Grey's Residential Homes Ltd

Greys Residential Home

Inspection report

Hook Heath Road
Woking
Surrey
GU22 0JQ

Tel: 01483771523
Website: www.greysresidential.co.uk

Date of inspection visit:
23 November 2018
27 November 2018
30 November 2018

Date of publication:
24 December 2018

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

This was an unannounced inspection that took place on 23, 27 and 30 November 2018.

Greys Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation for up to 24 older people some of whom may have dementia. It is located in Woking area of Surrey.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At the last inspection in April 2017, the key question of safe was rated requires improvement. The other key questions of effective, caring, responsive and well-led were rated good. The overall rating was good. We identified one breach of the regulations regarding action not always being taken to reduce the risk of harm to people. At this inspection this breach of regulations identified in April 2017 was met.

People thought the home provided a friendly and relaxed atmosphere with very good care and support. There were enough staff to meet people's needs and they did so in a respectful, kind and compassionate manner.

The home had thorough, comprehensive and up to date records that were regularly reviewed with information presented in a clear and easy to understand way.

People were encouraged to discuss health needs and had access to community based health professionals as required as well as the home's care staff. People's diets were balanced, protected them from nutrition and hydration associated risks and also met their likes, dislikes and preferences. People and their relatives said the meals provided were of good quality and there were sufficient choices available. Staff prompted people to eat their meals and drink as required whilst enabling them to eat at their own pace and enjoy meals.

The home was clean, well-furnished and maintained and provided a safe environment for people to live and staff to work in.

Staff had a thorough knowledge of the people they supported and appropriate skills and training to meet people's needs competently. They provided people with individualised care that was provided in a professional, friendly and supportive way.

Staff knew of their responsibility to treat people equally and respect their diversity and human rights. They

treated everyone equally and fairly whilst recognizing and respecting people's differences.

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, applications under DoLS had been authorised and the provider was complying with the conditions applied to the authorisation.

Staff said the registered manager and organisation provided good support and there were opportunities for career advancement.

People and their relatives found the registered manager and staff to be approachable, responsive and they encouraged feedback from people.

The home had systems that consistently monitored and assessed the quality of the service provided.

The health care professionals that we contacted were very positive about the care and support provided by the home and raised no concerns regarding its quality.

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.

People said they were safe. There were appropriate numbers of skilled and vetted staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and balanced diets were provided. The home was decorated and laid out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff was provided with training. People underwent mental capacity and DoLS assessments and 'Best interests' meetings were arranged as required.

Staff teams worked well together internally and across organisations.

Is the service caring?

Good

The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's backgrounds, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive

way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided.

People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Staff were trained to meet people's end of life needs.

Is the service well-led?

Good

The service was well led

There was a clear vision and positive culture within the home that was focussed on people as individuals. They were enabled to make decisions in an encouraging and inclusive atmosphere. People were familiar with who the registered manager and staff were and encouraged to put their views forward.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Staff were well supported by the registered manager and management team and advancement opportunities were available to them.

Greys 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 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.

This was an unannounced inspection and took place on 23, 27 and 30 November 2018.

This inspection was carried out by one inspector over three days.

There were 20 people living at the home. We spoke with five people, three relatives, eight staff, a visiting GP, the registered manager, proprietor and other healthcare professionals whom had knowledge of the home.

We did not use information from the Provider Information Return as one had not been requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and the home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people and three staff files.

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.

Good

Is the service safe?

Our findings

People said that the home was a safe place to live with an atmosphere that was welcoming and relaxed. One person told us, "I just feel safe and happy here." Another person said, "Always someone around." A relative commented, "Nice, safe environment, [person] never wanted to go into a home, but is really happy here."

