

Greydales Limited

Howards Residential Home

Inspection report

24 Rowtown
Addlestone
Surrey
KT15 1EY

Tel: 01932856665
Website: www.howardsresidentialhome.co.uk

Date of inspection visit:
13 April 2016

Date of publication:
31 May 2016

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

The inspection took place on 13 April 2016 and was unannounced.

Howards Residential Home provides accommodation and personal care for up to 21 older people, some of whom are living with dementia. There were 18 people living at the service at the time of our inspection.

There was a registered manager in post. 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.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and staff had taken action to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and medicines were managed safely. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when decisions that affected them were made and applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's nutritional needs had been assessed when they moved into the service and were kept under review. Staff ensured that people who required assistance to eat and drink received this support.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy.

and dignity. Relatives told us they were made welcome when they visited.

The provider had a written complaints procedure, which was given to people and their families when they moved in. There had been no complaints about the service since our last inspection. People told us they had not needed to complain as any concerns they had were resolved through discussion with the registered manager.

People had opportunities to take part in activities at the service and to go out to local places of interest. Relatives told us that staff encouraged their family members to socialise with other people to ensure they did not become socially isolated.

People who lived at the service and their relatives told us their views were encouraged and listened to. Residents meetings were held regularly and the provider distributed satisfaction surveys to friends and families annually.

The registered manager provided good leadership for the service. Relatives told us the service was well run and that the registered manager was open and approachable. They said the registered manager had always resolved any concerns they had. Staff told us the registered manager provided good leadership and promoted a positive culture at work. They said they worked well as a team to ensure people received the care they needed.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were procedures for safeguarding people and staff were aware of these.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by regular staff that had the necessary skills and experience to provide effective care.

Staff had appropriate support and training for their roles.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were supported to maintain positive relationships with their friends and families.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

Complaints were minimised because the service responded promptly to any concerns people had.

Is the service well-led?

Good ●

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and

stored appropriately.

Howards Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 13 April 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with six staff, including the registered manager, care, catering and domestic staff. We looked at the care records of five people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we spoke with three relatives by telephone to hear their views about the care their family members received.

The last inspection of the service took place on 23 May 2014 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe at the service and when staff were providing their care. They said they trusted the staff and felt confident when staff supported them. One person told us, "I feel safe here. They take good care of us" and another person said, "The staff are very careful. They look after us very well." Relatives told us that staff kept their family members comfortable and safe when providing their care. They said staff were aware of any risks to their family members' safety and managed these appropriately.

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were always available when they needed them and that staff attended promptly if they rang their call bells. One person said, "There is always someone around if you need any help" and another person told us, "The staff are always there if you need them." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "There are always staff around if she needs anything."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Staff told us that the registered manager increased staffing levels if people's care needs changed and they required additional support. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS supplies criminal record checks on prospective staff.

The registered manager ensured that staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by staff and in the team meeting minutes. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

People were kept safe because staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example, staff had evaluated the risks to people from any equipment used in their care, such as hoists and slings. Where risks were identified, staff had taken action to reduce the risk of harm. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and

accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. For example one relative told us the service had taken action to reduce the risk of their family member harming themselves in falls. The relative said, "She was getting out of bed and falling, which was a worry. They put in a sensor mat, which has worked really well in reducing her falls." The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment were safe for use.

The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. A personal emergency evacuation plan (PEEP) had been developed for each person, which identified the support they would need in the event of a fire. The fire officer had inspected the arrangements for fire safety in February 2016 and identified no concerns. Staff carried out regular tests of the fire alarm and emergency lighting system and an engineer had serviced the fire alarm and emergency lighting system in April 2016.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. People told us they received their medicines on time and that staff provided non-prescription medicines, such as painkillers, when they needed them. There was a protocol in place for the administration of 'as required' (PRN) medicines.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and guidelines about how they received their medicines.

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that staff knew them well and provided their care in the way they preferred. Relatives told us their family members received their care from consistent staff who knew their needs and preferences. One relative said, "It's a very stable staff team. They know her very well" and another relative told us, "It's always regular carers. I always see the same faces when I visit. They don't use agency staff."

We saw evidence that staff attended an induction when they started work, each element of which was signed off by a mentor and checked by the registered manager on completion. The induction introduced staff to the aims and objectives of service, such as promoting people's rights and choices and promoting their independence. The induction also included training in fire safety, medicines management, health and safety, moving and handling, safeguarding, whistle-blowing and infection control. Staff attended refresher training in these core areas on a regular basis. Staff had also attended training in the needs of the people they supported, such as dementia care, diabetes, diet and nutrition and falls awareness. We observed staff demonstrate the safe practice they had learned in their training. For example when staff supported people to mobilise, they did so carefully and safely. Relatives were confident in the skills and training of staff. One relative said, "They have been trained well. I have seen them use the hoist. They were very competent" and another relative told us, "They are well trained. I know they do NVQs. I have seen them being assessed."

