

Greville House Care Home Limited

Greville House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Greville House is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

There were systems in place to monitor the service and gather feedback on people's experiences. However, these were not always robust. Some improvement was required in relation to recording and documentation of some people's records and to some of the quality assurance systems.

People told us the registered manager and staff were kind and caring. They said they felt safe with their care staff and trusted them. Relatives were complimentary about the kindness of the staff.

Staff had been recruited safely and there were sufficient numbers of staff to support people. Staff were committed to delivering care that was personalised. Staff spoke enthusiastically about how they provided people with good quality, person-centred care. Staff turnover was low and people told us they were supported by staff who knew them well and met their needs. The service liaised with health and social care professionals.

People's needs were assessed, and these considered protected characteristics under the Equality Act. 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 dietary needs were met, and people had access to healthcare services where required. People were supported by staff who were caring. People were involved in decisions around their care and were treated with dignity.

People and staff felt well supported and told us that the service was well managed.

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 Requires Improvement (Published August 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led

Details are in our well-Led findings below.

Requires Improvement ●

Greville 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.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

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.

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

Notice of inspection:

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with nine people who use the service and six relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of care staff, the deputy, registered manager and operational manager.

We looked at four people's care records, four staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. "The staff are very good, and they are always close by. I do feel safe living here."
- Staff were trained and knew how to recognise and report incidents of harm and poor care. A staff member told us, "The manager is very good any concerns would be reported and dealt with."
- The provider had safeguarding systems and staff had received training. They were aware of their responsibility to report any concerns and explained how they would make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Staff helped people to stay safe; for example, we saw staff helping people to move around the home with assistance and reminding people to use their walking aids.
- Risks had been assessed and staff knew what steps to take to ensure people stayed as safe as possible. For example, staff knew who was at risk of falls and how this was being managed to minimise any risks.
- Risk assessments provided information and guidance to staff. Staff were knowledgeable about potential risks to people and how to support people safely.
- Staff kept a constant presence in communal areas to make sure people were kept safe and regular checks were carried out on equipment to make sure items were safe to use.

Staffing and recruitment

- We saw that people did not have to wait for support and relatives told us they felt there were enough staff on duty to meet people's needs when they visited.
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- People received the right medication at the right time and staff had been trained to give medication safely.
- Some medication records required improvement. For example, not all body maps were highlighted to show where cream should be applied and risk assessments for self-administration of some creams were needed. Staff took action during the inspection to make these improvements to records.
- Medicines were stored safely.

Preventing and controlling infection

- The home was clean, well maintained and cleaning schedules were in place.
- Staff had received training and followed infection control practices to reduce the risk of cross infection. They understood their responsibility in this area and were provided with supplies of disposable gloves and aprons (PPE)

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents, so lessons could be learnt, and the risk of similar incidents reduced.
- The registered manager was aware of their responsibility to report any concerns to the relevant external agencies.

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.

Staff support: induction, training, skills and experience

- Staff were happy with the training that was provided and felt confident they had the skills to meet people's needs. Records showed that staff received regular training to ensure they were up to date with good practice. A relative told us, "The staff are well trained they understand the needs of [person's name] very well."
- New staff completed an induction programme and the Care Certificate when required. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- The registered manager provided support and supervision to staff to help them provide effective and up to date care. Staff told us the managers were approachable and available for advice. All staff said they received good support from the registered manager. A staff member told us, "I can go to [managers name] with any queries. They are really approachable."

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

- The registered manager carried out assessments of people's needs. The pre-admission process was person-centred and made sure the service could meet the person's needs.
- People's needs had been assessed, taking into account their culture, religion, age, gender, sexual orientation, ethnicity and disability.
- Staff worked with guidance and information from representatives of health professionals such as, district nurses, tissue viability nurses and GPs. This promoted people's well-being and helped staff deliver effective care and support.