At the last inspection, we identified one breach of the regulations and made a requirement regarding action not always being taken to reduce the risk of harm to people. This was despite safeguarding systems and processes being in place. We followed up the requirement, at this inspection and found it to be met. During our visit staff observed that someone was not their usual self and brought it to the attention of senior staff. A GP was called with minimum of fuss so that other people would not become alarmed. After consultation with the GP, paramedics were alerted and attended. The person was accompanied to hospital with a hospital passport, Do Not Resuscitate (DNR) and medicine information.

Staff were aware of how to raise a safeguarding alert, had received safeguarding training and were provided with a handbook containing safeguarding information. There were no current safeguarding alerts. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. Staff were aware of the procedure to follow and agencies to contact to make sure people were safe.

Staff were provided with policies and procedures regarding protecting people from abuse and harm, that was reflected in their positive care practices. Staff told us their understanding of what constituted abuse and the action to take if they encountered it. Their understanding also matched the provider's policies and procedures. Staff said their induction and refresher training included protecting people from harm and abuse and was a very important part of their roles.

The home enabled people to enjoy their lives safely, by carrying out risk assessments that included all aspects of people's lives including their health, welfare and social activities. The risk assessments were reviewed and updated as people's needs and interests changed. Staff shared relevant information during shift handovers, staff meetings and when risks arose. Risk assessments were also used to learn lessons if something had gone wrong. The home kept accident and incident records that were monitored to identify any trending risk areas. There was a whistle-blowing procedure that staff said they were aware of, understood and prepared to use if necessary.

The building risk assessments were comprehensive, regularly reviewed and updated. The home's equipment was also regularly checked and serviced. There was a fire evacuation plan.

There were staff in suitable numbers to make sure that people received the care they required safely and made them feel safe. The number of staff on duty matched the staff rota. This meant the home was able to meet people's needs in a safe, enjoyable and unrushed way, that was demonstrated by people's positive body language and responses to staff. The home had no current staff vacancies.

The staff recruitment procedure was thorough, with all stages of the process recorded. This included advertising the post, providing a job description and person specification and short-listing prospective staff for interview. The interview contained scenario based questions to identify people's communication skills, attitude towards care and knowledge of the type of service the home provided. References were taken up, work history checked for any gaps and Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post. There was a six-month probationary period, during which new staff were able to shadow more experienced ones. New staff were introduced to people at the home meetings. The home had disciplinary policies and procedures that staff confirmed they understood.

Staff were infection control, hand hygiene and food hygiene and handling trained. This was reflected in their working practices. The home carried out infection control checks and regular infection control audits as part of their quality assurance. There was also a plentiful stock of equipment that included gloves and aprons for giving personal care. This helped to minimise the risk of infection.

Staff understood de-escalation techniques in instances where people may display behaviour that others could interpret as challenging. These were focussed on people individually and staff had appropriate knowledge to do so successfully. Any staff actions were recorded in people's care plans.

Medicine was safely administered to people. The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to up to date guidance. The medicine records for all people were checked and found to be complete and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specified controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The medicine was safely stored in a locked facility and appropriately disposed of if no longer required. There were medicine profiles for each person in place.

The health care professionals we contacted raised no concerns regarding the home providing a safe service for people.

Good

Is the service effective?

Our findings

People made decisions about the care and support provided and how staff would deliver it. Staff had the skills to communicate with people, in general and those with dementia, in a way that enabled them to understand. This increased the ability of staff, to meet people's needs in a way that was appropriate to them. People and their relatives said that the way staff provided care and support was what was needed and was delivered in a friendly, relaxed, patient and professional way. One person said, "Staff stop and chat, they don't just do a job and go away." Another person told us, "I'm so content and have no criticisms." A relative said, "For the residents and about the residents." Another relative told us, "Most importantly grandma is really happy here."

Staff received induction and annual mandatory training. The induction was thorough, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the provider. All aspects of the service and people were covered and new staff shadowed more experienced staff. This increased their knowledge of the home, people and provided a good standard of quality care. The training matrix and annual training and development plans identified when mandatory training was due.