Staff told us they felt well supported in their roles and said they had access to the training they needed to do their jobs. They said they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. This was confirmed by the records we checked. Staff also said the provider had supported them to undertake vocational qualifications in health and social care. The registered manager told us that some staff were working towards the Care Certificate and that, in future, all staff would be expected to achieve this award. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any

aspect of their care. People's care plans demonstrated that their best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. People told us they enjoyed the food provided and that the menu reflected their likes and dislikes. One person said, "My food is very important to me and the food here is very good. There is lots of variety and there is plenty of it. It is always well cooked." Another person told us, "We all eat well. I'm very happy with the food. It's good home cooking. And if you don't like something, they will always make you something else."

Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "The food is very good. The cook tries really hard. They eat their lunch in the conservatory; it's a very nice atmosphere and the staff really look after them." Another relative told us, "She really enjoys the food. She has put on weight since she has been there. When she lost her appetite, they tried really hard to find something she would eat."

We observed that the atmosphere at mealtimes was relaxed and that staff made sure people were happy with the meals they had chosen. Staff ensured that people who required assistance to eat and drink received this support, giving people time to eat at their own pace and to enjoy their meals. Relatives told us they were able to join their family members for meals if they wished. People were able to give their views about the menu and told us any suggestions they made were listened to. The chef told us they attended residents meetings each month to hear people's views about the menu.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. Staff supported people to see healthcare professionals, such as a speech and language therapist, if they developed needs that required specialist input. The cook demonstrated a good knowledge of people's individual dietary needs, such as allergies and texture-modified diets, and had received guidance on the preparation of specialist diets. Where people were at risk of inadequate nutrition or hydration, food and fluid charts had been implemented and maintained.

People's healthcare needs were monitored effectively and people told us they were supported to make a medical appointment if they felt unwell. One person told us, "The doctor visits every week and they ask him to see me if I'm not feeling right." Relatives told us they were confident that staff monitored their family members' health closely and obtained appropriate treatment when it was needed. One relative said, "They are very good at monitoring her health. They are very on the ball with that." Another relative told us, "They monitor her health very well. They get the doctor in straightaway if she's not well." Relatives also said staff had provided good care if their family member had become unwell. One relative told us, "They were brilliant when she wasn't well. They really looked after her." Another relative said, "They were very good when she was in hospital. They visited her regularly to check she was all right."

The care records we checked demonstrated that people were referred to specialist healthcare professionals if necessary, such as a speech and language therapist, a Parkinson's nurse and for community rehabilitation. A hospital passport had been developed for each person, which provided a summary of the person's needs and preferences about their care should they require admission to hospital.

Is the service caring?

Our findings

The people we spoke with were happy with all aspects of their care. They said staff were kind, friendly and helpful. One person told us, "I'm quite happy with everything. The staff are very good. They are all nice girls. They are very kind." People told us they had positive relationships with the staff and enjoyed their company. One person told us, "The staff have a sense of humour. They are more like friends, really. They are all so friendly and helpful." Another person said, "The staff always seem happy, they are never grumpy, they always have a smile on their face."

Relatives told us their family members were looked after by staff who genuinely cared about them. They said the atmosphere in the service was relaxed and friendly and that their family members felt at home there. One relative told us, "It's a very homely atmosphere. We were worried before she moved in but it really suits her. It's a family atmosphere and she has got to know all the other residents." Another relative said, "The staff are very attentive. They do find the time to have a chat with her. They definitely are very caring." A third relative said of their family member, "She is looked after very well. The staff really do care about the residents."

Relatives said staff tried hard to involve people's families in the life of the service and that they were made welcome when they visited. One relative told us, "They invite the families for events. They have had some really nice events; at Christmas and Easter and in the summer." Another relative said, "They do involve the families. We can go in anytime and we're always made welcome. We are always offered a cup of tea. They are all very pleasant." Relatives told us that staff kept them up to date about their family members' health and welfare. One relative said, "They are very good at keeping in touch. I have every confidence they would let me know if there was an incident." Another relative told us, "They are very prompt in letting me know what's going on; they are very good at that."

Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. We saw staff encourage people to do things for themselves where possible to promote their independence. For example, staff encouraged people to mobilise as independently as possible and supported them to do this. Staff supported people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines and respected these choices.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. Staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

Staff encouraged people and their relatives to be involved in developing their care plans. Relatives told us they were invited to care plan reviews and that their views were listened to. One relative said, "We have

regular discussions about her care. We are always invited to reviews and we are encouraged to contribute." Another relative told us, "We were given her care plan to agree before signing. They were happy to make changes where we suggested them."

