

# Greensleeves Homes Trust

## Speirs 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?	Good ●

# Summary of findings

## Overall summary

Spiers House is a 'nursing 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. Spiers House is registered for a maximum of 35 people with a range of needs including dementia. The service is a large residential house, with people accessing the ground floor in the London Borough of Kingston. At the time of the inspection there were 34 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected against abuse as staff were aware of how to identify, respond to and escalate suspected abuse. Staff confirmed they were confident to whistleblow should the provider not take appropriate action.

People continued to be protected from available harm as the provider had systems and processes in place that identified risks and gave staff clear guidance on how to support people when faced with those risks.

People's medicines continued to be administered in-line with good practice and as the prescribing Pharmacist intended.

The provider continued to ensure there were adequate numbers of suitably vetted staff to keep people safe. Records confirmed, staffing levels were at safe levels to meet people's needs.

The service had clear guidance for staff in mitigating the risk of cross contamination. Staff confirmed they had access to adequate amounts of protective equipment to manage infection control.

People continued to be supported by staff that had undergone a comprehensive induction process to ensure their competency was assessed. Staff received on-going training to effectively enhance their skills and experiences. Staff also reflected on their working practices, through regular supervisions and annual appraisals.

The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to be supported to access a wide range of food and drink that met their dietary needs and

requirements. People with specific specialist requirements were catered for. People were supported to access a wide range of healthcare services to monitor and maintain their health and well-being.

People were supported by staff members that treated them with respect and were aware of the importance of maintaining their privacy and dignity. Staff had sufficient knowledge of the importance of encouraging people to remain as independent as possible.

People's care plans were person centred and contained adequate information to guide staff in delivering care and support that met their needs in line with people's wishes. Care plans were reviewed regularly to reflect people's changing needs.

People were supported to access a wide range of activities both in the service and in the local community.

People were aware of the provider's complaints policy and how to raise their concerns. Complaints were managed in such a way to reach a positive resolution in a timely manner.

People spoke positively about the registered manager and management team as a whole. The registered manager was a visible presence within the service and people confirmed they felt she was approachable.

The registered manager continued to undertake regular audits of the service to drive improvements. Issues identified during the auditing process were actioned in a timely manner.

People, their relatives, healthcare professional and staff's views continued to be sought through regular house meetings, quality assurance questionnaires and a comments box. Views gathered were reviewed and where possible action taken to implement positive changes.

Further information is in the detailed findings below.

## 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.

# Speirs 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 was planned to check 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.

This comprehensive inspection took place on 4 December 2018 and was unannounced.

The inspection was carried out by one inspector, a nurse specialist advisor 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.

Prior to the inspection we reviewed information we held about the service. For example, information shared with us from healthcare professionals, members of the public and the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, five relatives, one of which was by telephone, three care staff, two registered nurses, the chef, the deputy manager and the registered manager. We looked at six care plans, audits, medicine administration records, six staff personnel files and other records relating to the management of the service.

After the inspection we contacted a healthcare professional to gather their views of the service.

# Is the service safe?

## Our findings

People continued to be protected against the risk of abuse, as staff received on-going training in safeguarding, knew how to identify, respond and escalate suspected abuse. A relative told us, "I am happy that [relative] is safe. There is no reason to doubt safety." One staff member told us, "I would report to the [registered] manager or the deputy manager any alleged abuse and I would record it. I would comfort and console [the person], I would tell them that I will report it. If nothing was done I would whistleblow." At the time of the inspection there was one on-going safeguarding in progress.

People were protected against the risk of identifiable harm, because the provider developed risk management plans that gave staff clear and current guidance on mitigating risks. One staff member told us, "We always keep an eye on people and we make sure the environment is safe or that could cause them harm." Risk management plans covered, for example, moving and handling, falls and choking. Risk management plans took into consideration people's medical history, diagnosis and current presentation. Risk management plans were reviewed regularly to reflect people's changing needs.

The service had an embedded culture of ensuring people's medicines were managed safely and in line with good practice. People received their medicines in a person-centred manner and those who were assessed as competent were supported to self-administer their medicines. We checked the Medicine Administration Records (MAR) and found these were completed correctly with no gaps or omissions. Registered nurses on duty had sufficient and current knowledge of medicines contraindications and particularly anti-coagulants. We identified medicines were stored correctly and there was no excess of stored medicines. Records also confirmed the prescribing Pharmacist had recently carried out a medicines audit in November 2018 and found no issues.