Training encompassed the 'Care Certificate Common Standards' and included dementia awareness, communicating effectively, role of the care worker, person centred care, moving and handling, first aid, fire safety and health and safety. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

Staff meetings included opportunities to identify further training needs. Two monthly supervision sessions and annual appraisals took place that were used, in part, to identify any gaps in training.

The home carried out assessments of people's needs with them and their relatives, and if it was identified that needs could be met people and their relatives were invited to visit. If a service was commissioned by a local authority or the NHS, assessment information was requested from these organisations or from a care home if they had been transferred.

People could visit the home as many times as they wished before deciding if they wanted to move in and were fully consulted and involved in the decision-making process. The visits were also used to identify if people would fit in with those already living at the home. Staff said it was essential to capture people's views as well as those of relatives so that care could be focussed on the person. A lot of people had referred themselves or referrals were made by their families. This was because they had first experienced a short stay at the home prior to moving in permanently or knew other people who lived there. A relative told us, "We looked at 22 places and chose this one. Couldn't have made a better choice."

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".

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider and applications under the Deprivation of Liberty Safeguards (DoLS) had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interest's meetings were arranged as required. Best interest's meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

We checked if the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in people's needs and support. The records demonstrated that staff liaised and worked with relevant community health services including hospital discharge teams, GPs and district nurses, making referrals when required and sharing information.

People's care plans included areas regarding health, nutrition and diet. Full nutritional assessments were carried out and regularly updated. If required weight charts were kept and staff monitored how much people had to eat and drink. We saw this during meal times with staff frequently encouraging people to keep up their hydration levels. Staff also provided nutritional advice. There was person specific information regarding any support required at meal times, including any possibility of choking and diabetes.

Each person had access to a GP and staff said that any concerns were raised and discussed with the person's GP and relatives as appropriate. People had annual health checks. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

The home had seasonal menus that provided a good variety of choice and requests for other meals, not on the menu were met. During our visit staff supported people in a timely way and no one had to wait for their lunch. They encouraged people to eat meals, if required, in a patient, courteous and helpful way. They made sure people, who needed support and encouragement to eat, received it. This was particularly focussed on anyone with dementia who had their needs met. Staff spoke to people at a pace that they understood and repeated information as many times as required so that they could understand what staff were saying and meant. This was done at eye contact level. Staff also used body language that was appropriate and that people positively responded to. People's meal choices were explained and staff revisited them as many times as people required to help them know what they were. They also spent time explaining to people what they were eating during the meal and checked they had enough to eat. This made mealtimes an enjoyable experience for people.

Special diets on health, religious, cultural or other grounds were provided. Regular meetings took place

between people and catering staff to discuss the quality of the meals, how they were served and choices. The meals we saw were of very good quality and people commented on how much they enjoyed them. They looked appetising, smelt nice, were nutritious, hot and monitored to ensure they were provided at the correct temperature. When asked by staff, people said they enjoyed the meals. One person told us, "We are encouraged to make menu suggestions." Another person said, "The food is excellent with very good choices." A relative commented, "I've been invited to lunch, the food is really good."

The home was clean, well decorated, well-maintained and odour free. The layout was conducive to providing people with a homely atmosphere with suitable communal and personal accommodation. This meant people had the space to socialize as much or as little as they wished.

The health care professionals we contacted raised no concerns regarding the home providing an effective service for people.

Good

Is the service caring?

Our findings

One person said, "The girls {staff] are fantastic." Another person told us, "There is nobody [staff] I don't like. They are always there when I need them." A further person commented, "They [staff] give everything such a homely feel that makes me feel safe." A relative said, "Carers [staff] make a real effort to talk to people and comment on their clothes and how nice they look." Another relative told us "Head and shoulders above anywhere else I have seen with staff making everybody feel part of the family." A further relative commented, "Amazing staff."

People received care based on staff treating them with dignity, compassion and respect. Staff were attentive and responded to people promptly, addressing people by their preferred name, title or nickname. They knocked on people's bedroom doors and waited for a response before entering.

