

# Care UK Community Partnerships Ltd

# Greville House

## Inspection report

Greville Road  
Richmond  
Surrey  
TW10 6HR

Tel: 02083342890

Website: [www.grevillehouserichmond.co.uk](http://www.grevillehouserichmond.co.uk)

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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

Greville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Greville House provides care and support to older adults some of whom have physical and learning disabilities and mental health needs. The care home specialises in supporting people living with dementia. Greville House can accommodate up to 59 people. At the time of inspection 51 adults were receiving support with personal care from this service. The care home is situated over three floors.

At the last inspection the service was rated Good, at this inspection we found the service remained Good.

This inspection was carried out on 21 August 2018 and was unannounced.

The service had 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 2008 and associated Regulations about how the service is run.

People felt there was enough staff to meet their needs in good time. There were systems in place for recording and reporting any potential abuse to people and incidents and accidents occurring. People had sufficient risk assessments in place to ensure their safety. The service followed appropriate staff recruitment processes to employ suitable staff to take care of people.

People had support to move safely where they needed assistance with manual handling. People's health needs were monitored and they had access to healthcare professionals when they needed it. Staff understood and applied the Mental Capacity Act 2005 (MCA) principles in practice to support people in the decision-making process. Staff regularly up-dated knowledge and skills to ensure they carried out their duties in line with their role requirements. Staff supported people to have meals according to their preferences and dietary requirements.

Staff respected people's individual needs and attended to their care with kindness and respect. Staff were aware of how people wanted to be cared for and had time to have conversations with people which ensured that people were listened to. People had their religious and cultural needs identified and met by the staff that supported them.

People had assessments undertaken to determine their support needs and to inform staff of how people wanted to be cared for. There was a variety of activities facilitated at the service which helped people to build and maintain relationships with other residents if they wanted to. People told us if they made complaints, changes were made to the service delivery as necessary. Some people felt they were not

supported to provide regular feedback about the service and the registered manager told us they would review the systems in place to ensure people's involvement.

The service was led by a registered manager who we found being open minded, transparent and caring for people's wellbeing. Staff were led by example and had a good understanding of their role expectations. The registered manager was available to support staff and listen to people's wishes. The service undertook regular quality assurance checks to identify any improvements required.

## 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.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Greville 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.

We inspected the service on 21 August 2018. This inspection was unannounced and carried out by an inspector, a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with 16 people living at the home and two relatives. We talked to the registered manager, deputy manager, clinical lead and 13 staff members working for this service. We reviewed people's support plans, risk assessments, management of medicines, staff's recruitment, training and supervision files and other records relating to the management of the service.

We used the Short Observational Framework (SOFI) to make observations. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we contacted healthcare professionals asking for their feedback about the service, but they did not respond.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person said, "I am safe, staff make sure I am ok." A staff member told us, "I know my residents, and I would have no problem whistleblowing if I saw something wrong."

The staff team was aware of their responsibilities if they saw people being at risk of harm or abuse. One staff member told us, "I would raise a concern if I am worried about someone and the manager would put measures in place making sure that the resident is safe." The service used a spreadsheet for recording any relevant information about safeguarding taking place, including dates and action taken to protect people. The registered manager told us they collected this information for monitoring purposes and to prevent the repeated incidents.

At the time of inspection people shared some concerning information with us that required investigating. The registered manager's actions in response to these concerns showed us their genuine care of people's well-being and transparency in dealing with the situation to safeguard people.

Risk management plans were person centred and identified individual risks to people. Staff used a wide range of assessment tools to mitigate risks to people. These included assessments undertaken in relation to continence, eating and drinking, falls, moving and handling and bedrails.

People told us there were enough staff to support them when they needed assistance. One person said there was, "lots of staff" to assist them with their needs. We observed staffing levels throughout the day and felt that staff met people's needs in a timely manner. A staff member told us, "We have enough staff."

Staff were required to undertake pre-employment checks before they started working with people. Records showed that staff attended an interview, provided two satisfactory references and undertook a criminal records check. This helped the registered manager to decide if they were suitable for the job.

