

The 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 |  |

Overall summary

David Gresham House is a residential home which provides care, accommodation and companionship for up to 29 older people. The purpose-built house, is in its own landscaped grounds, and is within walking distance of churches, post office, local shops, bus stop and local train station.

On the day of our inspection there were 28 people living in the home. This inspection took place on 10 December 2014 and was unannounced.

We last inspected David Gresham House in September 2013. At that inspection we found the service was meeting all the essential standards we assessed.

The home had a registered manager who was present on the day of inspection. 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.

Summary of findings

People told us care staff treated them properly and they felt safe. We read staff had written information about risks to people and how to manage these in order to keep people safe. Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. People did not have to wait to be assisted.

Processes were in place in relation to the correct storage and audit of people's medicines. Medicines were administered and disposed of in a safe way.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could regularly go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who

they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit or leave the home.

People and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. We read that staff ensured people had access to healthcare professionals when needed. For example overview of doctors or optician visits had been recorded in people's care plans.

People's views were obtained by holding residents meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The provider had quality assurance systems in place to audit the home. This included regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

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 is safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were processes for recording accidents and incidents.

Good



Is the service effective?

The service is effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Good



Is the service caring?

The service is caring.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care

Good



Is the service responsive?

The service is responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

Good



Summary of findings

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

The service is well –led.

There was a registered manager employed in the home. The staff were well supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

David Gresham House

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 December 2014 and was unannounced. This meant the staff and provider did not know when we would be visiting. The inspection was carried out by two inspectors 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.

During the inspection we spoke with eight people who lived at David Gresham House, six care staff, three relatives, the registered manager, the clinical operations director, the founding member (the person who started the home) and

one health care professional. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different units within the building, the main lounge and dining area.

We reviewed a variety of documents which included four people's care plans, six staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. A provider information return (PIR) was not requested before the inspection took place. We asked the registered manager to send us some additional information following our visit, which they did.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Prior to our inspection we had received anonymous concerns about the standard of food within the home.

We last inspected the service on 30 September 2013 where no concerns were identified.

Is the service safe?

Our findings

People we spoke to told us they felt safe living at the home. Comments included; “Yes. I’m safe I have a neck pendant if I fall I press it and the girls come immediately” and “When I first came here after a stroke, the staff encouraged me to go down the stairs for meals, I was wobbly using my stick and staff would take my arm and support me.”

Other people told us; “Safe. Oh gosh yes, they come within minutes when you ring the bell.” “There are lights on all the way around the building so you are safe walking about” and “I feel safe I used to work in security and can see here doors and windows are secure and there is staff on at night.”

The provider and staff had taken steps to help protect people from avoidable harm and discrimination. The registered manager and staff told us they were aware of these and they were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us, “I would report it to the registered manager”. Another said, “We have phone numbers in the office for CQC, etc.”

The risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. The registered manager had ensured the staff assessed the risks for each individual and recorded these. Staff were able to describe risks and supporting care practices for people. One person said “I like to go out for walks every day I do about two miles. When I first came I had very little power in my leg so practised going up and down the stairs holding onto the rails and staff checked my progress.”

We checked a sample of risk assessments and found plans had been developed to support people’s choices whilst minimising the likelihood of harm. The risk assessments included people’s mobility risk, nutritional risk or specific health risks. One staff member said, “We have a risk assessment for just about everything. If a resident wishes to go out we can’t refuse them, but we would advise them. People like to retain their independence, that’s why they’re

here.” They added they used the falls team (a support team who give advice to help prevent further falls) where necessary to provide guidance for staff on people who were at high risk of falling.

People’s medicines were managed so they received them safely. One person told us “Staff came in and chat to see how I feel. They give me pain relief if it is necessary. If I want to stay in bed they bring my meals up to me.” One relative told us as far as medicine was concerned it was very structured for their relative. They said “We are able to ask what it was for and staff always listens to what my relative wants and are fully aware of their wishes”.

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Staff used a monitored dosage system which was supplied by the local pharmacy. Each person had a medication administration record (MAR) chart record which stated what medicines they had been prescribed and when they should be taken. Staff dispensed medicines into individual pots before giving them to people. We observed staff ensuring people had taken their medicines before completing the MAR chart. We looked at a sample of MAR charts and saw they were completed fully and signed by trained staff.

We noted in one person’s care file that they were allergic to three medicines. We spoke with staff who were able to confirm they were aware of this; however it was not recorded on the dosage system. We spoke with the registered manager who said they would ensure this was updated straight away. This would ensure that medicines a person was allergic too would not be dispensed by the pharmacy.

We observed the senior carer giving out medicines to one person. They gave the person their tablets with a glass of water and observed the person whilst it was taken. At the end of the medicines round we saw staff return the trolley to the clinical room and secure it to the wall.