Staff were provided with equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognizing and respecting people's differences. This was reflected by staff demonstrating positive care practices and confirmed by people and their relatives. People said staff did not talk down to them and they were treated very respectfully, equally and as equals. One person told us, "What I really like is that they [staff] never talk about other residents in a bad way or betray any confidences."

People and their relatives said staff acknowledged them and listened to and valued their views and opinions. They said staff always went out of their way to say hello and everyone was treated with respect and patience, in a friendly, caring and helpful way.

Staff worked very hard to make sure people's needs were met and this was demonstrated by the way they delivered care and their work ethic. People said nothing was too much trouble. Staff were aware of the dangers of social isolation and stimulated and encouraged people to have conversations with each other as well as talking to them. They applied their knowledge of people as individuals and their needs and preferences to enable them to lead happy and rewarding lives. This was individually and as a team. People were treated with kindness and understanding with staff taking a real interest in them, chatting about their respective families and events. The staff approach to care was supported and underpinned by the life history information contained in people's care plans that people, their relatives and staff contributed to and regularly updated.

There was an advocacy service available that people had access to if required.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a policy regarding people's right to privacy, dignity and respect, that staff followed throughout the home, in a courteous, discreet and respectful way, even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the

people. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

The health care professionals we contacted raised no concerns regarding the home providing a caring service for people.

Good

Is the service responsive?

Our findings

People said the registered manager, staff and organisation sought their opinions and suggestions about how support was delivered and all aspects of living at the home. They did this formally through meetings and keyworker sessions and informally during casual conversations. People and their relatives were invited to general home meetings and those specific to themselves. The meetings were minuted and people were supported to put their views forward.

Staff made themselves available to people and their visitors if they wished to discuss any problems or if they just wanted a chat. This meant that people were able to decide the support they received and staff delivered support in a way that was appropriate and enjoyable for them. One person said, "They [staff] always ask me what I want to do, can't fault it." Another person told us, "Staff are amazing, nothing is ever too much trouble." A relative told us, "Living here is such a positive experience for her [person]." Another relative said, "The peace of mind is amazing, she [person] couldn't be in a better place"

The written information about the home was in an easy to understand format. It was in sufficient detail to enable people to understand the type of care and support they could expect. It also described the home's expectations of them.

People's needs assessments were the basis of their initial care plans. The care plans were recorded on an electronic system with essential 'Grab' information paper summaries available for emergency situations. The care plans focussed on people as individuals and were live documents that contained their social and life history. They included people's interests and hobbies and were added to, with staff when new information became available. The information gave people an opportunity to identify activities they may wish to pursue. People's needs were regularly reviewed, re-assessed with them and their care plans updated to meet any changing needs. People set goals with staff to meet their needs that were also reviewed and daily notes fed into the care plans. The daily notes confirmed that identified activity goals took place. People were encouraged to take ownership of their care plans and contribute to them when they wished. Care plan goals were underpinned by assessments of risk to people.

The home provided a variety of activities based on people's wishes and staff knowledge of people's likes and dislikes. The communal activities were regularly reviewed to make sure they were focussed on what people wanted. The high uptake of group activities reflected their success and popularity. Themed film afternoons took place with Paddington Bear a firm favourite. Marmalade sandwiches were available during the intermission, a marmalade cake at tea time and the registered manager was dressed in a duffle coat. People also attended H.G. Wells themed tea dances in Woking and bell ringing sessions. One person said, "Always plenty to do, I'm part of the knitting group and we knit things for the St Peter's Hospital maternity unit." They showed us all the wool they had. During activity sessions people were encouraged to join in but not pressured to do so.

