

# Greensleeves Homes Trust

## Speirs House

### Inspection report

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Date of inspection visit: 8 December 2014. 9  
December 2014  
Date of publication: 24/02/2015

### 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** 

### Overall summary

This unannounced inspection took place on 8 and 9 December 2014. Speirs House provides accommodation and nursing care for up to 35 older people who are living with dementia or have a physical disability. There were 34 people living at the home when we visited. The home was based in a large house and all bedrooms and communal rooms were on one level. Within the home, each person has their own room with en-suite toilet and some with bath or shower rooms.

At the last inspection on 23 January 2014 we found the service was meeting the regulations we looked at.

The home had a registered manager at the time of the inspection. 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.

Relatives told us people were safe at Speirs House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety

# Summary of findings

and wellbeing had been assessed and staff understood how to minimise and manage these risks to keep people safe. We observed that staff were available during the day in all areas of the home, but at times people told us they had to wait before staff responded to their call bell.

The home, and equipment used were regularly checked and maintained to ensure they were safe. Medicines were stored and administered safely.

People were cared for by staff who received appropriate training and support to meet their needs. Staff felt supported by the manager. There were currently sufficient staff to support people's needs. We observed staff who supported people had a good understanding of their needs. They supported people in a way which was kind, caring, and respectful.

Staff encouraged and supported people to keep healthy and well through regular monitoring of their general health. People were encouraged to eat a well-balanced, healthy and nutritious diet. Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt and appropriate care and attention from healthcare professionals.

Where people were unable to make complex decisions about their care and support, staff ensured appropriate procedures were followed to ensure decisions were made in their best interests.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Senior staff had been trained to understand when an application should be made and in how to submit one. This helped to ensure that people were safeguarded as required by the legislation.

We saw there was a programme of activities to meet people's social and recreational needs... We observed an exercise class attended by 12 people, who enjoyed this activity.

Relatives told us they were comfortable raising any concerns they had with staff and knew how to make a complaint if needed. They said concerns raised in the past had been listened to and dealt with responsively.

# Summary of findings

## 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. There was sufficient skilled staff to support people. Staff we spoke with felt confident in how to recognise and report any concerns. The home responded appropriately to allegations of abuse.

The provider checked the environment and equipment regularly to ensure they were safe and did not pose a risk to people.

The provider ensured that medicines were stored and administered safely. People were kept safe from injury and harm by regular assessments of risks in relation to their care and welfare.

Good



### Is the service effective?

The service was effective. Staff received regular training and support and had the knowledge and skills to support people who used the service.

People were supported by staff to eat well and to stay healthy. Other healthcare professionals were available when needed to support people stay healthy and well.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had received appropriate training; this learning was then passed on to staff. The majority of staff had a good understanding of the Mental Capacity Act (MCA) and DoLS.

Good



### Is the service caring?

The service was caring. People were supported to be independent by staff who were caring and respectful.

Staff involved people and where appropriate relatives in decisions about their care.

Staff respected people's privacy and dignity in the home and community.

Good



### Is the service responsive?

The service was responsive. Care plans were developed after people's needs were assessed. They set out how individual needs should be met by staff. Plans included people's individual choices and preferences.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life.

We saw and people told us that their concerns and complaints had been dealt with appropriately.

Good



### Is the service well-led?

The service was well led. People, their relatives and staff felt their views about the service were welcomed and valued by the registered manager.

The provider regularly monitored the service through audits and initiated action plans where needed to ensure people experienced safe care.

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 inspection took place on 8 and 9 December 2014 and was unannounced. It was carried out by a single inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC) and the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with six people living at the home, four relatives, four nurses, two care staff, the maintenance person, four visiting professionals including the local GP, a physiotherapist, a podiatrist and a religious minister. We also spoke with the manager and the deputy manager. We observed care and support in communal areas. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for six people. We also looked at other records that related to how the home was managed including the quality assurance audits that the manager and provider completed. We also reviewed the training and staff supervision records for all staff employed at the home. We reviewed 10 people's medicines records.

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person told us, “The staff are very kind.” A visitor said about their friend who lived at Speirs House, “This is ideal for him, he is well looked after.” Other visiting professionals said they had never seen anything to cause them concern at the home, but if they did they would report it at once to the manager or to the administrator.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received recent training in safeguarding adults at risk. Staff knew and explained to us what constituted abuse and the action they would take if they had a concern about a person to protect them. There were policies and procedures available to staff which set out how they should do this.