People received their medicines as prescribed and staff were trained to safely manage ordering and storage of the medicines. The Medication Administration Record (MAR) charts were properly maintained and completed. Staff had guidance on how to support people with as and when needed medicines. People's medicines were kept securely and only authorised staff had access to the medicines. One staff member said, "We take medication administration very seriously, it is a big responsibility and I am very careful. We have support."

Guidelines for providing hygienic care for people were available and followed by staff as necessary. Staff told us they used protective equipment to avoid contamination, including hand sanitizers and disposable gloves and aprons. The registered manager told us they were in the process to change the flooring on the ground floor to ensure that the communal area was odour free and clean.

Staff followed the incident and accident reporting procedures to protect people as necessary. Staff

completed an electronic form when an incident or accident took place which was then sent to the registered manager to check if the required action was taken quickly as necessary. The registered manager told us that all incidents and accidents taking place were reviewed by the GP who ensured that people had a thorough check-up and monitored their well-being.

## Is the service effective?

### Our findings

Staff were provided with the required equipment to promote people's independence. People had access to specialist baths, hoists, different height chairs and wheelchairs to help them to move around the home as necessary. Staff received training in moving and handling and we observed staff transferring people safely.

Staff were provided with regular training courses, including safeguarding, Mental Capacity Act 2005 (MCA), dementia awareness, fire safety and management of medicines. Some staff were completing their diplomas in health and social care at levels three and five. Records showed that staff had two supervisions and two appraisal meetings yearly to discuss their developmental needs. The one-to-one meetings were used to score staff's performance and to discuss if they wanted to take on new responsibilities.

People spoke positively about the quality of the food provided to them. One person said, "Good food, tasty. This is an excellent chef. I could not ask for better." People had the necessary support to meet their complex eating and drinking needs. We saw people being provided with different diets which included food being chopped, pureed, low fat and salt. Staff completed food and fluid charts where necessary. People had access to fluid throughout the day.

People received consistent and timely care to meet their individual needs. People's health needs were monitored and adhered quickly where necessary. The service made referrals to healthcare professionals when they saw changes in people's health to ensure adequate support. Records showed that people received input from a speech and language therapist, dietician and nurse. Staff were aware of the recommendations made by the healthcare professionals and these were incorporated into people's care plans.

The environment provided for people was adapted to meet their care needs. The atmosphere throughout the home felt warm and welcoming. We saw that the dementia unit had bright wall colours and good lighting to support people's orientation. The service used pictures to highlight orientation points, for example the toilet door. We observed the premises being easily accessed by wheelchair users. People had a choice where they wanted to spend time in the communal areas. We observed people using the garden to relax and spend time with their visitors.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The staff team had a good understanding regarding the MCA and told us how they supported people to make their own decisions



where necessary. One staff member told us, "I ask the residents what they want and if they cannot tell me, I, for example, show them the clothes to choose from." Records showed that the DoLS authorisation requests were submitted to local authorities as necessary and that the provider applied to renew the DoLS applications before the expiry date so they can be approved in time. Any conditions applied to the authorised applications were followed and recorded in people's care plans as necessary.

## Is the service caring?

### Our findings

Staff were friendly and showed a caring attitude when communicating with people. One person said, "The staff here are very kind." We observed people enjoying talking to staff. Staff told us they had enough time to have conversations with people and we saw a staff member taking time to understand what a person wanted to tell them. We observed staff being patient and assisting a person to carry out an activity at their own pace.

Staff were aware of people's preferences and personal history and used this information to encourage people's involvement. People were provided with a memory box and had pictures of their family and the activities attended by them displayed to stimulate engagement in conversations. There was a theme every week and staff were required to wear or have visual aids related to the topic which encouraged people to ask questions and get involved in group activities.

People were actively encouraged to be as independent as they could. People told us that staff kept them safe but in a way that did not restrict their individual freedom. One person said, "[Staff] are helpful when I need it, I do what I can do for myself." We saw a person being assisted to eat independently and staff had positioned cutlery pointed out to the person so they could get hold of it easier.

