

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?	Good	

Overall summary

This inspection took place on 9 November 2015 and was unannounced. At the last inspection on 12 November 2013, the provider was meeting the regulations we inspected.

Greville House is a residential care home providing care and support for up to 25 older adults with low dependency care and support needs. At the time of our inspection 22 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home felt safe and secure. Relatives believed their family members were kept safe. Staff felt people were kept safe. The provider had processes and systems in place to keep people safe and protected them from the risk of harm.

People received their medicines as prescribed and appropriate records were kept when medicines were administered by staff who were trained to do so.

Summary of findings

Risks to people had been assessed appropriately and equipment was maintained and available for staff to use.

There was sufficient staff on duty to meet the support needs of people. The provider ensured staff were recruited and trained to meet the individual needs of people.

People were supported to have choices and received food and drink at regular times throughout the day.

People were supported to access health care professionals to ensure that their health care needs were met. People's health care needs were assessed and regularly reviewed.

People, relatives and health care professionals, felt staff were caring, friendly and treated people with kindness and respect.

People were involved in group or individual social activities to prevent them from being isolated.

People and relatives were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

The provider had management systems in place to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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.

People felt safe and they were protected from the risk of harm because staff was aware of the processes they needed to follow.

People received their prescribed medicines as required.

There were adequate numbers of staff on duty that could meet people's support needs.

Good



Is the service effective?

The service was effective.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition.

People's rights were protected because the provider understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People received effective support because staff worked closely with healthcare professionals when necessary.

Staff had effective skills and knowledge to meet people's needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and caring to them.

Staff were respectful towards people and maintained people's dignity.

Staff knew the people they were supporting, including their personal preferences and personal likes and dislikes.

Good



Is the service responsive?

The service was responsive.

People were encouraged to engage in group or individual social activities to promote mental stimulation.

People received care when they needed it and care records were updated when people's needs changed.

People were well supported to maintain relationships with their friends and relatives.

Good



Is the service well-led?

The service was well-led.

People and relatives said the registered manager was approachable and responsive to their requests.

Good



Summary of findings

The management team had effective systems in place to assess and monitor the quality of the service.

Greville House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 9 November 2015. The inspection was conducted by two inspectors 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 residential care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a 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. We contacted the local authority who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

We spoke with ten people who lived at the home, three relatives, five staff, one health care professional and the registered manager. We reviewed the care records of four people to see how their care was planned and looked at four people's medicine administration records. 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 staff recruitment and training records for two staff. We also looked at records which supported the provider to monitor the quality and management of the service, including safeguarding and maintenance records. We looked at a selection of the provider's policies and procedures to see if they contained effective and up to date guidance for staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, “They (staff) keep me safe in the bathroom, so I won’t fall.” Another person told us, “If I am troubled or worried about anything, I know I can go to the staff or manager for help.” A relative said, “I have no concerns about this home, it is excellent and I know [person’s name] will be kept safe.” There was a calm and relaxed atmosphere in the home. We saw that people engaged with staff in a way that demonstrated people were comfortable to approach the staff to ask for support. A staff member said, “We make sure everyone is kept safe and well.” We saw staff had completed or were scheduled to complete their safeguarding training. Staff we spoke with identified signs of potential abuse and explained how they would follow the provider’s safeguarding procedures. A staff member said, “If I thought anyone was in danger of abuse, I would speak to the manager or owner.” Staff knew how to escalate concerns about people’s safety to the provider and other external agencies for example, the local authority and Care Quality Commission.

The staff knew what action to take to keep people safe from the risk of harm. One staff member told us, “We make sure the home is clear of obstruction, we have a lot of people who use walking frames.” The registered manager explained they only completed risk assessments for people when a specific risk had been identified. For example, one person had recently suffered a bereavement. We saw an assessment included changes in the person’s behaviour that would assist staff to recognise when the person was becoming distressed and required additional support. We saw from care plans that risks, where appropriate, had been properly assessed with clear guidance for staff to follow, in order to reduce the risk of harm to people.

Staff were able to explain the action they would take to keep people safe in the event of an emergency. We noted this was in line with the procedures the provider had in place to safeguard people in the event of an emergency.

We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by people’s environments were managed and reduced.

People spoken with felt there were sufficient staff to support them. One person told us, “The staff are very busy, but there is always someone available to help me.” A relative said, “I’ve never encountered any problems with [person’s name] having to wait for assistance, there’s always plenty of staff around when you need them.” A staff member said, “I think there is enough staff.” The registered manager explained they covered annual leave and emergency absences with existing staff. During our inspection, we saw that alarm calls were answered within a reasonable length of time and we saw that there were sufficient numbers of staff on duty to support people.

The provider had a recruitment policy in place and staff had been appropriately recruited. Staff told us they had completed a range of pre-employment checks before starting to work at the home. We saw from two staff files all pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they received their medicine as it had been prescribed and there had been no concerns. There were people who required medicines on an ‘as and when’ basis. We saw there were procedures in place to help staff identify when to give these medicines and make sure they were recorded correctly. We saw that staff updated people’s records when medicine was received and noted that records had been updated correctly. Medicines were stored appropriately in order to keep them secure and maintain their effectiveness. An audit confirmed that the correct quantities of medications were in stock. This indicated that people were receiving their medication as prescribed. All medicines were safely disposed of when no longer in use. We found the provider’s processes for managing people’s medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

Everyone we spoke with told us they were 'very happy' and saw Greville House as their home and were complimentary about the staff. People told us they thought staff knew them well and were knowledgeable and felt staff were trained to support them. One person said, "To a large extent the staff know what I need, they always listen if I ask anything of them." A relative told us, "As far as I know, staff have the right skills to support [person's name]." Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. A staff member told us, "When you have worked here as long as I have, you do get to know the residents very well." We saw there was a number of staff who had worked at the home for a number of years. This had helped people to build consistent and stable relationships. We saw that care records were in place to support staff by providing them with guidance on what they would need to do in order to meet people's individual care and support needs.

Staff we spoke with told us they received supervision. One staff member said, "We all have quite regular supervision." Another staff member told us, "We have assessments carried out with senior staff as part of our supervision." Staff also told us they had received training to support them in their role. One staff member said, "I completed my induction training which was helpful. I shadowed staff until I was confident and was signed off by the manager to work unsupervised." Another staff member said "The training is good although it would be nice to have more face to face training." We discussed this feedback with the registered manager; they told us it would be raised at the next staff meeting. We saw that staff training requirements for the year were planned and monitored to make sure staff skills were kept up to date.

Staff we spoke with demonstrated their knowledge of the Mental Capacity Act 2005 (MCA). A staff member told us, "Most people here have the capacity to make decisions about their care and support but a few have fluctuating capacity and can become confused at times. We talk to them slowly and clearly so they can make their own decisions with our help." Other staff were also able to provide us with examples of how they supported people to make decisions relating to their care and support. For

example, staff would use a white board for one person as they found this method of communication more appropriate for their needs. We saw staff asking people for their consent before providing any support or assistance

The MCA and Deprivation of Liberty Safeguarding (DoLS) legislation sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. The registered manager told us there had been no applications. We saw people who lived in the home were given information in a format that was easy for them to understand and helped them to make decisions about their care and support. The registered manager recognised that important decisions needed the involvement of health and social care professionals and they explained what steps they would take to arrange 'Best Interest' meetings. This process is followed when a decision has to be made for someone when they lack the mental capacity to make decisions about their health, care and welfare. Anything done for that person must be in their best interests. We saw the provider had acted in accordance with the legislation and people's rights were protected.

There was a relaxed atmosphere in the dining room and people were not rushed. Everyone we spoke with was complimentary about the food. One person said, "The food is excellent and you get lots of it." Another person told us, "The food is delicious I could not do better myself." Lunch looked appetising and was presented to people in an appealing way. One person said, "You can't beat your own home cooking, but cook does a pretty good job, the food is excellent." People chose their meals a day in advance; however, a number of people could not recall what they had ordered. There were no printed menus available for people to see what was for lunch but everyone we spoke with told us they looked forward to their meal. We saw staff hand out the menu choice for the following day to people for them to choose what they wanted. One person said, "I can't remember what I ordered but I don't mind because everything that is cooked is lovely and tasty." Staff let people know what was for lunch, there was a selection to choose from and those that changed their minds were given an alternative choice. The dining tables were attractively set out with matching napkins, glassware and condiments, a pleasant dining experience for people. Staff

Is the service effective?

asked people if they required additional serviettes for their laps. One person was with a visitor and unable to attend lunch, the staff ensured their dinner was plated and kept hot until the person was ready.