People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. All staff had signed this policy to indicate their understanding of it and their agreement to adhere to it. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

Where needs had been identified through the assessment process, a care plan had been developed to address them. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence and mobility. The plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Relatives told us staff responded promptly if their family member's needs changed. They said staff provided support that met people's individual needs. One relative told us, "They are very proactive. They have always responded well if her needs have changed. They cater for each person's individual needs." Another relative said of their family member, "She has improved a lot since she has been there. She had lost a lot of her mobility when she was at home but they have encouraged her to move more, which has helped her to regain her mobility."

People had opportunities to take part in activities at the service and to go out to local places of interest. People told us they enjoyed the activities provided. One person said, "They do their best to keep us amused. They have entertainers coming in. I enjoy the pianist." Another person told us, "I enjoy the activities; it's something to look forward to." One person said they went to church twice a week and three people told us they went to local resource centres.

The registered manager told us the service no longer employed an activities co-ordinator and that care staff were allocated time to arrange activities. The rota demonstrated that one member of staff on each shift was allocated time to organise in-house activities from Monday to Friday, excluding Wednesdays, when external activities providers visited. For example, on the day of our inspection an outreach officer from the local museum visited to run a reminiscence session, which was well attended.

Staff told us the new arrangements for activities provision had worked well. They said they had been encouraged to suggest activities people would enjoy and had put these into practice. For example, staff had supported people to bake and had planned a gardening session. The registered manager told us staff had also planned trips out in the coming months, including garden centres, parks and gardens.

Relatives told us the new arrangements for activities had improved the opportunities for people. One relative said, "I think the new activities programme has worked really well. There are more things to do now. Lots of people have contributed different ideas and that has been great. They have invited entertainers in and I know they have some trips planned." Another relative told us, "There are things to do if she wants to

join in. They do try and make it good fun for them." Relatives told us that staff encouraged their family members to socialise with other people to ensure they did not become socially isolated. One relative said, "They do encourage her to join in with the others. They encourage social interaction." Another relative told us, ""They try their hardest to keep her busy and occupied with things she enjoys."

The provider had a written complaints procedure, which was given to people and their families when they moved in and displayed in the service. The complaints procedure detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. There had been no complaints about the service since the last inspection.

The registered manager told us they aimed to avoid complaints by maintaining regular communication with people and encouraging people to raise concerns before their dissatisfaction escalated. This was confirmed by relatives, who told us any concerns they had were resolved through discussion with the registered manager. One relative told us, "We haven't needed to complain as we are in regular contact with them. Any time we've had an issue, it's always been sorted out." None of the people we spoke with had made a complaint but all told us they would feel comfortable doing so if necessary.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Relatives told us the service was well run and that they had confidence in the registered manager. They said the registered manager provided good leadership for the service and was open and approachable. One relative said, "There is good overall management. Things are run very smoothly. [Registered manager] is very good. She has always been available if we have needed to discuss anything." Another relative told us, "It's a very good home. It's run very well. They are very open."

Staff told us the registered manager provided good leadership and promoted a positive culture at work. They said the registered manager was approachable and encouraged them to raise any concerns they had. One member of staff told us, "The manager is very supportive. We can go to her if we need anything." Staff told us the registered manager had made clear the vision and values of the service, including providing person-centred care in a way that promoted respect and maintained people's dignity.

Staff told us they worked well as a team and supported one another well to ensure people received good care. One member of staff told us, "I love working here. We work together really well. We have support from all levels, from our colleagues and from the management. When two staff left last year, we all pulled together really well to cover any gaps." Another member of staff said, "This is the best place I have worked. We are a very close team and we work well together. We all pull together."

Staff said they met as a team regularly and were encouraged to give their views about improvements and to raise any concerns they had. They told us team meetings were used to ensure they provided people's care and support in a consistent way. One member of staff said, "We communicate well amongst ourselves. We discuss all the residents at team meetings. We always get a handover and we read the communication book. We can ask for a meeting with the manager if we need to discuss anything."

People who lived at the service and their relatives told us their views were encouraged and listened to. People said residents meetings were held regularly and they were asked for feedback about the menu, activities and other aspects of the service. The provider distributed satisfaction surveys to friends and families annually and collated the results. We checked the results of the most recent survey and found these provided positive feedback about the caring approach of staff, the care provided, the food and the welcoming, family atmosphere of the service.

The provider had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as accidents and incidents, pressure ulcers, medicines management and infection control. A report of each audit was produced and the actions taken where areas had been identified for improvement. People's care plans were reviewed on a monthly basis to ensure they reflected their needs accurately. The provider's dependency tool was also reviewed each month to ensure sufficient staff were deployed on each shift to meet people's needs.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily

records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.