

Abbeyfield North Downs Society Limited

David Gresham House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

David Gresham House is a residential care home without nursing providing accommodation and personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 29 people in one adapted building.

People's experience of using this service and what we found

People were kept safe at David Gresham House by staff who were well trained and experienced. Staff followed robust policies and procedures which ensured people were kept safe from avoidable harm. Staff were knowledgeable in how to report safeguarding concerns. The environment was kept safe and clean, and clear infection control practises were in place.

People were supported to keep a balanced diet, and where necessary were supported with taking their medicines by staff that completed regular competency checks. People had access to a range of activities that were organised by an activities co-ordinator and designed around people's hobbies. People received care appropriate to their needs and risks were well managed and monitored.

People told us staff were kind and caring and this was seen through interactions during the inspection. Staff were seen to respect people's privacy and maintained their dignity when providing support. Staff respected equality and diversity.

The registered manager and staff worked well with other professionals to ensure people received effective support. People had access to health and social care professionals and were supported to attend appointments where necessary.

There were quality assurance audits to ensure any trends or patterns were identified. Staff and the registered manager were aware of their responsibilities. Staff felt supported by the registered manager and all staff took part in regular supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

David Gresham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

David Gresham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications that had been sent through to us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, activities co-ordinator, chef, senior care workers and care workers. We also spoke with one volunteer and one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "Oh goodness yes, you know there's always someone around and it's good for the family to know we're looked after. I wouldn't be anywhere else."
- Staff were confident when they explained to us how to recognise different types of abuse and how they would report any concerns. One staff member said, "It may not always be obvious, and it is our job to ensure that we pick up on any small signs that may normally get missed, for example a change in behaviour."
- Training records showed staff received regular refresher training in safeguarding. The provider also had a safeguarding policy that was available for all staff to read at any point.

Assessing risk, safety monitoring and management

- People's individual risks were identified and assessed. One relative said, "They're very good at managing all of [person's] risks. I know he is as safe as he can be here."
- There was a care plan review process in place which identified any new risks so action could be taken in a timely way and new risk assessments would then be created. Examples of risk assessments included falls risk assessments which offered guidance to staff on how to manage risks.
- Staff were knowledgeable of people's individual risks and were aware of the process of identifying new risks and raising these with the registered manager and senior care staff.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There's plenty of staff, they always have time to have a chat".
- Staff felt they had enough time to provide people with quality support. There was a relaxed atmosphere in the home and staff told us they enjoyed working in the home. One staff said, "I like it here because we have time to chat to people and really take our time with them. It makes such a difference to people's moods, both people that live here, and us as staff."
- The registered manager followed safe recruitment processes. This included a thorough interview process, requesting references from previous employment and checks with the Disclosure and Barring Service (DBS). These checks confirmed whether people were known to police and identified if prospective staff were suitable to work with the people living at the home.

Using medicines safely

- People were safely supported with their medicines where required. One person said, "They're very good at reminding me to take my medicines at the different times of the day. I would probably forget without them."
- Staff were competent in administering medicines to people safely. Staff that were responsible for

administering medicines received regular refresher training and competency checks.

- The registered manager ensured regular medicines audits were completed. This included checks of the Medicine Administration Records (MAR) charts. This system was in place to identify any issues quickly.

Preventing and controlling infection

- People were protected from the risk of the spread of infections. One person said, "The staff are very good at always washing their hands, wearing gloves when they need to and they keep the home lovely and clean".
- There were domestic staff working at the home seven days a week. This ensured the home remained to a good standard of cleanliness.
- Staff received regular infection control training and had access to an infection control policy. One staff member said, "We all know how important it is to constantly be aware of the potential risk of the spread of infection. We all wear gloves when we need to and always wash our hands regularly as well as encourage the people that live here to wash their hands too." There were hand sanitisers and hand washing facilities easily accessible throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager. This enabled any trends or patterns to be identified quickly and addressed. There were no recent incidents as an example, however this process would identify learning quickly.
- The registered manager told us that the home was always keen to learn from any incident that happened. She said, "I will always speak to the staffing team after an incident and we can discuss how we can learn together. That's the way we're going to get the best results."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were thorough assessments prior to a person moving in to the home, this included goals that they wanted to achieve. This ensured that the home could meet all the person's care needs. This assessment then helped create the care plans.
- National standards and guidelines were used when assessing people's needs. For example, the malnutrition universal screening tool (MUST) was used to score a person's risk of malnutrition and weight loss.
- People that had been identified as at risk of dehydration or malnutrition received extra support. For example the chef explained how some foods could be fortified if necessary.