People continued to be supported by sufficient numbers of suitable staff to meet their needs and keep them safe. People confirmed staff responded to their call bells in a timely manner and did not have to wait long to be attended to. One staff member told us, "Six [staff members on duty] is enough staff. We do have time to communicate and sit and chat with [people]." Throughout the inspection we observed staff had adequate time to interact with people in an unhurried manner. Staff personnel files confirmed staff continued to undergo robust pre-employment checks. Records included for example, a minimum of two satisfactory references, completed application form, employment history and a Disclosure and Barring Service (DBS). A DBS is a criminal records check employers undertake to make safer recruitment decisions. Although the DBS were in place for all staff files we reviewed, we did identify that these had not been updated for quite some time. For example, for one staff member, not since 2010. We raised our concerns with the registered manager who told us, the provider was looking into their DBS policy and as to whether a more frequent DBS check should be carried out. We also identified that in the absence of more up to date DBS checks, staff were instructed to complete an annual declaration of any criminal convictions. We will review this at our next inspection.

People continued to be protected against the risk of cross contamination as the provider had robust infection control management in place. Staff confirmed they were provided with ample Personal Protective

Equipment (PPE), to minimise the spread of infection. The provider also employed ancillary staff to ensure the home was kept clean and free from odour.

## Is the service effective?

### Our findings

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there were twelve people subject to a standard DoLS authorisation. People's consent to care and treatment was sought prior to being delivered. People confirmed staff asked their permission and explained things in a way they understood. Staff were aware of their responsibilities in line with legislation.

Staff members confirmed they received on-going training to enhance their knowledge and deliver effective care and support. One staff member told us, "I have had quite a lot of training even though I've not been here long. First aid, fire, safeguarding, manual handling, Mental Capacity Act 2005. The training really helps me to understand my role, it's very helpful." Records confirmed staff received training in, for example, safeguarding, fire training, principles of care, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, dementia awareness and quality and diversity. Training provided was classroom based and competencies were then reviewed to ensure the training received had been understood. At the time of the inspection, records confirmed the service had completed 90.56% of the training available to them.

People continued to receive care and support from staff that underwent a comprehensive induction on successful employment at Speirs House. One staff member told us, "[The induction] was good. It helped me a lot to learn how to deal with people and support them. I shadowed two staff over two weeks. I now feel confident to lone work." Records confirmed staff underwent the Care Certificate. The Care Certificate is 'an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors'. Newly employed staff were shadowed by more experienced staff to familiarise themselves with the service, people and provider's values. When staff were assessed as competent, they were authorised to work without direct support.

Records confirmed staff received on-going supervisions and annual appraisals to reflect on their working practices, set obtainable goals for the coming months and to drive improvements. Records showed supervisions were held regularly and identified any additional training needs staff or the registered manager felt applicable.

We received mixed comments about the food provided, however, people were supported to access sufficient amounts of food and drink that met their dietary needs and requirements. One person told us, "The food has improved recently, it was awful." Records confirmed those who required specialist dietary requirements were catered for. For example, those who required soften foods or specific foods in line with



their culture and beliefs. The chef told us, "I'm aware of [the people] who cannot have certain foods and we make sure the staff tell us who's meal they want, before we give them the plate, to ensure there are no errors. People who required support to eat their meals, were supported by staff that were patient and kind. Staff encouraged people to eat and did so at a pace people felt comfortable and could do so either in the dining room or in their personal rooms as they chose. The service had recently been awarded a five star rating from the Food Standards Agency.

Healthcare professional guidance and advice continued to be implemented into people's care and support. Records confirmed people were supported to access a wide range of healthcare services including, G.P, dentist, podiatrist, district nurse and speech and language therapist, to monitor and maintain their health and wellbeing. Records also confirmed the service had robust systems in place to ensure pressure care management was in place to achieve positive outcomes for people.

## Is the service caring?

### Our findings

People continued to receive care and support from staff that placed people's needs at the forefront of the care provided. Comments received included, 'All the staff are good', 'If there are any problems the nurses look after us' and 'I'm happy with the support [relative] is getting.' Throughout the inspection we observed staff engaging with people in a respectful, caring and compassionate manner.

People appeared at ease with the staff supporting them and the service had an open and inclusive approach to care provision. Staff spoke of the people they supported in a kind manner and people appeared to have developed meaningful relationships with staff that were based fundamentally on respect. One staff member said, "We are encouraged to get to know the [people] and their families. 'We care, with care.'"

People continued to have their privacy and dignity maintained and respected. Staff were aware of the importance of ensuring people's bedroom doors were closed when providing personal care.

The service had a culture of treating people equally and embracing people's diverse needs. One person told us, "It's good to talk to different staff as we can learn so much. Some [people] and staff give us history and cultural talks and these are very enjoyable." People confirmed they were supported to embrace their cultural and faith needs. For example, people were supported to be visited by faith leaders should they wish. Another person was supported to access foods that were representative of their culture and in line with their faith.

