

Greensleeves Homes Trust

Viera Gray House

Inspection report

27 Ferry Road
London
SW13 9PP

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Ratings

Overall rating for this service

Good ●

Is the service safe?	Requires Improvement ●
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

Viera Gray is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 41 people.

People's experience of using this service and what we found

We have made a recommendation that the provider review their staffing levels to ensure people receive stimulating activities.

Care plans did not always contain information identified in people's pre-admission assessment.

People's risk management plans were not as robust as they could be.

People received care and support from staff that knew how to identify, respond to and escalate suspected abuse. People received their medicines as intended. The provider's recruitment practices ensured only suitably qualified staff members were employed. The registered manager was keen to ensure lessons were learned when things went wrong.

Staff continued to receive training to enhance their skills and knowledge. Newly employed staff underwent an induction programme and received one-to-one supervisions to reflect on their working practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's health and well-being was regular monitored and people were supported to access food and drink that met their dietary needs and preferences.

People and their relatives told us, staff treated them with respect and catered to their diverse needs. People had their dignity promoted and were encouraged to make decisions about the care they received.

People were aware of how to raise any concerns or complaints they may have. The provider responded to complaints in line with their complaints policy. The service had an end-of-life policy in place. People's communication needs were met.

People, their relatives and staff spoke positively about the registered manager and management team. The registered manager was aware of their responsibilities in notifying us of reportable incidents.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Rating at last inspection

The last rating for this service was Good (published 25 March 2021).

Why we inspected

The inspection was prompted in part by concerns raised about staffing levels and the management of risks within the home. We also received notification of a specific incident in which a person died. This inspection did not look at the specific circumstances of the incident, however a decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Viera Gray on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Viera Gray House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, a specialist advisor and an Expert by Experience. The specialist advisor was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Viera Gray is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and 14 relatives. We spoke with 13 staff members, including, care workers, the chef, the maintenance person, registered manager, internal quality standards auditor and the divisional director. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to how they planned to take action to address outstanding fire safety maintenance issues we identified during our inspection. We also contacted two healthcare professionals to gather their views 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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service relating to medicines management, were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk management plans did not always give staff clear guidance on how to mitigate risks and keep people safe from harm.
- During the inspection we identified historical behaviour recorded in people's care plans was not always reflected in people's risk assessments. We raised our concerns with the registered manager who was able to demonstrate discussions with healthcare professionals in relation to such behaviours had taken place and these behaviours were no longer considered a risk. The registered manager confirmed they would consider recording historical behaviours in risk assessments.
- A staff member told us they had felt 'lost' when supporting someone who was being aggressive and felt more training on understanding aggression, identifying triggers and dealing with the incident would be helpful.
- The service did not always have robust behavioural support training for staff to utilise when faced with aggression. This meant staff were at risk of harm. We shared our concerns with the registered manager who told us some staff had received behavioural management training and that staff had gone through role-play scenarios of instances of behaviours others may find challenging. The registered manager confirmed staff had not received training on how to safely remove themselves or others during times of heightened anxiety, through breakaway techniques.
- After the inspection the registered manager informed us senior management were meeting with trainers on the 16 September 2021 to develop a course on responding to behaviours which would be implemented throughout the provider's services, to ensure staff have the appropriate skills and knowledge to keep people safe. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.
- Notwithstanding the above, relatives told us staff members were able to support people when they engaged in behaviours others find challenging. Comments included, 'Yes they [staff] would be able to support [my relative] if she was distressed. They use distractions and talk to her. One or two of the carers are exceptional. They would phone me if necessary'
- We noted a number of fire-resistant doors had faulty release mechanisms. This meant these doors would not close automatically into their doorframes in the event of the fire alarm being activated, contrary to best fire safety practice and the providers own fire safety policy.
- Regular checks were completed by the provider to help ensure the safety of the environment. These health and safety checks of the building and fire safety equipment had picked up there were problems with some of the care home's fire doors.
- We discussed these outstanding fire safety issues with the management team who confirmed a time specific action plan had already been agreed for all the faulty fire doors to be repaired by external

contractors as a matter of urgency. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Systems and processes to safeguard people from the risk of abuse

- People received care and support from a service that protected people from the risk of abuse. People told us the care home was a safe place for them or their loved one to live. One person said, "I feel very happy and safe living here." Relative's comments included, "Yes [my relative] is definitely safe.", and "Without a doubt [my relative is safe]."
- Staff told us they received safeguarding training and felt confident that any concerns they raised would be dealt with promptly by senior staff. Comments included, "I speak my mind and [management] do listen", "When you approach management, they always do what they can" and, "I would be listened to."
- The service had a safeguarding policy and guidance for staff to follow should they feel someone was at risk of harm and abuse.

Staffing and recruitment

- There were adequate numbers of staff deployed to meet people's basic needs. However, during the inspection staff told us and our observations confirmed there were insufficient numbers of staff to ensure people were supported to participate in stimulating activities, in order to undertake other roles within the service.
- We received mixed comments about the staffing levels at the service. Comments included, "Not always enough staff, especially at handover. [There have been] a few new [staff members], [which is] an improvement." And "There's never enough [staff members]."
- We reviewed the staffing rotas and found there were adequate numbers of staff deployed to meet people's basic needs.