Staff support: induction, training, skills and experience

- People told us that staff were well trained. One person said, "You can tell they know what they're doing. They're very knowledgeable."
- Staff told us that they thought they benefited from the regular mandatory and specialist training. One staff member told us, "The training here is really good, we take a lot from it." Another staff member said, "We get so much training, moving and handling and first aid. There is always some training to do. If we have missed any training the senior will sit down with us and go over things."
- There was a thorough induction process. This included new staff to "shadow" (work alongside and observe) an experienced member of staff before starting to work independently. One staff member said, "The shadowing is really good, because we can really see what people's preferences are in how we deliver the care to them."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to have a balanced diet. One relative said, "The food is very good here, which is important because [person] loves his food."
- People's food were prepared by qualified, designated kitchen staff. These were permanent staff including a chef. There were detailed information in the kitchen easily accessible for staff to know people's dietary needs, likes and dislikes.
- People were supported with specialised diets, such as softened food and pureed diets. On the day of our inspection people received the correct meals at lunch time.
- There were 'hydration stations' in the home to encourage people to regularly have a drink. These were tables set up with glasses, drinks and snacks in easily accessible, communal areas to be available to as many people as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff at the home worked well with other agencies and health care professionals. A visiting health professional said, "The staff here are great, they know what they're doing, they call us between our usual visits for advice or to get us to attend sooner and they always follow advice well."
- Care plans showed that staff had supported people to access regular healthcare appointments. Examples of this were appointments with the dentist, optician and physiotherapist.
- Staff showed good knowledge in how to make timely referrals when any change in needs had been identified. An example of this was seen through a recent referral to the speech and language therapist (SALT) team. Following a person seen to be struggling with swallowing the staff had made the referral and advice had been received for the person to be on a softened diet. This had just been introduced and guidance was detailed in the care plan and in the kitchen.

Adapting service, design, decoration to meet people's needs

- People told us they were comfortable in the welcoming surroundings that had been created by the home. One relative said, "It really is like a home, [person] is so comfortable here, he's got everything he needs, the environment is so relaxed."
- People had access to various comfortable communal areas. There were small areas of seating creating small lounge areas throughout the home. This was appealing for people who wanted to seek a quiet place, however, didn't want to be restricted to their room.
- Attention to detail had been applied to meet people's needs whom were living with early stages of dementia. There were clear signs to main communal areas with pictures where necessary. This reduced the chance of people becoming confused and unable to easily access places they wanted to go to.
- People's room were decorated to their taste. One person showed us how they had all their favourite possessions from their life in their room. The items were displayed on a table as a talking point for the person, staff and any visitors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one living at the home who lacked capacity. Regular MCA assessments had been completed for people who had changing needs and were living with the early stages of dementia.
- Staff were aware of their responsibility to always ask people for their consent. People confirmed that this happened. One person said, "They always check if I'm happy with what they're doing. They would never do something without asking."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind and caring. One person said, "They're very kind. I like how they treat us as equals. We're involved and the staff do that." Another person said, "The staff are all lovely and would do anything for you."
- Relatives confirmed staff were very supportive towards people. One relative said, "Whenever [person] gets upset staff are always there for [person]. No judgement, and they always approach these moods in a really loving, caring way."
- Staff received regular equality and diversity training to ensure all people were treated the with respect and no person was treated differently.
- People told us that they were always given choices every day and often made decisions about their day to day care. One person said, "There are no restrictions, I make all the decisions about when I get my care and support and the staff respect my wishes when I don't want it."
- People were involved with their care plan reviews and signed these to signify they were happy with any changes made to their care. Where appropriate relatives were also involved about these reviews to offer support to people if required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "Staff are very good at respecting my privacy when I'm in my room. They will always knock on my door and wait for me to answer. I will prop the door open when I want it propped open."
- People's dignity was respected by staff. One staff member said, "When I am supporting someone with personal care I make sure that certain areas are covered so the person feels more comfortable."
- People were encouraged to maintain their independence. People were seen to make choices about what they wanted to do on their own and what they wanted support with. One person had reduced mobility and a staff member was seen to say, "Can I help you with getting up or are you ok?" The person stated that they were "ok" and the staff member smiled and passed the person their walking aid, whilst saying, "Well done, those exercise classes are obviously working" to which the person responded with a smile.
- One relative told us, "The staff are great at giving that little push that the people need. So many homes will have staff that just do everything for them, whereas here they encourage them to keep doing those little bits. It keeps the people young."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care they received was personalised. One person said, "It's great, I'm alright here. They keep you interested in things. I've never regretted coming here. I like everyone and it's very friendly."
- The care people received was person centred. One relative said, "The staff are great, they know each person's individual likes, hobbies, they're just great."
- Care plans were regularly reviewed to ensure that any changing needs of people were identified and addressed quickly. There were personalised elements of care plans that were being built on by the registered manager.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to access information in various formats. There were large font documents available to people that had challenges with their eyesight. An example of this was information of a change to be made in the home in letter format. The registered manager explained that this would be taken to the person's room and also read with them to confirm it was understood.
- The home had a microphone and speaker system to support people that had hearing issues. These were used during resident meetings and some activities to ensure all information was understood by everyone in the room. During observations staff were seen to effectively communicate with people who had extra hearing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships that were important to them. One relative said, "The staff make me feel so welcome and I visit a lot, sometimes I'm here twice a day and the staff always tell me it's nice to see me again. They always get me a cuppa, and just make it such an enjoyable experience."
- People were supported to follow interests. Staff were knowledgeable of people's interests and often spoke to them about subjects they enjoyed. One person said, "They know everyone individually. They always speak to me about what interests I used to follow, we often speak about the trips I have been on in my life and I enjoy reminiscing."
- There was an activities co-ordinator in the home who worked alongside other entertainers and exercise instructors and arranged them to come to the home to create a varied activities schedule. People had

