

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

David Gresham House

2 Oak Close, Oxted, RH8 0BA

Tel: 01883715948

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Abbeyfield North Downs Society Limited
Registered Manager	Mrs. Pamela Ann Packham
Overview of the service	<p>David Gresham House is an independent member of the Abbeyfield movement which include 478 sheltered houses and 84 care homes.</p> <p>David Gresham House is a 29 bedded residential care home located on the outskirts of Oxted.</p>
Type of service	Care home service without nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who used the service, three members of staff, one valunter and the registered manager.

We found that the atmosphere of the home was extremaly relaxed warm and friendly.

We saw that staff treated people with respect and promoted their dignity.

Comments received from people using the service included "were supported to do things for ourselves and when we asked for help the staff were always willing to help", "I was so glad to move into the home, they look after us all very well and we are asked to let them know if there is anything they could do better and what we think of them" and "all the time if they had any feedback or comments that could improve the home". People told us that they had the opportunity to take part in meaningful activities and outings that they enjoyed. The food was of a good standard and "there was always lots of it".

Staff received a suitable range of training to ensure that they had the necessary skills to support the people who lived there.

People told us that their views about the home were regularly sought and taken into consideration in how the home was run.

You can see our judgements on the front page of this report.

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More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was delivered in relation to their care.

Reasons for our judgement

People who used the service told us that their independence and individuality was being upheld by the manager and staff of the home. One person said that "were supported to do things for ourselves and when we asked for help the staff were always willing to help". Another person told us "It is good here, the staff always ask how I am and if they could do anything to help me".

We saw that comprehensive care plans had been developed for each individual. The care plans documented people's wishes and their preferences in relation to how their care should be provided. The plans provided information on how each person liked to spend their time and how they preferred to be supported.

The people using the service and their relatives had signed their care plans to demonstrate they were involved in their compilation and were happy with them.

The head of care confirmed that care plans, including risk assessments, were developed and regularly reviewed by the care staff with the the people who use the service or their representatives. The care plans provided clear structure and guidance for the staff, to ensure that peoples care and support needs could be met consistently and delivered in a safe and appropriate way.

We saw that some folders had "End of Life Plans and Do Not Resuscitate" orders in place. These had been discussed with the people who lived at the service and their relatives, and had been appropriately signed and dated.

We found that systems for consultation, interaction and communication were effective. Individuals had their privacy and dignity upheld. During our visit we saw that people were being spoken with and supported in a sensitive, respectful and professional manner.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The care plans are designed and delivered in a way that ensured that the people who lived at the service receive care that was safe and

delivered to ensure the welfare of the individuals. One person living at the home told us, "They really do look after me here. I was happy to move into the home after a few years in their supported living flats". Another person told us that they felt "so safe and secure and looked after and that the food was fantastic".

The care plans we looked at clearly identified the needs and preferences of the people who lived at the service. The head of care told us that they had a system in place to review peoples care plans on a regular base to ensure they included up to date and accurate information to ensure care delivery was appropriate to each individual.

We saw that risk assessments for people who used the service gave clear directions for staff, which demonstrated that people received effective, safe and

appropriate care that met their needs.

We saw end of life planning documentation for some people using the service that provided detailed information on their wishes.

Records showed that appropriate referrals were made to health care professionals such as GPs and the community nursing team.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People living in the home told us that David Gresham House was a safe and secure place to live.

The provider had written policies and procedures covering adult protection and whistle blowing. These policies made clear the vulnerability of the people who used the service and the duty of staff to report any concerns they may have to the manager or other relevant authority.

The head of care told us that all staff had undertaken adult protection training and received regular updates from the provider. The records showed that refresher in adult protection training were undertaken by staff annually.

Staff spoken with showed a clear understanding of the provider's policies and procedures and their responsibilities under the local authority multi-agency safeguarding adults guidelines.

We were informed that in order to attempt to safeguard the people who live at David Gresham House all staff had Criminal Record Bureau (CRB) and Independent Safeguarding Authority (ISA) checks prior to commencing work in the home.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that the atmosphere of the home was relaxed, friendly and very welcoming. The people we spoke with who used the service told us that they had no concerns about the staff that cared for them. One person told us that the staff were, "very caring". Another said, "They take a great interest in you and always try their best to help me and from day one they have shown nothing but professional care and kindness".

Staff we spoke to told us that they liked working in the home and that they received adequate training and supervision.

The head of care told us that all new staff underwent a thorough induction when they first started working at the home. We also saw the staff training matrix. The head of care explained that all staff received regular

mandatory training and updates. Training courses were designed to cover all the required mandatory subjects such as adult protection, mental capacity awareness, moving and handling, fire safety, food hygiene and health and safety. The majority of care staff had achieved a vocational qualifications (NVQ) at level 2 or above in health and social care.

Throughout our visit care staff were seen to be appropriately deployed and supervised by senior care staff, to measure they upheld the care and welfare of people using the service.

We were told that staff received regular supervision in the form of informal meetings in one-to-one situations or in group meetings. In addition the staff team all have an annual appraisal to discuss their performance and training needs. Staff said that they felt able to share their views and opinions at these meetings and felt well supported by the manager and the senior staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

The provider has an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service said they were regularly asked to comment on the quality of the care they received at David Gresham House. One person using the service said, "I was so glad to move into the home, they look after us all very well and we are asked to let them know if there is anything they could do better and what we think of them".

The provider completes an annual Quality Assurance (QA) the most recent was undertaken during the summer of 2012. There was a relatively limited response to the QA however the survey indicated that the experience of the people who live at the service was largely very positive. People told us that they had also been asked for their views and comments about the service one person told us that they had completed a QA during the summer but that they were asked "all the time if they had any feedback or comments that could improve the home". One visiting family member also informed us that they had also been asked to provide feedback on how they found the service and how they felt thought the care their relative received was appropriate to them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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