We recommend the provider review their staffing to ensure people's needs for stimulating activities are met.

- However, other comments received from staff included, "We have enough staff. We get agency to cover any shortfalls", "We need to recruit more staff. The managers are aware of it and are working on it.", and "We are generally well staffed." A relative said, "I think there are enough staff, there's always people around and they're familiar." Another relative said, "[The service are] well-staffed, especially [during] the pandemic."
- The service had kept the use of temporary agency staff to a minimum in the past 18 months and ensured agency staff they did use worked exclusively at the care home during the COVID-19 crisis. This approach helped minimise the risk of COVID-19 spreading in the care home and ensured people received continuity of care from staff who were familiar with their needs, wishes and daily routines.
- Staff were visibly present throughout the care home during our inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions.
- Staff were recruited safely. We looked at the recruitment records for four staff members and found that the provider had a robust process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People continued to receive their medicines as intended. We reviewed the medicines and found the storage was in good working order. Medicine Administration Records (MARs) were completed correctly with no gaps.
- The service used effective PRN (as and when required) protocols. Medicines were checked in and out with two senior staff members. Staff used body map forms to indicate where creams should be applied. The service also used forms to indicate where transdermal patches should be applied and dated and signed

when patches were applied.

- However, staff did not sign when patches were removed, to ensure old patches had been disposed of. We shared our concerns with the senior staff member who confirmed they would discuss this with the registered manager.
- We will review this at the next inspection.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. We received positive feedback from people about how the provider had managed COVID-19 during the pandemic. One person said, "Staff are very good at always wearing their face masks and keeping the place nice and clean."
- Access to the care home had been restricted for non-essential visitors but was now open to a limited number of people, providing they followed the services strict IPC guidelines.
- Staff used PPE correctly and in accordance with current IPC guidance. Managers routinely checked staff were wearing their PPE safely. Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises was kept hygienically clean and offensive odour free. The registered manager told us staff had increased the frequently they now cleaned high touch surfaces, which included door handles and grab rails. A relative remarked, "This is a very clean home and I've never smelt any offensive odours whenever I visit."
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived and worked there were routinely tested for COVID-19.
- Infection risks people living and working in the care home might face had been assessed and was well-managed by staff.

Learning lessons when things go wrong

- The service was keen to learn lessons when things went wrong and had systems in place to support this practice. For example, the registered manager had a process in place to address concerns identified during the inspection around risk management plans.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- During the inspection we identified not all pre-admission assessments were completed. Although there were pre-admission assessments that were comprehensive and included, for example, communication, medical history, diagnosis and dietary requirements, we identified some pre-admission assessments had gaps. For example, the medical information, social history and 'this is me' document for one person did not contain any information.
- We raised our concerns with the registered manager who told us they were aware of the blanks in the documents and there had been instances where they were not always able to obtain comprehensive information from previous providers or relatives for the pre-admission assessments.

Staff support: induction, training, skills and experience

- People received care and support from staff that underwent training in their role. Staff told us they were confident the training they received ensured they had all the knowledge and skills they required to meet people's needs and kept them safe. One member of staff said, "I get all the training and support I need here to do the best job I can looking after everyone who lives here."
- Every relative we spoke with stated staff members were knowledgeable in their role. For example, one relative said, "[Staff members] I know are well trained and have the knowledge."
- Training provided covered a wide range of topics, for example, equality and diversity, safeguarding and medicines management.

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

- People were supported to access food and drink that met their individual dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered at the care home. One person said, "I'm not sure what we're having for lunch today, but the staff do always ask me what I would like to eat and its normally very good", while a relative remarked, "My [family member] tells us the choice and quality of the meals here is pretty good."
- Catering and care staff demonstrated a good understanding of people's dietary needs and preferences.
- During lunch we saw the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.

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

- People lived in a suitably adapted and reasonably well decorated care home that met their needs.
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely around the care home and garden. People told us the care home was a "comfortable" place to live.

- Parts of environment were 'dementia friendly' with easy-to-understand pictorial signage, colour contrasting bedroom doors made to look like front doors and memory boxes installed inside some people's bedrooms. A memory box contains objects that are important to a particular person, such as photographs or ornaments.
- We discussed making the service more dementia friendly with the managers who told us a time specific action plan to continue refurbishing the care home, including making the environment more suitable for people living with dementia, had been developed and agreed. Managers were confident these planned works to redecorate the entire home in contrasting colours and offer people the choice of having a memory box would be completed within the next six months. Progress made by the provider to achieve these stated aims will be closely monitored by the CQC.