personal 'Entertainment and Activity' plan which had an overview of people's needs. These detailed likes and dislikes in all areas, such as music, radio, television, books and newspapers. These also included indoor and outdoor interests and how to fit in different activities which may relate to people's needs.

- The range of activities included Yoga, crosswords, music sing-a-longs, visits from the local nursery and a pen-pal project with a local primary school. Staff were encouraged to join in with the activities co-ordinator so they had a better understanding of the activities people enjoyed.

Improving care quality in response to complaints or concerns

- People told us they were confident if they wanted to make a complaint it would be dealt with correctly. One person said, "If ever I had a problem I know I could go to any member of staff and they would sort it out for me."
- Staff showed good knowledge in how they would support a person to make a complaint. One staff member said, "I would listen, make notes, make sure I have got all the details, assure the person it would get sorted as quickly as possible and then go straight to the manager. It doesn't matter whether it seems small, you've always got to remember people have different perceptions of things and this may be a really big problem for the person."
- There was a complaints policy and procedure for staff and management to follow. This had clear guidance on investigative processes to ensure the complaint was dealt with correctly and reoccurrence of similar concerns were prevented. No recent complaints had been made for the staff or registered manager to deal with.

End of life care and support

- There was nobody receiving end of life care at the time of inspection. However, the staff had recent experience of how to care for someone at the end of their life. Staff showed good knowledge in how they would work with other professionals to find the best ways to support a person entering this stage of their lives.
- Staff were aware of how to support families and relatives of people entering this stage of their lives. Relatives were spoken with who had recent experiences of being supported by staff at the home and they said, "The care they provided was really excellent." The relatives confirmed they felt staff were all skilled and knew the person exceptionally well. They told us there was a nursing issue and paramedics wanted to take the person to hospital. The relatives were grateful the head of care had respected the person's wishes that they wanted to remain at home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us staff, management and the home's president were approachable, the home president was a volunteer who supported the home. One relative said, "[registered manager] is lovely, very approachable, kind and caring. She sets an example for the rest of the staff." A person told us, "[home president] still comes to do activities and they all love her. She will go and visit people in hospital or those who have moved on. She invites people to her house every year. In spring she brings daffodils from her garden for every room."
- Staff told us that the home was "one big family". One staff member said, "This home is such a nice place to work because it is completely inclusive for everyone. The manager's door is always open to not only staff, but all the people that live here."
- There was a clear positive culture within the service to ensure people received the best possible care. One staff member said, "It's all about them, that's why we're here, that's why we do this job, to make their lives as enjoyable as possible, and I think we're good at it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and staff were aware to be transparent in their approach to any issues found at the service. One relative said, "I have total faith that they would tell me if anything went wrong so we could work together to fix it."
- The registered manager understood their responsibility to notify the local authority and CQC of any significant events. This was seen through notifications we had received since the last inspection.
- Staff told us how the registered manager shared learning in staff meetings and staff bulletins to ensure changes as a result of an incident were effective. Evidence of this was seen in the minutes of staff meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were confident in their roles and received regular supervision and competency checks to ensure no further training was needed. A staff member said, "I think we're all clear about what are responsibilities are, if we ever have any questions we just go straight to [registered manager]."
- The registered manager completed regular quality assurance audits to ensure the quality and safety of the service. This included health and safety audits, infection control audits and an independent fire audit. The provider also carried out regular provider audits to check if any improvements were required.

- The registered manager compiled relative's and people's feedback as an additional quality assurance process. This meant the home could measure positive elements of the care provided and any suggested changes could be made quickly.
- Some risk assessments and care plans lacked personal detail, however, the registered manager responded to this in a proactive way and generally care plans contained the personal detail to be effective. During observations it was evident that this lack of detail had no impact on the care as staff knew people well and showed good knowledge of their individual needs, likes and dislikes. The registered manager confirmed this was in the process of being updated and showed examples of detailed risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were invited to regular staff meetings. This addressed any current concerns and improvements required in the home. This also was an opportunity for the registered manager to thank members of staff for recent compliments received.
- People were involved with the running of the house. There were resident's meetings where people could put forward ideas in how to improve the care they received. Examples were seen where improvements had been made to the menu and food served in the home.
- The home worked well with health and social care professionals. Evidence of this was seen through referrals, appointments and advice followed in care plans and comments made by visiting health professionals. One professional said, "I just can't fault them. They're very, very good at working with us and other professionals, the communication is key and they are very good at that here."