

**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

Date of Inspection: 30 September 2013

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November 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People who used the service and their representatives were given appropriate information regarding the service to enable them to make an informed choice about living there. People's needs were assessed and care and treatment was planned and delivered in line with individual care plans. People told us that they were involved in their care planning. One person told us that they expressed their views about their care and support needs and that they were involved in decisions about changes in their care and treatment. At this inspection we looked at the care plans for three people. We saw that people's needs were assessed and that in each record we looked at the person themselves had made comments about their needs or care.

Systems had been put in place which evidenced that people's care plans were reviewed to ensure they were up to date. We found that care plans provided detailed information and guidance for staff to be able to meet people's needs. Care plans included risk assessments based on the persons emotional, social and health needs.

People were protected by the safeguarding procedures in place and staff were knowledgeable about these procedures.

The staff told us they felt they had the appropriate training and support to enable them to undertake safeguarding and whistle blowing if the occasion ever arose.

We saw people had access to the home's complaints procedure and they were confident their concerns and suggestions would be listened to and acted upon.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment.

We saw that people admitted to the service were provided with an information pack that gave them details about the service. This meant that people were encouraged to understand the care, treatment and support choices available.

We saw that people's needs were assessed and that in each record we looked at the person themselves had made comments about their needs or care. For example, a person's comments were recorded that directly related to a discussion about the treatment they could be receiving. This meant that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

We talked with two people who used the service, one said "Staff treat me well and being here has helped to greatly build up my confidence" and "I still make choices about my routine and put my views about the service to the manager and the house committee".

We saw that bedroom doors were lockable and that inside bedrooms there were places that a person could safely store personal items. We noted that the premises and the garden had been made accessible to disabled people with the provision of ramps and hand rails. We observed that staff knocked on people's doors to gain permission to enter their bedrooms.

During our visit however we were told that the smoking policy of the service required both the people who lived at the service and staff to leave the premises. One person who lived at the service told us that they had to go across a road to sit on a public bench in a shopping arcade to smoke. We spoke to staff who told us that a smoking area for the people who lived at the service was within the garden and that they would ensure that everyone knew where it was located. We have been subsequently informed by staff that people are now fully aware of the smoking area and if they need assistance staff will accompany them to the designated area. This meant that people's privacy and dignity was respected.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. At this inspection we looked at three people's care plans.

Systems had been put in place which evidenced that people's care plans were reviewed to ensure they were up to date. We found that care plans provided detailed information and guidance for staff to be able to meet people's needs. Care plans included risk assessments based on the persons emotional and health needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Risk assessments formed part of the care planning process. These highlighted the risks and hazards and steps to be taken to manage or minimise these risks to promote people's safety. Examples seen included; fire risk assessments and associated test and evacuation records, regular health and safety checks and risk assessments about people's individual needs.

We asked members of staff about how they could respond to foreseeable emergencies the staff were aware of contingency plans and the emergency procedures employed at the service. For example, when we asked what would happen to the people being supported at the service if the premises could not be used because it had flooded or there had been a major fire, staff and members of the house committee fully explained the services procedures . This meant that people were protected from foreseeable risk.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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We saw evidence that demonstrated to us that people who used the service could be confident that staff would be able to recognise and respond to safeguarding matters in the correct way.

We saw that the service had an adult protection policy and procedure in place known as safeguarding. These demonstrated how the provider minimised the risk of abuse for people who lived in the home.

We saw that the home had the most recent copy of Surrey County Council's Multi Agency safeguarding procedures in place. This meant that staff had access to up to date guidance and information to assist them should they need to raise safeguarding concerns. We spoke to staff who were aware of the safeguarding procedures in place. Staff had recently undertaken refresher training in this area. Staff were also aware of other related policies, such as their responsibility for reporting abuse, whistle blowing and deprivation of liberty safeguards. It was however noted that in order to gain access to relevant contact details for partner agencies involved in safeguarding or whistle blowing staff had to access the care office and not in a convenient area where they could get the information they needed to take action without being observed doing so.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We looked at the provider's quality assurance system and found that there was a range of monitoring processes in place that enabled the provider to respond to issues of quality and risk.

We saw that people who used the service were able to attend residents meetings and speak to staff about any concerns they may have about the service. For example one person who used the service told us that they had made a suggestion about activities and manager had acted on their suggestion and made "a few changes". This meant that the provider and registered manager were responsive.

We saw that the provider gave people who used the service and or their families quality assurance (QA) surveys to provide feedback anonymously about the service and care provided. We saw the most recent QA was completed July 2013. We reviewed the completed analysed July QA and this demonstrated a high satisfaction with the service amongst the forms that had been returned. We looked at the QA's and saw that some people had made positive comments about the care and support they received at the service and there were a number of positive comments about staff. This meant that the registered manager actively sought people's views in relation to their experiences of the service.

We saw that the provider carried out regular periodic reviews of all its services and that this information was published and displayed. The periodic review analysed feedback about the services and compared responses to measure performance. This meant that people using the service had access to information about how the provider was performing and responding to quality issues.

The service also carried out a range of audits, including but not limited to Environmental Risk Assessments, Infection Control, Medicines, Equality and Diversity and Health and Safety.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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