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

- People were supported to maintain healthier lifestyles. The service had developed links with external healthcare services to ensure people's health and well-being was regularly monitored and maintained.
- Records confirmed people's health was documented in their daily notes and care plans referenced people's specific health needs. Records also confirmed the registered manager had referred people to healthcare professionals when there were concerns about people's health and well-being.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People consented to the care and support they received from staff at the service.
- Staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Comments received from relatives included, for example, "I believe they [staff members] generally do [seek consent from my relative]. And "They don't force [my relative], they negotiate."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 their human rights and diversity respected and were treated with compassion by staff.
- People typically described the staff who worked at the care home as "kind". One person said, "Lovely staff", while a relative remarked, "Staff treat my [family member] well. All very respectful and caring."
- Interactions between people living in the care home and staff were characterised by warmth and kindness, and showed they knew each other well. People looked at ease and comfortable in the presence of staff. We also observed several instances of staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting next to people so they could be in the person's line of sight and easily talk to them about the meal they were having.
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. For example, staff were aware of people's dietary needs and wishes and which food groups certain people could not eat based on their spiritual beliefs or wishes.

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

- People were encouraged to make decisions about the care and support they received and had their decisions respected. For example, we observed several instances of staff showing people photographs of meals to help them make an informed choice about what they ate at mealtimes. We also saw people eating a variety of breakfasts at different times which showed us people had a choose about what and when they ate this meal.
- Care plans detailed people's communication needs, which meant that staff had knowledge on how to best communicate with others to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff members that treated them with dignity and respect. Comments from relatives included, "Yes absolutely [they staff members] treat [my relative] with dignity, respect and affection."
- Throughout the inspection we observed staff speaking to people in a respectful manner, and people appeared to enjoy staff's company. There was a very relaxed atmosphere with staff and people sharing jokes.
- Care plans detailed people's dependency needs and gave staff guidance on what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the pandemic, many community activities had ceased or reduced whilst in-house activities continued to be provided by allocated activities staff.
- We received mixed feedback from people about the opportunities they or their loved ones had to participate in social activities. For example, one person said, "There's an activities lady who's very nice, so you can join in games if you want. I often go and sit in the garden if the weather is good." However, a relative told us, "I do worry my [family member] gets very bored stuck in her room all day. I think it can be very socially isolating for her."
- During our inspection the activities coordinator told us they had been employed to work in the laundry room that day because they were short staffed at the time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in conjunction with them and people important to them. Care plans were comprehensive and detailed all aspects of their care and support needs. For example, medical, social, health, risks and life history. Care plans also contained a 'this is me' document. The 'this is me' document covered areas such as, what's important to me, how best to support me, what worries me, things I would still love to do and my early years.
- Relatives confirmed they were involved in the development of their relative's care plans, comments included, "I have seen the care plan, I had to approve it.", and "Yes, [my relative] has a care plan. I was involved in its development, and I asked for amendments."
- During the inspection we identified people's care plans did not always contain information documented in their pre-admission assessment. We shared our concerns with the registered manager who confirmed, and a new system was being devised to ensure a central location for staff to access people's information. We will review this at our next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's information and communication needs, and preferences were met by staff. Care plans detailed people's preferred communication method.

- The provider understood and worked within the principles of the AIS. For example, easy to understand pictures and photographs were available in the kitchenette and dining areas located on each wing that we observed staff use to help people choose what they ate at mealtimes. Managers also told us where possible they tried to ensure staff who understood the same first language one person often preferred to speak instead of English worked on the same wing as this individual.
- Staff continued to support people to use various electronic communication devices, such as tablets and mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

Improving care quality in response to complaints or concerns

- The provider had a robust system in place to receive, record and respond to complaints. The complaints policy detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months people had been satisfied with the way managers had dealt with their concerns or formal complaints they had raised.

End of life care and support

- The service had an end-of-life policy in place.
- Records confirmed people's end-of-life wishes were considered and documented where possible. End-of-life documents included, for example, religious requirements and service preference.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received support from a service that carried out regular auditing processes to monitor the service. Issues identified were then allocated to a staff member to complete by a set deadline. We could see from the records provided the registered manager was actively addressing the concerns raised during the inspection, for example, care plan and risk management plan reviews.
- Notwithstanding the above, auditing processes were comprehensive and covered all aspects of the service. For example, medicines management, accidents and incidents and COVID-19 management.
- Feedback from people using the service about the home was consistently positive. One person said, "It's excellent. I'm really happy." Another person told us, "I'm quite pleased. I would not want to go anywhere else." A third person commented, "It's all done very well."
- Feedback from staff was positive about the quality of care provided to people at the service. Comments included, "It's good", "People are well cared for here.", and, "It's good but it could be even better."
- The majority of staff were positive about the management team and felt listened to. There were however some different views about how well the staff team worked together. Comments ranged from "We work well as a team" to "Not all of us pull in the same direction."
- We shared this feedback with the management team, who were aware of the staff comments and were proactive in taking action to address this. We were satisfied with the provider's response.
- The registered manager notified us of reportable incidents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Working in partnership with others

- The management team as a whole were keen to ensure the service continuously improved. Records showed the registered manager worked in partnership with stakeholders to drive improvements and ensure people received a holistic approach to their care.
- People were encouraged to share their views and the registered manager had an open door policy and

was a visible presence within the service.

- Throughout the inspection we observed people, relatives and staff seeking out the registered manager to gather support and guidance, which was readily available.