Staff said there were enough staff on duty. They told us they had time to sit and socially interact with people. One member of staff told us, “In the afternoon I tend to sit down and talk to people.” On a Wednesday there was an additional member of staff on duty in the morning because the hairdresser was on site. This meant staff could give

Is the service safe?

support to the hairdresser if they needed it. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance and phone colleagues to help people when needed.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure

and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The home had emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "I went to one of their training sessions to see what it was like. It was about handling people with dementia. I was able to discuss with them my experiences dealing with people with dementia." Another person told us, "Staff very well trained, the carers know the basics, seniors very good" and one relative said, "This home is very well staffed by comparison to other homes we visited."

The registered manager told us senior staff held the national vocational qualifications (NVQ) up to Level 3 and most care staff, Level 2. This was confirmed by staff we spoke with. One member of staff told us, "Done just about every bit of training we have here, I do all the training, even if it's for guidance." Another member of staff said, "I have regular training such as manual handling, COSHH or dementia training. The organisation is very good with training." A further member of staff told us they were encouraged to develop their careers within the home and several care staff had been promoted to seniors.

Staff said they had appraisals which meant they had the opportunity to meet with their line manager on a one to one basis to discuss their work or any concerns they had. They also had regular supervisions. This was confirmed in the staff files we read. One staff member told us, "We have group and single supervisions."

Staff received an induction. One member of staff said their induction started with shadowing both night shifts and day shifts which allowed them to get to know the layout of the building and read care files to identify the support people needed.

People were not restricted in the home. One person told us, "Now that I am stronger I go out for a walk around the shops up along the railway path and back around the garden. I plan to help in the garden next year. Sometimes I use my freedom pass and get a bus into Oxted."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff had received training in the Mental Capacity Act (MCA) 2005 and

Deprivation of Liberty Safeguards (DoLS). The registered manager and staff demonstrated their understanding of DoLS. People were not restricted or deprived of their freedom to move around or leave the home and we observed this on several occasions.

People's nutritional needs were met. One person said; "They feed you well here I have put on a one stone since I have been here staff always nagging me to drink water." Another person said; "There is always a choice and you get to dish up your own vegetables and you can choose your own portions size. There is always a salad if you feel the need for a vegetarian dish".

We heard the kitchen assistant ask people, "What would you like for lunch." And they told one person who asked for something different, "There is always a choice". We observed lunch time in the dining room. Staff served people in the dining room. One person who was unwell ate their meal in their own room. Lunch time was lively with people chatting to each other. People were offered a choice of drinks by staff and staff put dishes of vegetables on individual tables so people could help themselves and make their own choices about how much or what they ate. One person asked for bread to accompany their lunch and staff provided this to them. We noted that a choice of fruit juices was being offered throughout the meal. Everyone was allowed to eat at their own pace whilst staff circulated checking that people were enjoying their dinner offering extras and discretely assisted several people by cutting up the meat. We noted one person had a plate guard to help them maintain their independence in eating their meal for themselves.

The menu was displayed outside of the dining room and this included the main meal of the day, together with the alternatives on offer including a vegetarian option. People we spoke with told us the meals were good and there was always plenty to eat and drink. The following comments were made by people "There is a new chef, he is very good cannot complain. I often get a choice of two things for dinner and the sweet trolley is something to see. Hence why I have put on weight."

Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments such as to the dentist, doctor or optician. We read staff made referrals to other health professionals such as the speech and language therapist, the falls team,

Is the service effective?

district nurse or the dementia nurse when required. We spoke to visiting professional during our inspection who told us that the home makes appropriate referrals and in a timely manner.

Is the service caring?

Our findings

People told us that the staff were very caring. One person said; "I depend on their friendship, always having lots of laughs with staff and the volunteers all marvellous."

Another person told us "They do look after me; if I am not well they let me stay in bed for the day. If I am feeling wobbly they always accompany me. They are always available to assist me with my walking." A relative said "I am confident that the staff are caring by the way they talk to everyone."

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff answered our questions in detail without having to refer to people's care records. This showed us that staff were aware of the up to date needs of people within their care. One member of staff told us, "I sometimes feel I care too much. You've got to care to do this job."

People were treated with dignity and respect and we observed examples of this. One person was asked very discreetly if they wanted to go to the toilet after calling for a staff member and we saw staff knocking on bedroom doors and asking permission before entering.

We heard staff speak nicely to people and show them respect. There was a good sense that people and staff knew each other well and they spoke to each other in a relaxed jovial manner.

Staff at the service explained they offered information to people and their relatives in connection with any support they provided or could be provided by other organisations. We saw the reception area had various leaflets to advice on advocacy, bereavement and safeguarding.

We asked people and family members if they had been involved by the staff in their care or the care of their relative and all of them felt that they were included and kept up to date by the registered manager and the staff at the home. A relative said, "Staff are very helpful, caring and very inclusive. Always chat with the family and keeps them informed of progress. I come in every day but staff will still phone home if a doctor is called or there is a concern".

One person said, "I discuss my care plan each month. They ask me lots of questions. I am surprised how much they know about me. I am able to have two baths a week". Another person said, "I sit down with them once a month and go through the care plan. I tell them if I have got any worries and they listen and jot down the notes". Another person commented "It's the personal touch staff have been here so long and I depend on their friendship".