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

- People told us they enjoyed the food at the home and they could make decisions about meals and drinks were offered on a regular basis. The food was well presented.
- People with specific dietary needs due to preferences or a specific health condition were catered for.
- Records showed that people's weight was monitored to ensure they were staying healthy.

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

- People told us they were happy with their rooms and we saw they had personalised their rooms with pictures and possessions that were important to them.
- People had the choice of spending time in communal areas or their rooms. There were two separate lounges, a dining room and a landscaped garden for people to use that was accessible with sheltered

seating areas. We saw people freely accessing and enjoying the garden.

- The registered manager told us there are some limitations with the building layout, for example narrow corridors and no passenger lift and this is always made clear at the initial referral stage. However, we were informed in the PIR and it was confirmed during the inspection there are plans in place by the provider to have a passenger lift installed to improve the safety and independence of people living on the first floor.

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

- Staff responded to people's health needs and took prompt action where required. For example, when people were unwell this was quickly responded to and contact made with the relevant health care professional.
- Relatives told us they had no concerns about people's health and well-being. A relative told us, "They always let me know if [person's name] is unwell or any changes, they [staff] are on top of things."
- Staff worked well with other agencies to ensure people received the specialist support they needed. Care files contained records of referrals made to healthcare professionals such as district nurses.
- A visiting healthcare professional told us staff knew the persons needs very well and their care records were kept up to date.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The staff team provided care that was following the MCA principles.
- People had been asked for consent to decisions where they were able to give this.
- Staff were trained on MCA and able to tell us about the importance of respecting people's capacity to make choices. We saw staff checking people were happy before providing support.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection we found people could not choose when to have a shower or to have a cooked breakfast. We found evidence of a task led service at times.
- At this inspection improvements were found; a housekeeper role had been introduced to carry out certain domestic tasks such as putting people's laundry away. By developing this role staff were relieved from these tasks and had more time to spend with people.
- People told us they could choose to have a bath or shower. Records showed that a cooked breakfast was now available if people wanted it. A relative told us, "I am impressed with [family members name] physical care they are so well cared for."
- We observed staff involving people in discussions about a range of choices relating to the running of the home; for example, people were making choices what activities they wanted to do and where they wanted to spend their time. One person told us, "I join in things that I want to do and like to go to my room for a little rest when I feel like it."

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

- People and their relatives confirmed they were treated with kindness and spoke positively about the staff's caring approach. One person told us, "I think if I was the queen I couldn't be treated much better." Relatives were consistently complimentary about the care their family member received. A relative told us, "The staff are just wonderful. They are caring compassionate and kind."
- We observed staff supporting people with patience and warmth when they became upset or anxious.
- Staff spent time talking to people and engaging them in activities.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. For example, we saw staff promoted people to remain mobile and move safely around the home and were close by if any assistance was needed.
- Staff respected people's privacy by knocking on their doors before entering their bedrooms.
- Staff were aware of what people could do for themselves and supported people to be as independent as possible.
- We saw that a person wanted to change their clothing and staff responded immediately and provided them with assistance to do this.
- Relatives were welcome any time and we saw they were made welcome by the staff.
- People's personal information was kept securely

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported by staff who understood their needs, likes and dislikes. Staff had a good understanding of people's needs. One person told us, "The staff are good they know how to look after us and they do it very well." Another person told us, "I had heard good things about this home, I came and had a look for myself. I liked what I saw, and I am happy living here."
- Relatives were able to give us examples of how their family members well being had improved since living at the home. For example, a relative told us how their family members appetite had improved, and they had put on weight. Another relative told us that their family members all round health and wellbeing had improved.
- Staff were able to give responsive and personalised support. For example, we saw people requested staff support with personal care needs and staff were able to respond in a timely way.
- Regular reviews of people's care records took place. However, some records required more detail about how care should be provided and reviews did not always detail why changes had been made to people's care plan. We discussed this with the registered manager during the visit and they told us about the plans in place to develop and improve care records.

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.

- The registered manager understood their responsibility to ensure that important information would be given in accessible formats. For example, one person had a planner set out with symbols so that they knew what was happening each day.

