

Abbeyfield North Downs Society Limited

David Gresham House

Inspection report

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Ratings

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

Summary of findings

Overall summary

David Gresham House is a 29 bedded residential care home. It is registered for Accommodation for persons who require nursing or personal care. There were 28 people living at the home on the day of our inspection.

At the last inspection on 10 December 2014 the service was rated 'Good.' At this inspection we found the service remained 'Good.'

People continued to be kept safe because staff were knowledgeable about the processes to follow when they suspected abuse. Safe recruitment practices continued to be followed by the provider that ensured only suitable staff worked at the home. Risk assessments were in place to enable people to remain safe and they continued to provide guidance to staff about the risks and how to maintain people's safety. Records of accidents and incidents were maintained and actions to help to prevent the re-occurrence of these had been implemented. There were sufficient numbers of staff to attend to the assessed needs of people. Medicines were managed and stored safely and people received their medicines on time and as prescribed by their GP.

Staff continued to receive training, regular supervision (one to one meeting) and annual appraisals that helped them to perform their duties. Staff understood the Mental Capacity Act 2005 (MCA) principals. There were no restrictions in place. Staff supported people to eat a variety of freshly prepared foods. People had access to all external healthcare professionals and their involvement was sought by staff to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to choose how they spent their spend time, could freely access all communal areas of the home and their personal care needs were attended to in private. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and continued to be regularly reviewed. People and their relatives were involved in the reviewing of their care. People took part in a variety of activities that interested them. A complaints procedure was available to people, relatives and visitors. Complaints received had been resolved in accordance with provider's complaints policy.

The provider had an effective system in place to monitor the quality of care and treatment provided at the home. Staff were asked for their views about how the home was run during staff and daily handover meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Staff were knowledgeable about their roles and the reporting process to follow if they suspected abuse.

There were sufficient staff deployed at the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service remains Good.

People were supported by staff who had received training, supervisions and appraisals that enabled them to provide effective care for people.

When people's liberty was to be restricted, or they were unable to make decisions for themselves, staff were knowledgeable about legal guidance to follow.

People received a choice of foods that were freshly cooked and special diets were catered for.

People's healthcare needs were met through appointments with the appropriate professionals as and when needed.

Is the service caring?

Good ●

The service remains Good.

Staff respected people and made them feel that they mattered.

Staff were caring, supportive and kind to people.

People were able to remain independent and make their own decisions. Staff were available to provide support if they needed it.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service remains Good

Staff responded to people's needs or changing needs and care plans were written with people and their relatives.

People had opportunities to take part in activities that interested them if they wished.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service remains Good

People and their relatives had opportunities to give their views about the service.

Staff felt well supported by the registered manager.

Staff met regularly to discuss people's needs, which ensured they provided care in a consistent way.

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

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 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

The inspection took place on 17 July 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors.

Before the inspection we reviewed the information 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 did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who lived at the home, one relative and one visitor, the head of care, the chair of the trustees, three members of staff, one visiting healthcare professional and the chef. We had a telephone conversation with the registered manager. We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

People were safe living at David Gresham House. People and their relatives were extremely complimentary about the staff and how well they kept their family members safe. One person told us, "I feel very safe here; the staff have never mistreated me." Another person told us, "Yes, I feel safe here, all the staff are nice and they talk to people in a calm manner."

People continued to be protected from abuse because staff had received training and understood their roles in reporting incidents or suspicions of abuse. One member of staff told us, "We all had our training and it did include whistle blowing. I would inform the manager and head of care if I had any concerns."

People were kept as safe as possible because potential risks had been identified and assessed. Care plans included a 'Personal Risk Screening Tool'. This tool screened people for risk such as mobility, going out, tissue viability, nutrition, and hydration and infection control. Staff knew what the risks were and the appropriate actions to take to protect people and how to keep them safe.

Where people had been involved in incidents and accidents, staff aimed to learn and improve from these to reduce the likelihood of a reoccurrence. Records showed that actions taken in response to incidents were appropriate. Staff told us that accidents and incidents were discussed during staff meeting and handover to help reduce the reoccurrence of incidents.

There were enough staff to keep people safe and meet their assessed needs. The registered manager had used an assessment tool to establish the numbers of staff required for each shift. One person told us, "There is always enough staff here." Another person told us, "You never have to wait when you press your button."

Medicines continued to be administered, recorded and stored safely. All medicines received into the service and those being returned to the pharmacy were clearly recorded. Only senior staff who had attended the appropriate training administered medicines. Staff had competency assessments by the registered manager where their knowledge and practice was checked. One person told us, "I have a lot and they wait until I have swallowed my tablets before they leave me."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. All the required documentation, including a full employment history, references and Disclosure and Barring Service (DBS) checks had been obtained for new staff. The DBS helps providers ensure only suitable people are employed in health and social care services.

There was an emergency evacuation plan that provided information about how to evacuate the building in the case of an emergency. Each person had a personal emergency evacuation plan PEEPS in place. Staff were knowledgeable about these.

Is the service effective?

Our findings

People told us they thought the staff were well trained and that they knew how to help people. Comments included, "I am sure staff have training," "They all have a training course when they first come here," "They know what they are doing, they must have had training."

People continued to be supported by trained staff who had sufficient knowledge and skills to enable them to provide effective care for people. One member of staff told us, "We get regular training here. I have recently done training in person centred care, safeguarding and end of life care." The staff member told us what they had learnt from their training. For example, end of life care, "We treat people as people, monitor them closely and ensure they have sufficient nutrition and fluids. We also work closely with the district nurses to ensure a dignified and pain free end of life care." Records showed that all staff had attended the Care Certificate in January 2016. The registered manager provided us with a training document that included planned refresher training for 2017 and 2018.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No person currently living at the home was on a DoLS. People had capacity and had made the decision themselves to live at the home. Staff had knowledge of the MCA and how it applied. One member staff told us, "We have to assume that people have capacity to make their own decisions unless it has been proved otherwise."

