staff took time to find out about people as individuals. Activities considered people's interests and hobbies and helped to reduce social isolation. Relatives and people could freely express concerns knowing that they would be listened to and action would be taken. There was great sensitivity around end of life care and people were enabled to express their wishes about how they would like to be cared for at the end of their life.

The registered manager nurtured an open culture in the service, while they provided a good level of support to staff. Good communication was facilitated by meetings and by the registered manager's availability and

approachability. The registered manager continually looked for ways to improve the service and sought the advice of other professionals when needed. The registered manager understood her managerial responsibilities and the legal requirements were met.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Howards 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.

This inspection took place on 31 May and 2 June 2018 and was unannounced. It was a comprehensive inspection.

The inspection team consisted of a lead inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of dementia care.

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 what improvements they plan to make. We reviewed information from notifications of significant events such as serious injury or safeguarding referrals. They contain important information which the provider is required to give us by law.

Over the two days of the inspection, we spoke to 11 people, three relatives, a district nurse, the registered manager and her deputy, two carers, one staff member in the kitchen and the activities coordinator. We looked at four care plans. We reviewed quality audits, staff training and supervision records, recruitment records, medicines records, complaints records, accidents and incidents, activity plans and menus. We observed staff interaction with people in communal areas including the lunchtime meals.

Is the service safe?

Our findings

Everyone we spoke to at the home said that they felt safe. One person said, "I do feel safe here" and "Everything is really good here." A family member told us, "I'm more than happy with the care here and feel my mother is safe here. She has said to me that she feels safe." Another said, "She is so much safer here than she was at home."

People received their medicines as prescribed. Accurate medicines records were kept. Medicines were stored safely in a locked room. A staff member told us, "All the door codes are the same apart from the medicines room, which has a separate code." A carer told me later that she didn't know the code to medicines room, because only the people administering medicines needed to know it. This meant that unauthorised people would not have access to medicines.

There were no PRN protocols in place, which meant that there was no medical guidance for staff on how to give "when required" medicines appropriately. We spoke to the registered manager about this. Following the inspection, she sent us evidence that PRN protocols had been written with the GP.

There were sufficient numbers of staff deployed to meet people's needs. A family member said, "There always seem to be enough staff." One person told us, "There's always someone on hand. I had to press my bell at two am this morning and they came very quickly." People were not waiting too long for care, staff were responding to people in a timely way and often anticipated people's needs instead of people having to ring call bells or call for help.

Staff had been recruited using an effective system where checks were carried out on their suitability for their roles. Organised files were maintained with all the necessary documents including the right to work checks for overseas workers.

Staff had been trained to understand and recognise possible abuse and they knew to report any concerns to the registered manager, senior staff and the local authority. There was guidance for staff in the office and in the staff cloakroom to remind them of the procedures. A staff member told us that they would report abuse straight away and that "It's our job to protect people from harm."

People were protected from potential harm. There was detailed guidance for staff in the care plans on how to manage the risk of harm to people. Staff followed this guidance, for example one person told us they had experienced falls but now the staff walked with them. Staff were seen walking beside this person. No further falls had occurred since this support was put into place.

The home was clean so the risk of infection was minimised. However, we saw bins with no lids and toilet brushes with no covers, which is not good infection control practice. We mentioned this to the manager who agreed to address the issue. Staff wore aprons when serving food or helping people with personal care and they had been trained in infection control. The laundry staff showed us how they used red bags correctly for soiled laundry and kept dirty and clean laundry separate.

Staff acted when things had gone wrong. Where allegations had been made around missing items, the staff had reviewed security procedures in the home. This resulted in people being offered secure storage in their bedrooms, to limit other people's access to items that may be precious to them.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated an understanding of the MCA. Where people lacked capacity, best interest meetings had taken place. For example, we saw one that had been signed by the manager, the deputy and the person's daughter for her to have a table in front of her. There was a locked door policy and five DoLS applications had been sent to the local authority for people unable to consent to this for themselves.