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

- People and relatives spoke positively about the activities that were available for them. One person said, "I had a game a bingo this morning and I enjoyed it you really need to concentrate when you're playing, its good." Another person told us they enjoyed reading in their own room and would pick and choose the activities that they were interested in doing. A third person told us that they had enjoyed time out that morning shopping with a family member.
- We saw people enjoyed reading the newspapers that had been delivered, spending time sitting or walking

in the garden and chatting with staff.

- There was a programme of activities available organised by an activity coordinator who had taken time to get to know people and facilitate activities that met their interest. Visits were also arranged from the local church to meet people's cultural and religious needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they needed to. One person told us, "I just chat to the staff if I need to, I don't have any complaints but would tell the staff if I did."
- The provider had a complaints policy. There had been no complaints in the last 12 months.
- Relatives told us they were given plenty of opportunity to share any concerns they had but that they have had no cause to make any recent complaints.

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection. People and relatives had been supported to record their wishes in relation to any wishes they wanted respected at the end of their life.

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 requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection we rated the service requires improvement overall. At this inspection we found that the provider had made improvements. However, although there were systems in place to monitor the quality of the service and the support people were receiving. These had not always been robust and had not identified some of the areas we identified during our inspection.
- There were systems in place to monitor care records. However, these had not identified that some records lacked detail about the support people needed and how staff would provide this support. For example, records said checks should be made to people during the night but did not detail the reasons why or how the checks would be made. There were no concerns with the care people received at night.
- There were systems in place to ensure that regular reviews of people's care plans took place, However, records of the reviews did not always detail why changes had been made to people's care plan.
- There were systems in place to audit medicine management records. However, the systems in place had not identified that some medicine records required improvement. For example, not all body maps were highlighted to show where cream should be applied, risk assessments for self-administration of some creams were needed, care plans needed to be in place to support medicine given as needed (PRN). These should be person centred and detail how to offer the medicine (such as outside the normal medicine round) and should tell the staff what records they need to make on the medicine administration record (MAR).
- Audits of water temperatures had identified high temperatures in two bathrooms to the taps which serve the bath. The concerns had not been escalated to management for their attention. Staff confirmed that all people received some supervision taking a bath and water temperatures were checked on each occasion so any risks to people was minimised. This was addressed at the time of the inspection and repairs to the water temperature restrictors were actioned.
- Fire drills were talked through as a scenario however, they were not testing staff reaction to the drill. Immediate action was taken on this and a drill was carried out on the day after our inspection and the outcome was shared with us.
- The registered manager and operations manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection. They told us about the ongoing improvements that had planned for the service including looking at implementing an electronic care records system and improving the quality monitoring audits.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, their most recent inspection rating was displayed within the home and they had submitted their PIR as requested. The information given in the PIR

reflected what we found on the inspection.

- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents and we found that these notifications had been received.

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

- The registered manager was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff told us they felt listened to and liked the way the service was managed. A relative told us, "The manager is very approachable, if I had any concerns I would speak to them immediately. I haven't got any concerns."
- We saw that the registered manager was visible and spent time talking to people, relatives and staff. A relative told us, "The manager leads by example, they are very caring, but they will also tell us how it is." Another relative told us, "[Registered manager's name] is easy to talk to, caring and professional."
- The registered manager and staff encouraged feedback and acted on it to improve the service. For example, by holding meeting with residents and undertaking care reviews. A relative told us, "We are completely involved and kept fully informed about [person's name] care."
- Staff explained to us that they enjoyed their job. They told us the service was well managed and they were clear about what was expected of them in their role and to provide care that was person centred.

Working in partnership with others; continuous learning and improving care

- The registered manager told us the service had good relationships with other partners which benefitted people and staff.
- The home worked with local schools in the area and provided opportunities for young people to visit the service and gain experience about life in the workplace.
- The registered manager told us that the home had good working relationships with a number of other health and social care organisations that benefitted people.