People's independence levels continued to be monitored and recoded in their care plans. Throughout the inspection we observed staff encouraging people to maintain their independence through positive reinforcement. For example, we observed staff encouraging people to mobilise, engage in activities and eat their lunch. Records confirmed changes in people's dependency levels were reviewed regularly to ensure the care and support provided was in line with people's fluctuating needs.

People's confidentiality was maintained in-line with good practice. Staff were aware of the importance of speaking in private when discussing people and confidential records were kept securely in locked cabinets in a locked office. Only those with authorisation were permitted to have access to confidential information and documentation.

## Is the service responsive?

### Our findings

People continued to receive person-centred care that met their individual needs. One person told us, "I've been asked what my needs are." A relative said, "If I ask for a review, it depends what the need is, but I can always say." Care plans were comprehensive and clearly detailed people's health, social and medical needs, life history, preferences, dependency levels, cognition and routines. Care plans were reviewed regularly to ensure they reflected people's changing needs and changes to the care plans were promptly shared with staff members to ensure the care provided was adjusted accordingly. Care plans clearly detailed people's current presentation, expected outcomes and further actions required to ensure their needs are met.

One section of the care plan was titled, 'this is me', these documents noted for example, 'what is important to me', 'what people like and admire about me', 'how best to support me', 'what worries me' and 'my fondest memories'. By having this information available to staff, this meant that staff were provided with information that enabled them to initiate meaningful conversation. Care plans gave staff clear and succinct guidance on how to meet people's needs, including their communication needs, in line with their preferences and in accordance with good practice.

People continued to be encouraged to participate in numerous activities that met their social needs and preferences. One person told us, "I'm not bored. I don't have to do anything. We all get on and are quite happy. We talk about what we're doing tonight, like seeing the [staff members] who might be around." Activities provided included, for example, physiotherapy sessions, quizzes and music. On the day of the inspection one person was out with a relative attending an appointment and to spend time with relatives. Although numerous activities were available for people to engage with, people were also able to spend private time alone as they wished.

People were aware of the provider's complaints policy. One person told us, "I don't have a problem in raising an issue and it is dealt with, often immediately if it can be sorted." Complaints detailed the nature and details of the complaint, action taken, any follow-up action required, feedback from the person making the complaint and the date the complaint was concluded. Complaints were clearly documented and investigated in a timely manner to reach a positive outcome. We reviewed the complaints file and found there had been 11 complaints in the last 12 months.

People nearing the end of their lives received care and support that was personalised, compassionate and in-line with their wishes. One relative told us, "We [relative's] were all here [when relative passed away]. It was, I think a good death. [Staff members] are very kind here and caring. They don't feel like staff, they are so caring and involved. [Registered manager] was wonderful at the end." End of life plans detailed important information including, who they wanted to speak on their behalf if they were unable to, any anxiety around end of life process, wills, faith needs in relation to end of life, where and how they wished to be cared for, preferences of people present and how their room should be presented when they reach end of life care. The service also worked closely with the Princess Alice Hospice, palliative care team when people required support at the end of their lives.

# Is the service well-led?

## Our findings

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.

The registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred.

People, their relatives and staff spoke highly of the registered manager and management team. One person told us, 'The [registered] manager is very good if you need something.' A staff member said, "The management is lovely and very helpful. I definitely feel supported. The [registered] manager is constantly here, sometimes I go home and she's still here." Another staff member said, "The home is really good in that the care I believe, is of a high standard. I have worked places where it has been a struggle to achieve a high standard but here we can achieve this. The [registered] manager supports us. If we say we need this, then as long as we have a good reason then we can get it." Throughout the inspection we observed people and staff approaching the registered manager seeking guidance and support, which was promptly given. The registered manager was actively involved in the day-to-day running of the service and had a permanent presence within the service, supporting people.

The registered manager continued to undertake regular audits of the service to drive improvements and monitor the oversight of the service. Audits included, for example, medicines management, care plans, Deprivation of Liberty Safeguards (DoLS) applications, fire safety, maintenance, staff files and staff training. Audits enabled issues to be identified swiftly and action taken to address the issues.

People, their relatives and staff's views of the service were gathered through regular house meetings, quality assurance questionnaires and a comments box. We reviewed the house and visitor meeting minutes and found these were primarily used to keep people abreast of any updates or changes to the service and welcomed people's feedback. We also reviewed the completed quality assurance questionnaires by staff and identified 38 out of 50 staff had responded. The highest rated questions included, 'The trust gives a good standard of care to it's residents', 74% said they agreed and 24% said they strongly agreed.

The registered manager had a positive approach to partnership working with other healthcare professionals to drive improvements and positively enhance people's experiences of living at Speirs House. Records confirmed the registered manager sought guidance and support from healthcare professionals and their services, which was then implemented into the delivery of care and shared with staff members to adjust their support accordingly.