One relative said "Staff helpful, caring, very inclusive always chats with family. They are saints, very patient. They keep me informed always talk about progress being made".

We saw a number of people leaving David Gresham House to go out shopping or visit family and friends; from what we saw, staff had a caring approach and this was confirmed by the professionals, relatives and people themselves that we spoke with during the inspection.

Is the service responsive?

Our findings

One person said, "My daughter visited every single home in the area and I say she made a very good choice. The staff always come in and asks what I want to do. If I want to stay up late watching the TV they tell me to ring the buzzer when I want to go to bed." Another person said "It's a happy atmosphere nothing too much trouble, staff have been here for donkeys years they all know each other and work well together."

Before people moved into the home they had an assessment of their needs completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person's background and were then able to facilitate conversations about their family or life stories. Care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible.

Staff were responsible for a number of people individually which meant they ensured people's care plans were reviewed on a regular basis. We read reviews were undertaken and staff discussed with people their goals. For example, one person said they wished to remain independent and continue to see their friends and family. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

We read in care plans people had information which related to their preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There was information included on how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. A relative said; staff are helpful, caring, very inclusive always chats with family. They are saints, very patient. They keep me informed always talk about any concerns or progress being made."

One person told us they could do whatever they liked. Their relative said "This is home from home; my family member is able to entertain their friends at any time. When they came in they were able to bring in their own pictures and some of their favourite pieces of furniture and able to change them around as they wants."

There was a comprehensive list of activities displayed in the foyer. During the day there was a person's 100th birthday celebration and music session in the afternoon. We observed the birthday celebration, friends and family along with people who lived there had been invited. Volunteers served the drinks and cake and spent time chatting to people, relatives and visitors.

One person told us staff had encouraged them to keep their old hobbies and said, "I play cards on the everyday and sometimes go my club." Another person said "Here there are quizzes, poetry session and some of us play scrabble together. We have visited some gardens and National Trust estates I enjoy going out. If you are prepared to join in they let you and don't force you if you are not interested."

Staff told us activities were set up so anyone could join in. They said, "There's always something going on here." Other activities were individualised. For example, one person liked knitting, so a knitting club had been established. People could go into the garden if they wished. Staff told us friends and relatives could come and have lunch with their family member if they wished. We saw this on the day of our inspection.

One person told us they could do whatever they liked. Their relative said "This is home from home; my family member is able to entertain their friends at any time. When they came in they were able to bring in their own pictures and some of their favourite pieces of furniture and able to change them around as they wants." Staff told us they had accompanied one person to a family social event which meant this person was supported to maintain relationships important to them.

People told us they knew how to make a complaint if they needed to. One person said that they had made a complaint about another residents coming in to their room every night and that as soon as it was mentioned to staff it

Is the service responsive?

was resolved straight away. Another person said, “I made a complaint cannot remember what it was about but it was heard by the trustees and I had a response that I was pleased with.”

We found the registered manager had dealt with any previous complaints and had also passed any concerns to the trustee's for monitoring and to identify improvements or actions that may need to be taken. The complaints policy was displayed in the foyer, and each person had a copy of it in the service user guide.

People felt they had a say in how the home was run. People we spoke told us that they remembered filling out a survey and one person said; “There is a suggestion box at the front if you think of something you can make a note and put it into the box. Any suggestions are discussed at resident meeting.” Another person told us; “At residents meeting you are encouraged to speak your own mind. A number of us walk around the garden and we raised this at the meeting. The committee has set aside some money in the budget and the garden is going to be upgraded next spring.”

Is the service well-led?

Our findings

The home had a registered manager in day to day charge. Relatives we spoke with and people all knew who the registered manager was and felt that they could approach them with any problems they had.

The registered manager interacted well with the people who lived at the home and one person said, “Managers office is open all the time. Senior on all the time if you have any concerns” and another person said, “Oh yes the home is well led. The registered manager is a hands on.”

Staff were positive about the management of David Gresham House. Staff told us they felt supported by management and could go to them if they had any concerns. One member of staff said, “I’ve gone to the senior about a few things and they’ve acted on them. The management is really good and I think it’s run well.” They added if they had serious concerns they would feel comfortable whistleblowing. Another member of staff said, “I’ve never been somewhere that’s so supportive. I’m so happy with the level of care here. It’s brilliant.”

One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor to ensure staff put

these aims into practice. Any issues identified would be covered in an individual or group supervision session. One member of staff said senior staff checked they worked in line with the aims of the service and they did this as a team.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

We sat with staff as they passed relevant information on to the next staff shift that was taking over (known as a handover). This ensured that all staff were up to date with any events, concerns or updates in connection with the home.

People, relatives and staff were asked for their feedback on the service. People we spoke told us that they remembered filling out a survey and one person said “There is a suggestion box at the front if you think of something you can make a note and put it into the box. Any suggestions are discussed at resident meeting and acted on.”

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.