We observed people being treated equally in line with the Equality Act. One person was unable to speak but in their care plan it said that, they could communicate through blinking, hand gestures and some vocalisation. This meant that the person could make their wishes known to staff because they had made an effort to understand the person despite their disability.

Staff received training and attended courses which developed their skills and knowledge. The registered manager said they used a mixture of on line training and face to face courses in the home. Staff were working through the care certificate, which is an agreed set of standards expected in the health and social care sector. The staff were knowledgeable about the role and the care they provided. When staff were helping people to move around the home they used equipment correctly and safely and always explained to people what they were doing.. They had received regular training in how to move and assist people. The registered manager and deputy manager had started to do and record competency assessments, so checking that staff were putting their training into practice.

People had a choice of food and drinks and the chef knew people's individual dietary needs. There was a list in the kitchen detailing this. The registered manager kept a weight record so they could monitor if people gained or lost weight. In response to this they had referred someone to their doctor and dietician and they now received supplements. A family member told us, "My relative is so happy here, she had lost a lot of weight at home and she has now gained weight and is much more settled." People who required a soft or pureed diet received the correct textured food. People were regularly offered snacks and drinks. A person said, "I get offered different food if I don't like the main dish. I can't digest some foods so they always help with this."

People received effective healthcare. Staff knew the care that people needed and recognised if they became unwell and sought advice in a timely way. The local GP visited weekly or more often if required. For example, the GP was due to visit on the day of the inspection because one person had an injury to their hand which needed a medical assessment. Records contained detailed medical histories and health conditions and people regularly saw opticians, dentists, chiropodists and community nurses.

Howards Residential Home feels like a family home because it is small and homely. The registered manager told us she had a plan to redecorate. This plan was underway at the time of our inspection as the lounges had been redecorated. The hard flooring had replaced carpets which people and staff said had made it

easier to move around with less chance of tripping over. There was sufficient signage to help people find different rooms and memory boxes or pictures on people's rooms helped them orientate themselves. One person could independently use the lift to go to their room.

Is the service caring?

Our findings

People were involved in making decisions about their care. The registered manager said that people get up and go to bed whenever they choose. We observed one person going on a hospital visit being asked if they wanted to wear a coat or not.

People told us that staff were caring and considerate. One person said, "Everyone is very caring, I have good company and the atmosphere is good." The carers and activities co-ordinator knew all about the people. Because they knew people's history so well we saw they engaged people in meaningful and friendly conversations about past working lives and areas people had lived. Staff showed respect when addressing and speaking to people but they also showed appropriate affection. One member of staff spoke to a person whilst helping them, they referred to passing the person's old workplace and how when they did so it reminded them of the person. This sparked a lovely conversation between them. One person said, "The staff know all about my past life and we talk about it together." Without exception every interaction was caring, thoughtful and it showed that the staff knew people well.

People told us that staff respected their privacy and dignity. One resident said she liked to stay in the quiet room sometimes on her own and the staff were happy for this to happen. "I am always treated with respect and dignity." We saw that staff knocked on the door before entering people's rooms. On one of these occasions, staff then asked the person if they could go to their cupboard to get their comb out.

People's independence was encouraged. We saw that one person enjoyed the task of folding napkins. Staff told us that they also had someone who rinsed the dinner plates.

People could maintain relationships with families and friends. Visitors were welcome at any time and we saw people sitting with their family or friends. One person told us, "I have lots of visitors and they can come any time to see me." A family member told us, "They have lots of functions for family and friends. I recently attended a lecture about dementia which was open for any family members to attend as well as staff."

Is the service responsive?

Our findings

Before people arrived, a detailed assessment took place so they could be assured their needs could be met. This was then used to form a plan of care. Staff considered people's individual needs. They told us that they give one person a yellow plate with raised edges and a blue bowl because, "These help with her dementia, as she can see them clearly when she eats with a spoon". A family member told us of another person, "The home has arranged for the physiotherapists to make a specially adapted chair for my mother so she is able to see what is going on around her."