A timetable of weekly activities was available that took into account people's interests and ability to participate with staff reminding people of what was taking place each day. The activities co-ordinator

facilitated a programme of activities that people had chosen. These included manicures and pedicures, yoga classes, exercise, arts and crafts, hairdressing and general knowledge quizzes. There was also visiting entertainers and one visited, during the inspection to help celebrate a 90th birthday. There was also a lovely cake made by the chef for the occasion. A Christmas party for people, their relatives and staff, was scheduled for the day after the inspection. One person said, "There was a trip to the seaside and the [name of a restaurant] in Guildford that the owners paid for." A relative said, "Plenty to do if people want to and they don't have to if they don't." Other relatives told us that they thought people enjoyed the activities provided and they were appropriate. One relative said, "One day they even had a visiting pony."

The home did not directly provide end of life care, rather it provided care and support for as long as people's needs could be met. Staff worked closely with palliative and community nurses, particularly surrounding pain management. There was specific reference to end of life in people's care plans including guidance and people's wishes. When supporting end of life care, the home facilitated relatives to be involved in the care, if they wished during a distressing and sensitive period for them.

People and their relatives told us they were familiar with the complaints procedure and how to use it. The procedure was included in the information provided for them. They told us that generally staff and the management team quickly resolved any issues that people may have, without recourse to the complaints procedure. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff said they had been made aware of the complaints procedure and their duty to enable people to make complaints or raise concerns.

The health care professionals we contacted raised no concerns regarding the home providing a responsive service for people.

Good

Is the service well-led?

Our findings

People said the registered manager and management team operated an open-door policy. This meant they felt comfortable in approaching the registered manager as well as staff. One person told us, "I initially came in for two weeks and thought, I don't want to live on my own, if I want company it's here." Another person said, "No quibbles, {registered manager first name] always deals with it without a problem." A further person commented, "The [registered] manager is someone you can talk to, a brilliant, cheerful, happy and jolly person. Just what you want." One relative told us, "They always give me an update on what's happening." Another relative said, "The [registered] manager is lovely, really nice and so approachable." People's conversation and body language demonstrated that they were comfortable in their relationships with the registered manager and staff.

The organisation's vision and values made clear what people could expect from it, the home, its staff and the home's expectations of them. Staff said they understood the vision and values and they reflected them in their working practices and positive approach to their roles. Staff said the vision and values were described and explained, to them as part of their induction training and revisited during staff meetings.

The people living at the home engaged with the local community in various activities such as visits from local schools, the 'Beavers' scouting organisation and young adults doing the Duke of Edinburgh Award, who visited three times per week. The home also provided work experience for young adults from local schools and colleges.

The home provided a monthly newsletter that detailed all the upcoming activities that were booked.

The home worked in partnership with other agencies including district nurses, GPs and physiotherapists.

The organisation provided staff with opportunities for personal advancement and to develop knowledge and skills. Staff had personal development plans.

There were clear lines of communication and areas of responsibilities throughout the home and organisation and staff were aware of their areas of responsibilities. They were also aware of the boundaries of acceptable behaviour.

Staff said they were well supported by the registered manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member told us, "I could not think of a finer place to work and just wish I had found it sooner." Another member of staff told us, "Everything you could want, first class support and wonderful place to work."

Our records demonstrated that appropriate notifications were made to the Care Quality Commission when needed.

The quality assurance system contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. It contained a range of feedback methods and the records we saw were up to date. There were regular audits that included care plans, staff files and fire checks as well as daily room checks, falls and kitchen. Further audits covered complaints, health and safety and building and equipment maintenance. There was a business continuity plan. Regular dialogue with the owners and staff meetings took place that monitored all aspects of the service provision. Annual policy and procedure reviews were carried out.

People were very happy to put their views forward and there were two monthly meetings where they were given the opportunity to formerly do so as well as on an informal daily basis. The meetings were chaired by a person using the service and minuted by the registered manager. Staff attended the meetings as appropriate to address any issues raised. The home also used questionnaires to get feedback from people, their relatives and staff. One person told us, "You can have your say at the residents meeting."

The health care professionals we contacted raised no concerns regarding the home providing a well-led service for people.