Where there had been safeguarding concerns about a person, the provider had dealt with these appropriately. The manager worked with the safeguarding team from the local authority to investigate any allegations thoroughly and took action to address issues raised. Where necessary the provider had taken prompt and appropriate action to ensure people were protected from harm or abuse.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. Each person had a personal call bell that they could wear round their neck or attach to their clothes, so that they could summon help from anywhere inside the home or in the gardens. Some people told us that sometimes it took staff a long time to respond to them when they pressed their bell. We spoke with staff and the manager who said that this had sometimes happened and they were monitoring people’s wait time to ensure people received care when they needed it.

We observed that staff were available during the day in all areas of the home. Housekeeping and kitchen staff were also available at meal times to ensure that people did not have to wait for their meals or to be helped if they needed it to eat their meals.

We looked at the staffing rota which showed that staffing levels were consistent. The manager and people told us that Speirs House did use agency staff but they had used the same staff for many years. One staff member told us they had been an agency staff member for five years.

The GP who supported the home told us that the staffing skill mix would need to be regularly reviewed as people’s needs changed. This included people becoming less mobile and needing more assistance with personal care and for people whose mental capacity was diminishing through dementia. The manager agreed with this and told us they would be employing another full time registered nurse in the new year.

A few people commented that they felt there should be more staff, but overall the people, families and visitors were happy with the staff team. The manager was aware of the comments and was looking at ways to address the situation. People commented that staff during the day were very busy and don’t always have the time to sit and talk. On both days of our visit we observed that there appeared to be sufficient staff on duty, but they were constantly busy helping people with their needs and did not have time to socialise with people.

People were supported by staff to take their medicines when they needed them. Each person had their own medicines kept securely in a locked wall mounted box in their room. Some people managed the administration of their own prescribed medicines themselves. Staff checked that they had been taken and recorded correctly. We carried out checks of medicines in stock and found these were administered and monitored by staff appropriately. We saw one error where the staff had signed the medicines as taken for the following day. This error had not been documented but when it was pointed out the error was rectified immediately and people were not placed at risk as there had not been any changes in the way they received their medicines. We observed that controlled drugs were stored securely and only accessible by senior staff.

Care plans showed that staff assessed the risks to people’s health, safety and welfare on a monthly basis. Records showed that these assessments included details of a person’s mobility, dexterity, continence and nutrition and skin viability. Month on month comparisons were documented and action plans written for each person. The manager explained that both the health care assistants and the nursing staff undertook the monthly risk assessments to help them fully understand the impact they have on a person’s care and well-being.

## Is the service safe?

Accidents and incidents were reviewed by the provider to help get a better understanding of when and why accidents such as falls occurred. This was being monitored for trends and appropriate measures to avoid accidents were put in place.

Unannounced fire drills were taking place every two to three months. Evacuation times and any problems that had occurred were noted. These were discussed with staff and changes made to the evacuation plans where necessary. We saw that all staff had attended fire safety training within the last year.

On the days of our unannounced visits it was very cold and frosty outside but we observed the home was warm and welcoming. Regular checks of maintenance and service records were conducted. We saw that up to date checks had been made of fire equipment, emergency lighting, gas fed equipment, audio monitors, portable electrical appliances, water temperatures, legionella testing and food safety and hygiene. These checks helped to ensure the home and any equipment used were safe.

# Is the service effective?

## Our findings

People and relatives told us staff had a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support. Records showed there was an annual training programme in place. We reviewed these records and saw that all staff had attended the required training relevant to their role. Staff we spoke with told us about the training they had received and how it had helped them to understand the needs of people they cared for. Staff spoke about the regular supervision and team meetings they had with their line manager and we saw the documents that backed this up. Staff spoke positively about the support they received through training and supervision.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager explained they had carried out several assessments of people using the service in relation to making specific decisions and had applied to the local authority to verify their findings. The provider had informed the CQC when a DoLS order had been applied for and the outcome.