People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records confirmed that staff were being supervised and appraised about their work. These were used to measure performance and identify training needs..

People were supported to ensure they had enough to eat and drink to keep them healthy. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes and dislikes. People told us the food was good. One person told us, "The food is freshly cooked and you always get a choice."

People continued to maintain good health and had access to all healthcare professionals when they required them and these were clearly recorded in people's care records. People told us that they always saw the GP, chiropodist, opticians and other healthcare professionals when they needed to. A visiting healthcare professional told us, "They [staff] really are excellent. They are confident and competent and always provide me with the information needed."

Is the service caring?

Our findings

People continued to be treated with kindness and compassion in their day-to-day care. People were relaxed and conversing with each other and staff in a friendly manner. People told us they were very happy living at David Gresham House and with all the staff who looked after them. One person told us, "Staff are very caring here, they look after us really well." Another person told us, "I couldn't be looked after better." A relative told us, "I had a really major crisis with my X. David Gresham House have been absolutely outstanding."

Many of the people living at the home were independent and able to do all activities by themselves. They were able to go out of the home with their relatives or on their own. Appropriate risk assessments had been put in place for these activities. One person told us, "I am very independent and I do whatever I choose to do." Another person told us, "Staff are here if I need them but they let me do things for myself."

People were involved in making decisions about their care and treatment. Staff told us that people were independent and able to attend to their own personal care needs, but staff were always available to provide support when required. Care plans reflected what people could do. For example, one care plan informed that, 'X needs assistance with personal care although X tries to be as independent as they can with a perching stool to enable X to sit and wash herself.' Staff told us that they involved people with their care plans and they had regular discussions with them and their relatives.

People's dignity was respected by staff. We observed staff knocking on bedroom doors before entering. People told us that staff were very respectful and they attended to their needs in private if required. One person told us, "Staff definitely respect my privacy." Another person told us, "They always knock on my door and wait for me to invite them in."

The religious needs of people were promoted. The cultural and spiritual needs were provided for by a weekly visit from the local church representatives. One person's care plan stated that the person practiced a specific religion and a member of their local church visited each week. This was confirmed during our visit.

People and their relatives told us that the care delivered was very good and that all staff were kind, caring, helpful and respectful. Staff interaction with people was respectful and staff called people by their preferred names, as recorded in their care plans. For example, staff asked people how they were and would they like any help with anything.

Is the service responsive?

Our findings

People continued to receive care that was personalised to their needs. People told us they knew about their care plan and it met their needs. One person told us, "I have a key worker and we go through my care plan every month." Another person told us, "Yes I have a care plan and I discuss it with staff, I can make changes to it if I wanted to."

Care plans continued to be person centred and included information about people's needs, life histories and goals and objectives. Care plans had been produced from the pre-admission assessments and had been reviewed on a monthly basis. One person's care plan stated 'X can become frustrated due to Alzheimer's. Staff should explain things clearly and patiently.' We observed a member of staff explaining to X where to leave their empty cup in the way described in their care plan.

People had a range of activities they could be involved in. There was an activity coordinator who worked through the week. The activities coordinator told us they planned a time table for people and also did spontaneous activities. For example, people were taking part in 'butterfly spotting' in the afternoon of inspection. People had recently watched Wimbledon tennis and had Pimms and Prosecco.

There were links with the local community and the home had a stall at a local village summer fair. Other activities people took part in included gentle exercises, music, entertainment and comedy. People told us there were plenty of activities to take part in, but they did not have to do them if they did not interest them.

There was a complaints procedure available to people, relatives and visitors and this was displayed at the service. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. People and their relatives told us they knew how to make a complaint but had not needed to. The provider had resolved two complaints since the last inspection within the timescales set in the complaints policy.

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived there and the staff. The registered manager told us, "We try to create as much of a family atmosphere as possible. It is almost like the residents are the parents and the staff are the children, how they interact." There was a very relaxed and calm atmosphere at the home. Staff were visible and interacted with people. People and relatives were very complimentary about the registered manager. One person told us, "The manager runs a 'tight ship' and the communication is very good." One relative told us, "The management is very open." Staff told us that the registered was very supportive, had an open door policy and was very approachable. One member of staff told us, "The manager is a lovely person and has been really good to me."

Quality assurance systems were in place to continuously monitor the quality of the service being delivered to people. Monthly visits were undertaken by members of the trustees for David Gresham House and these involved discussions with people and staff at the home. Audits included record keeping, housekeeping, care plans, infection control, laundry, food and medicines. The most recent audit in June had identified that the disaster recovery plan needed reviewing. This had been undertaken and a copy of this document was viewed.

Regular staff meetings and daily handover meetings took place at the home. One member of staff told us, "We discuss the residents, training, accidents and incidents and are able to put forward suggestions about the home at our staff meetings."

People and their relatives continued to be involved in the running of the service and their feedback was sought. Surveys had been undertaken in 2016 to ascertain the views of people, relatives and associated stakeholders about how the home was run. Comments received were very positive about the home. People and relatives told us they had regular resident and relatives meetings where they discussed up and coming events, activities, staff and food. Records confirmed this. One person told us they had made a suggestion to have a summer menu which was done by the chef.

The provider had a set of values and visions that staff worked towards and staff were knowledgeable about these. For example, they knew that the values included keeping a happy and clean home and to respect people living at the home. We observed staff working this way throughout our inspection.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken.