

Grey Gables (New Milton) Ltd

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Inspection report

29 Kennard Road
New Milton
Hampshire
BH25 5JR

Tel: 01425610144

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30 May 2019

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14 June 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Grey Gables (New Milton) is a residential care home that was providing accommodation and personal care to 22 people at the time of the inspection. People living at the home had a diagnosis of dementia. Four people were also living with a learning disability.

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

People's experience of using this service:

People received care and support that was safe, effective, caring, responsive and well led.

There was a friendly, home-like atmosphere.

People appeared happy and well looked after. We had positive feedback from staff, families and other professionals.

People's care and support was based on thorough and individual assessments and care plans.

People received care and support that met their needs with a variety of individual activities available.

Processes and procedures were in place to keep people safe.

The service respected people's diversity and treated people equally.

Rating at last inspection:

At our last inspection we rated the service good (report published 20 March 2017).

Why we inspected:

This was a planned inspection within our published timeframe for services rated good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Grey Gables (New Milton) Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team comprised an inspector and an assistant inspector.

Service and service type:

Grey Gables (New Milton) is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection Grey Gables (New Milton) accommodated 22 people in an adapted older building.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service:

We require providers to send us key information about their service, what they do well, and improvements

they plan to make. We call this the Provider Information Return. This information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We reviewed the last inspection report.

During the inspection:

We spoke with four people using the service, a family member and a visiting healthcare professional.

We observed the care and support people received in the shared areas of the home.

We spoke with the registered manager and four staff members.

We looked at the care records of two people.

We looked at the recruitment records of two members of staff.

We looked at other records related to the running of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse.
- Staff had appropriate training and were aware of how to report any concerns to a senior staff member or the registered manager.
- Staff were aware of outside agencies they could contact with safeguarding concerns.
- A staff member said, "I definitely think we keep all our residents safe. If we weren't I would say something."
- A family member told us, "I feel [Name] is safe. [Name] moved in in January and we have had no issues."

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe.
- People had individual risk assessments for risks such as poor nutrition, pressure injuries and falls.
- There had been a recent fire risk assessment by a suitably qualified external supplier.
- There were no high-risk actions identified. Medium risk actions, such as repairing a fire door, were all signed off as complete. Low risk actions were complete or in progress.
- The provider had a fire emergency plan in place. There were regular fire drills, and checks on fire safety equipment.
- There were individual emergency evacuation plans in place which showed the support each person would need in an evacuation.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely and in line with their needs.
- We saw staff were able to go about their duties in a calm, professional manner.
- Staff did not appear to be rushed, and they were able to spend time with people individually and in small groups.
- One staff member told us, "I think we have enough staff. We get to spend plenty of time with the residents."
- The registered manager adjusted staff rotas in line with people's changing needs.
- The provider's recruitment process included the necessary checks to make sure candidates were suitable to work in the care sector.

Using medicines safely

- Staff managed medicines consistently and safely.
- Policies and processes were in place for handling medicines in cooperation with the provider's pharmacist.
- People received their medicines from trained staff.
- A senior member of staff audited medicines once a week.
- There were appropriate processes in place for the managing of the different categories of medicines, including those with particular risks associated with them, such as medicines for avoiding blood clots.

Preventing and controlling infection

- Arrangements were in place to keep the premises clean and hygienic.
- A visiting family member said, "Cleanliness is always very good here."
- Staff wore disposable gloves and aprons when required, and were careful to change them when necessary, for instance if they had to open a door while serving a meal.
- There were appropriate risk assessments and control measures in place to prevent water-borne infections such as legionella.

Learning lessons when things go wrong

- There were appropriate processes in place to record, analyse and follow up accidents and incidents.
- Recent monthly analyses of incidents had not identified any trends or patterns which might indicate required changes to the service people received.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support were based on individual assessments and care plans which were detailed and comprehensive.
- Care plans were reviewed regularly with input from other healthcare professionals. This included reviews of medicines to make sure people's prescriptions were still appropriate for them.
- People's care and support were reviewed in line with people's changing needs. One person's guidance and risk assessments were changed following a choking incident.
- Records showed people's care led to good outcomes for them. One person's behaviour charts showed changes to their care and support were followed by a reduction in behaviours that might challenge.
- The registered manager kept themselves up to date with published guidance and good practice.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles.
- People's family were satisfied that their care workers were properly trained and had the skills and knowledge to support them effectively. One family member said, "Yes, I believe they are competent."
- Staff told us they felt supported by training, supervision and appraisal to do a good job.
- Training was mainly computer-based with some face to face and in-house training.
- The manager monitored that staff training and competency checks were up to date.

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

- People had support to eat and drink enough with a wide range of menu options and choices.
- A variety of hot and cold drinks were available for people to keep hydrated.
- People could choose fruit as well as biscuits for snacks.
- Staff were aware of people's individual preferences. They encouraged one person to take regular small sips of drink. Another person liked small portions.
- People were not rushed to finish their food and drink, and staff checked that food had not gone too cold for their taste.
- Staff took into account people's individual dietary needs.

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

- Records showed people had access as required to other healthcare professionals such as GPs, community nurses, opticians and chiropodists.
- A visiting healthcare professional told us there was effective cooperation to make sure people had consistent and effective care.

- A visiting family member told us their mother had to go to hospital recently. Staff had called an ambulance and "it was all done properly".
- People had access to other healthcare services.

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

- The home was decorated to be as comfortable and home-like as possible.
- People's rooms had individual signs designed to be meaningful for the person to help them recognise their own room.
- The registered manager's office was close to the shared lounge so they could be involved with people's care and support.
- People could sit in different parts of the shared lounge according to whether they preferred music or the TV.
- There was an enclosed garden with furniture and shade if people wished to sit outside.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff were aware of the principles of the MCA. A member of staff explained how they always assumed a person had capacity unless they had been assessed as lacking capacity, and how they gave them the chance to make their own choices.
- Where people's mental capacity had been assessed, the assessments were in line with the MCA and its associated code of practice.
- The registered manager had applied for authorisations under the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty.
- Where authorisations included conditions, the registered manager had taken steps to comply with them.
- Staff offered people choices in relation to their day to day care, such as where they wanted to sit for lunch.
- Where people declined personal care, staff respected this and came back later to see if they had changed their mind.
- Staff knew what they needed to do to make sure decisions were made in people's best interests.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had positive relationships with staff who treated them with respect and kindness.
- People appeared well looked after.
- There were frequent examples of people laughing and joking with staff. Staff joined in when a person started singing along with the radio.
- Staff were aware when people needed assistance and responded quickly. One staff member saw a person falling asleep in their chair and made sure they were comfortable. Another staff member noticed a person's tea had gone cold and replaced it for them.
- Staff were aware of people's emotional needs. Staff checked a person was all right whenever they saw she looked worried. When another person became upset a staff member comforted them immediately and asked what was wrong. They responded to the person's wish to watch an animal programme on the TV, having checked with other people they did not mind, and sat with them until they appeared happier.
- Staff were patient with people. One person wanted to find a particular picture in a book. Staff brought three more books and magazines until they found what they were looking for.
- People benefited from long standing relationships with staff who knew them well. One staff member supported a person with their meals every day for consistency. The staff member said, "[Name] never really refuses, but if she did I would not force her. You get to know when she has had enough as you get to know her."
- Staff respected people's equality and diversity by supporting them all in the same caring manner.

Supporting people to express their views and be involved in making decisions about their care

- Staff made it easier for people to communicate by making eye contact, facing people directly, using appropriate touch, speaking clearly and waiting patiently for people to reply.
- One person's speech was difficult to understand, but staff knew this and listened carefully. They used a series of questions to make sure they understood what the person had said.
- When staff responded to people's requests they made sure other people affected agreed to it, for instance before opening a window because a person was warm.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that promoted their dignity and independence.
- A staff member saw a person's body language and discreetly supported them to the bathroom.
- Another person asked a staff member to "feed me". The staff member gently said, "You don't need me to do that, shall I help you put it in your hand?". The person agreed and carried on eating independently.
- Another staff member asked a person if they would like a tissue to clean their face after eating. The person was not ready, so the staff member left the box of tissues in easy reach for them to use later.

- Staff respected people's privacy. A visiting family member told us, "The staff are very pleasant, helpful. They seem to do the right things and are very friendly. The cleaners are sociable too. They always knock on the door."
- When the GP or community nurses called, they always saw their patient in their own room.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences.
- One person said, "They help you if you need it."
- Care plans contained information about people's preferences, interests and life stories.
- Staff made personalised care notes which showed people were supported according to their care plans.
- There were effective shift handovers which made sure people's changing needs were understood and that there was continuity of care.
- The registered manager made sure people's routines were based on their own preferences. They had rearranged regular sitting exercise sessions to later in the afternoon because the morning session clashed with people who preferred a later breakfast.
- There was a wide range of individual and group activities, including puzzles, crosswords, and reading. Staff made sure reading material reflected people's interests and that they were still interested when the TV programme changed.
- Where there were group activities, for instance exercise with balloons. Staff were careful that people who did not want to join in and might be disturbed were not affected.
- Some people had regular walks to a nearby park and cafes, and one person who was interested in trains had a regular walk to the nearby station.
- One person liked crosswords. A staff member helped them by reading out the clues. The person said, "I love crosswords. She reads them out to me so I still get to do them. She is nice, she is."
- The service identified and assessed people's information and communication needs. These were recorded in people's care plans.
- People's communication plans reflected any needs associated with a sensory impairment or learning disability.
- In some cases staff made sure people wore their hearing aids or the correct spectacles. In other cases staff used flash cards to help people understand.
- People with individual communication needs had more choice and control because these needs were identified and met in the service.

Improving care quality in response to complaints or concerns

- People's families were aware of the provider's complaints process.
- One visitor said, "There is that notice in the hall. I have never had to use it though. I have no complaints."
- There had been no formal complaints since our last inspection.
- The registered manager preferred to address concerns raised by people or their families before they became complaints.

End of life care and support

- People were supported to be comfortable, dignified and pain-free as they approached the end of their life.
- People's care plans contained any advance decisions they had made about care and support at the end of their life.
- The registered manager had experience of working in a hospice, and staff had received training at a nearby hospice. Staff were aware of good practice in supporting people at the end of their life.
- The service worked with community healthcare providers to make sure any medicines and equipment people might need in their final days were available to them.
- Staff took into account the needs of people's families when planning end of life care.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well led and had a positive, person-centred culture.
- The registered manager and staff put into practice values of treating everybody equally, maintaining their dignity through attention to personal care, and making sure they had choice and control.
- A visitor praised the registered manager and said they would feel comfortable going to her if they had any issues or concerns.
- A visiting healthcare professional described the home as one of the best in their area with competent management.
- The registered manager had a close relationship with people and understood their needs. Staff told us the integration of people with a learning disability diagnosed with dementia had been successful. They had "lifted" the atmosphere in the home and brought their own energy to group activities.
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.

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

- There was an effective management system for the size of service based on a comprehensive set of policies.
- Senior staff had been given specific responsibilities, such as for regular weight checks and updating risk assessments for nutrition and pressure injuries.
- The registered manager was aware of their regulatory responsibilities.
- The ratings from our last inspection were clearly displayed near the entrance to the home.
- The registered manager notified us of certain events as required by regulations.
- There was a monthly meeting between the registered manager and the owner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of methods to engage with people, staff and the wider community.
- During 2018 the registered manager had encouraged people and their families to post reviews on an independent website. They had received seven positive reviews.
- The registered manager was "hands-on" and available to people, their visitors and staff for informal feedback and engagement.
- The registered manager engaged with staff on a daily basis by attending shift handovers.

Continuous learning and improving care

- The registered manager reviewed our reports of other services to identify things they did well or where they were failing to comply with regulations. They used this to identify lessons for Grey Gables and suggestions where improvement might be possible. They had noted, for example, where other providers needed to improve in the area of compliance with the Mental Capacity Act 2005.
- There was a focus on continuously learning about people's changing needs and how they could be met through person-centred care.

Working in partnership with others

- There was collaborative working with other providers and agencies.
- The registered manager said, "We work with everyone."
- There was close working with the community learning disability team and individuals' care managers to develop meaningful care plans.
- There was close working with a local hospice to develop end of life care plans.
- The service also worked with the local GP practice, community nurses, community psychiatric nurse, and speech and language therapists.