The provider had policies and procedures for staff which provided them with clear guidance about their duties in relation to the MCA and DoLS. Staff spoke to us about the actions they would take to support people who could not make decisions about their care and support. One staff member told us "When people have challenging behaviours it helps if you know them and how they like to be treated." Another told us "You have to understand people to be able to help them." We saw that all the doors leading to the outside of the building, either the gardens or car park were key pad accessible. We asked the manager that for people who were not the subject to a DoLS order how they were able to leave the home. The manager told us that those people who were not subject to a DoLS order

and all the families knew the key pad code and could come to the home and go at any time. We were told that once building work on a new boiler house ends it will be possible to secure the garden in such a way as to allow all the people to walk in and out to the garden area freely.

Staff kept detailed records of the care and support people received. Details included information about activities undertaken, people's general health and wellbeing and medical and health care visits. Staff carried out regular health checks to monitor people's condition and documented these in people's individual records. Staff took appropriate action to ensure people received the care and support they needed from other healthcare professionals. During the inspection the GP was making their weekly visit to the home and we spoke with them. They told us they had confidence in the staff, who could call the surgery at any time if they had a concern about a person and a GP would attend the home. They now had a system in place where notes from the GP visits were kept at both the home and the surgery, so that any GP who was called out would have the most up to date information available. One of the health care professional said "This is like a hotel, first class."

People were supported to eat and drink sufficient amounts to meet their needs. Staff monitored people's weight and food and drink intake to ensure they were eating and drinking sufficient amounts. During the inspection we observed the lunchtime meal and saw that where people needed help to eat staff were available and treated people with kindness and dignity. Families and friends were able to share a meal and people could choose where they ate. We saw that there was a choice of meals and where it was appropriate food was served hot. People told us they helped to plan the menus and provided feedback on the meals that had been provided for them. We saw that snacks including fruit, sandwiches, chocolate bars and hot and cold drinks were available throughout the day. People told us they enjoyed the food they ate. Comments we received included, "The food is good" and "You get a choice each day." One person said, "I'm not keen on the food but it's well balanced and you do get a choice."

# Is the service caring?

## Our findings

Generally people were supported by caring staff. One person commented that “Staff on duty at night were not always so good” and two other people said night staff can be sleepy. They said they may have to wait longer for the call bell to be answered and this sometimes caused them to worry. We spoke to the manager about this who said that night time checks were made on working staff and they would take account of people’s concerns and address them with the night staff. Another person said, “The atmosphere here is very calm, I am treated with respect and dignity.” Several other people also used the same words, with ‘respect and dignity’, to describe how staff treated them. A person visiting their friend described the home as “just ideal for him, he is really well looked after and happy here.”

One person told us “Staff are very nice, always polite and kind.” Another person said “Staff are very good in the day time.” People, staff and relatives commented that the manager ‘was a good communicator’ and kept them up to date with information. Staff we spoke with said that people were well cared for in this home. During our visit we observed that all staff were friendly to and knowledgeable about the people they cared for. One staff member said

“This is a good home, any problems are resolved quickly” and “we (staff) work together very effectively”. Another staff member said “This is a good place to work; it feels like home, you can get things done.”

A visiting church minister told us “The atmosphere here is good, calm; staff have a good attitude to work.” The church minister told us that representatives from local churches visited every week to speak to people and to support them with their spiritual needs. We saw evidence that on Remembrance Day services were held that people of all faiths or no faith could attend. This gave people the opportunity to reflect and remember loved ones.

People’s right to privacy and independence was encouraged and supported by staff. We observed when providing personal care staff ensured this was done in the privacy of people’s rooms. All of the bedrooms had windows looking out onto the gardens and people told us that before any personal care was given the curtains were shut. We observed that all staff knocked on people’s doors and waited before entering.

Families we spoke with told us that they were able to visit their relatives whenever they wanted to during the day or evening. Visiting professionals some of whom had been visiting the home for many years said they didn’t have any concerns with the care given to people.



# Is the service responsive?

## Our findings

Healthcare professionals we spoke to said they were “Treated as part of the team and that communication with staff was very good” and “The carers are lovely, they are very aware of people’s rights when it comes to decision making.” Another said “This is my favourite home, I have seen people get up when they want to, early or late, there is sufficient staff and they are good.”