People contributed to the planning of their care. Two people said, "Yes we know about our care plans and the staff always ask us if we want anything different". There was record of people's social histories and family members or friends important to them. Staff knew people well enough to know their previous jobs and interests and used this to initiate conversations that were meaningful.

People had access to a variety of activities to stimulate their minds and keep them fit. We saw many people enjoying a bingo session and a game of Jenga but others choose to sit in the quiet lounge. There were trips out to places of interest and local attractions. There were two trips planned in June for small groups of people to Brighton for fish and chips and one person said they were looking forward to that. Staff also said they had time to help people go to local shops or to events. Many people were talking about a planned and regular visit to a local church for tea and cakes. Entertainers also came to the home as well as people who do exercises. One person said, "I enjoy the sitting Tai Chi classes we have, it keeps me moving". Another person said, "I went to the pub the other day". A person from skills for care said that every time they visited there was always something going on. One person said, "There is plenty for me to do if I choose". Everyone we spoke with told us that they felt comfortable with the staff and any concerns were listened to. A person told us when asked how they would make a complaint, "No need to, but if I needed anything I would speak to [the registered manager]." Complaints had been recorded along with clear records of investigations, outcomes and responses to the complainant. There had been eight complaints. Each time the registered manager had considered these and responded to the person to reassure them. Because of one complaint people had been offered safe lockable storage in their rooms and one person held their own room key.

There were systems in place to care for people at the end of their lives. The registered manager said that this depended on how much people were willing to discuss their wishes. We could see from care plans that this had been discussed and people's wishes at the end of their lives and afterwards were recorded. One family member had written to thank staff, saying 'Thank you for all the care and support you gave my mum in the last months of her life. I know she was well looked after.' The registered manager had made links with nurses at the nearest hospice and they had talked to the staff and provided advice and support.

Staff considered people's feelings when a person passed away and made sure support was in place if they needed help with the grieving process. When we first visited the home, a person died that morning and we left the home because staff were busy helping the person at the end of their life and visibly upset at their loss. At our second inspection staff described how they informed the other residents of the death and

encouraged people to raise a glass in their memory.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The registered manager worked in partnership with other agencies. We spoke to a district nurse who visits the home every two weeks. She told us that a member of staff goes with her when she visits her patients and updates their notes, so that they understand what care they need to provide. She said, "Here [Howards Residential Home], we don't have any problems."

The registered manager was also working with a person from skills for care (work force development agency) as part of a mentoring programme. She was visiting the day of the inspection and she told us that she was impressed by the registered manager and deputy because they were always keen to learn new skills and develop their knowledge. She also said that the registered manager had produced an excellent policy on the new data protection legislation which she wanted to share with other managers. This shows that the registered manager kept their skills up to date and sought advice and support and worked with other professionals.

Staff said they worked well as a team and appreciated the openness and approachability of the registered manager. One member of staff said, "The manager is approachable and supportive" and another said, "Everybody gets on well." The skills for care person said that the culture the registered manager had embedded in the home and with the staff was something to be commended.

Staff told us that, "The manager has introduced a mid-morning break meeting to discuss whatever we want". This helped staff create a culture of teamwork within the service. People and their relatives have joint meetings to discuss how the home operated day to day. One family member told us, "There are meetings every three months."

The registered manager understood their responsibility to notify us of any important events and appropriate notifications had been sent. There were quality audits in place. We looked at one file which had a comment, "No significant pattern of incidents" which showed that results were analysed to see if improvements could be made. We also saw the results of a survey which had been sent to all relatives in March. They were positive apart from comments relating to the use of agency staff. As a result, the manager uses the same agency staff to provide consistency.

Ratings from the previous inspection were displayed as required.