People told us that care provided for them was respectful and dignified. Their comments included, "Care is amazing, absolutely amazing" and "Very good carers, all of them, trying their best." Staff addressed people by their preferred names. A staff member told us, "I treat these residents like my family. I know them very well." People had their cultural needs identified and supported, including assistance they required to communicate in their preferred language and movies they liked to watch that related to their nationality. People were provided with regular church services to meet their religious beliefs.

## Is the service responsive?

### Our findings

People had a choice of the activities they wanted to take part in. People told us there were activities provided for them but some chose not to participate. One person said, "I just had the longest and most boring game [said with the smile]. [Staff] are doing their best, keeping the residents entertained." Another person told us, "There is a lot going on, but I choose not to go." We saw an activities board displayed to remind people about the activities facilitated every day. The registered manager told us that the activities board was only used for guidance and that staff were flexible as to what people wanted to do during the day. We observed people enjoying a game of bingo and equipment being available to provide music related activities. People took part in art and craft activities and their work was displayed in the communal areas. The registered manager told us they arranged regular outings in the community but recently this was less available to people due to risks associated with the hot temperatures.

People's care records were carefully maintained and up-to-date. The management team carried out pre-admission assessments that contributed to people's care planning. People's support plans included information on people's physical, emotional and health needs. Staff were provided with guidance on how to meet people's care needs, for example, some people had skin integrity care plans in place and staff were required to use body mapping to record changes in people's skin care.

People said that at the time of inspection they did not have any complaints about the service. People told us that when they complained it was dealt with appropriately. We saw a complaints procedure visually displayed for people to use should they require it. However, some people felt they were not encouraged to give feedback about the service. We discussed this with the registered manager who told us and records had confirmed that people were provided with opportunities to share their experiences. This was via one-to-one meetings with staff, care plan review meetings, regularly facilitated 'residents' meetings' and residents' surveys. The registered manager told us they planned to review the systems in place ensuring that people had the necessary support to comment on the care being delivered to them.

There were procedures in place to ensure that people were cared for in a culturally sensitive and dignified way at the end stages of their life. Staff told us they worked in partnership with palliative care specialists such as hospices, nurses and GPs to provide people with the required equipment and support in the home. People's care plans included information on how people's health conditions could potentially deteriorate towards the end of life care, emotional support that might be needed and details of funeral arrangements.

## Is the service well-led?

### Our findings

The registered manager was in post for over three years. We found the registered manager committed and passionate about their job which meant they led the team by example. The registered manager told us, "The home is my baby, I spend most of my time here." Staff were very supportive of the registered manager and told us that the service was "exceptionally well managed", the registered manager was, "kind and approachable and I can talk to her." They also said that the registered manager "is very intelligent, she wants everything to be perfect." There was a clear structure within the service with shared responsibilities. Staff were clear of their role expectations and were delegated to run certain areas of the service.

The home was managed in a person-centred way making sure that people's views were heard and acted on. Regular residents and relatives' meetings took place to gather their opinions and views about the service. We found that people made suggestions and these were acted upon to as necessary. For example, one person wanted to move a room and another person wanted a pizza and we saw these wishes actioned.

Staff were enabled to develop their leadership skills. Two staff members told us the registered manager encouraged them to learn in their role which helped them to develop their careers. One staff member said, "This is the best manager I could hope for. [The registered manager] supported me as a carer and helped me to become a nurse. She is patient, professional and kind." Another staff member told us, "We work hard, we are not paid much, but we are valued." The registered manager said, "All staff have equal opportunities here." Staff were encouraged to take additional roles to support the team which included specialised training in moving and handling, nutrition and dementia.

Robust quality assurance systems were in place to monitor the services being delivered to people. The staff team were responsible for undertaking daily, weekly, monthly and quarterly audits to identify any improvements required. These were reviewed by the registered manager who ensured that any actions identified were followed up as necessary, for example where care records required updating. Regular meetings were used by the team to share information and discuss progress which meant that all staff were involved in delivering good care for people.

The service took part in meetings facilitated by external agencies to discuss best practice in health and social care sector. The registered manager told us they attended a 'registered managers' forum, held for the managers working in social care to share experiences. The registered manager said they were well supported by the provider and that any requests they made were adhered to quickly.