We spoke with the physiotherapist and podiatrist who visit the home on a regular basis. The treatment they deliver and progress the person has made are written in a person’s medical notes and discussed with staff. This helped staff and the GP to understand the progress a person was making and areas where additional help maybe needed. They ensured that people’s privacy was maintained throughout their visits. People we spoke to told us how helpful these staff were and the difference it had made to them, such as improved balance, better mobility and more confidence.

People’s needs had been assessed and information from these assessments had been used to plan the care and support they received. We saw that on the whole care plans were comprehensive and had considered who the person was, their background, life style, knowledge and wishes of how they would like to be cared for. This information was used to build a care plan that was tailored to a person’s individual needs. We did see that some life histories about people were minimal. We asked staff about this and they told us that some people were unable to tell them about their previous life and did not have family or friends nearby who could help. The care plans we looked at were up to date and had been reviewed annually or when a person’s circumstances changed. Monthly assessments for weight, nutrition and fluids were compared with previous months and actions taken if necessary.

The GP told us that a full review of people’s medicines had been conducted and changes made when needed. This helped to ensure people were taking the right type and amount of medicines for their needs. They also told us that staff were responsive to people’s changing needs and frailty and that skin integrity was well managed.

The provider supported people to maintain contact with their relatives, friends and the local community. We saw that visitors were welcomed and treated respectfully. The home had several lounges and areas where visitors and families could sit in comfort and privacy when visiting people.

The provider had arrangements in place to respond appropriately to people’s concerns and complaints. People told us that information on how to complain was available in the residents guide given to them when they came to the home. People and visitors we spoke with said they felt happy to speak up when necessary. They had confidence that the manager would deal with any concerns promptly. We looked at the recent complaints received by the home and saw that they had been dealt with promptly and to the satisfaction of the complainants.

We saw there was a programme of activities and it was noted who had attended and which activities were enjoyed by people. We observed an exercise class attended by 12 people. Each person was joining in enthusiastically. The activities co-ordinator told us that the classes helped to strengthen people physically and prevent falls. One person told us, “The activities are just right for me and very good.”

The manager told us that many of the people who lived at Speirs House had travelled extensively and some of the staff came from countries where people had previously lived or visited. Discussion groups had been held with people and staff to share their experiences of the different countries and cultures.

# Is the service well-led?

## Our findings

The provider had systems in place to assess and monitor the quality of the service. Annual surveys were conducted for people who used the service, their families, staff and visiting professionals. The last survey was sent out in October 2014, the analysis of that survey was not available at the time of our visit, but we did see the results of the food satisfaction survey from June 2014. People were asked to rate the food and drinks for quality, quantity, variety, presentation and meeting a person's individual needs. The majority of the results were positive and where a negative response had been given, staff talked to the person to ensure they received the meals they liked and wanted. A relative's survey was sent out in October 2013 and we saw the analysis of that survey. Comments taken from the returned surveys showed that people were pleased with the new manager and described her as approachable and staff as friendly and helpful. One person commented "Speirs House remains the best care home I visit, I would recommend it to anyone and would like to move in myself." We saw that any negative comments or suggestions for improvement were being actioned, an example of this would be the improvement to the meals and snacks served that. The survey had received comments that meat was sometimes tough and there was a lack of green vegetables. These same comments were not reflected in the June 2014 food satisfaction survey.

People who lived in the home had a clear idea of the structure of the management team. The manager and deputy told us that one day a week, they put on a uniform and worked on the floor, helping with the care of people. Several staff described the manager as 'supportive', another said 'supportive but not in your face,' and 'a good listener.' Staff said that the documentation (care plans) were better now.

The provider's quality team carried out monthly audits of the home. The team completed audits of the systems and practices the provider used in operating the service to monitor and assess the quality of care and support people received, which the manager said were then used to make improvements. Staff also undertook internal audits on infection control, medicines and care plans. Where areas for improvements were identified we noted that appropriate actions were taken to make the necessary improvements. For example errors in relation to the management of medicines noted in a medicines audit were actioned with two staff undergoing a competency assessment, which included written and practical observations.

The provider held management meetings every six weeks and regular manager seminars to ensure managers shared good practice and were kept up to date on operational changes. The manager said this was then fed back to staff through team meetings and supervision. This helped to ensure people were kept safe by staff who were aware of the latest policies and procedures.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.