The cook explained meals were freshly prepared and cooked every day and we saw there was a range of different choices from the menu. People's dietary needs were catered for and supplements were used for those who were at risk of losing weight. People's weight, food and fluid intake was monitored and we saw where a person's weight had started to drop, the GP and Speech and Language Therapist (SALT) had been involved in discussing the person's care and support needs. We saw that one person was diagnosed with diabetes that was controlled through medicine. The person told us that after discussions with

the cook about their diet, this had greatly improved and they no longer required their medicine. The diabetes was now controlled through their diet. We saw that people were offered snacks and drinks throughout the day.

People told us they regularly saw the doctor, dentist, optician or other health care professionals. One person said, "I get to see the doctor when I need to." Another person told us they had recently received new glasses. A health care professional told us the staff were skilled in recognising when people needed additional support from specialist services and acted quickly on advice given. We saw from people's care plans they had access to health care professionals, as required, so that their health care needs were met.

Is the service caring?

Our findings

All the people and relatives we spoke with told us the staff were kind, caring and respectful. One person told us, "Everyone here is lovely, they look after me very well, I couldn't ask for better care." Another person said, "They look after us so well, if someone is quiet, they'll (staff) approach them to see if they are alright." A third person told us, "All the staff are very dedicated, very friendly." A relative said, "I'm so happy [person's name] is here." We saw that staff was attentive and actively engaged with people. They communicated with people in a sensitive manner; for example, staff provided verbal reassurances to one person when they became upset.

Staff we spoke with told us about people's likes and dislikes and how some people preferred to be supported. People we spoke with felt that staff listened to them. One person told us, "I like to go to bed early and read my book." Another person said, "I try to do as much as I can for myself, but if I need support, I can ask the staff." We saw that staff communicated well with people and explained everything in a way that could be easily understood. A relative told us, "I don't need to discuss [person's name] care needs because I know her needs are being met, she'd tell me if there was any problem." We saw that there was information available to people in large print so that they could make choices and decisions about their care and support. People told us staff would ask them before supporting them.

We saw people were dressed in their own individual styles of clothing. Rooms we were invited into were stylishly decorated and personalised with the person's furniture, pictures and ornaments. One person told us, "I love my room, it has everything I need." There was a calm atmosphere in the home. Some staff shared jokes with people and it was obvious people enjoyed this interaction. We saw that people's privacy and dignity was promoted. One person requested assistance in their room. A staff member immediately stopped what they were doing and supported the person, ensuring their bedroom door was closed behind them and speaking in a soft, quiet voice so as not to breach the person's confidentiality. Another person told us, "Staff are very polite and kind."

Staff explained how they maintained people's dignity and encouraged people to be as independent as much as possible. One staff member said, "Most of the people are very independent and can do a lot of things for themselves, but we try to make sure we encourage them to continue doing tasks for themselves like applying creams or combing their hair." We saw that people had equipment such as walking frames readily accessible, so that they could get up and move around safely and independently, when they wanted.

Is the service responsive?

Our findings

Some people we spoke with could not recall being involved in planning how they wanted their care and support needs to be provided. However, when we asked people how staff supported them, they told us that staff would ask them how they liked things done so it was personalised to their needs. Relatives we spoke with confirmed that they had contact with the registered manager and staff on a regular basis. One relative said, "We review [person's name] care plan every month, sometimes mum is involved but mostly she leaves it to the family. If she had any concerns she would speak to us." We saw that staff responded to people that required support in a timely way and sought their consent before assisting them. Staff spoken with knew about the people they supported and were able to provide a personalised approach to care based on people's individual support needs.

People's changing needs were kept under review. Care plans showed and conversations with staff confirmed that when people's care needs changed staff recognised and responded to them. One relative told us, "There is good communication between us. We communicate by email with the staff when we are away, we are always kept updated." Another relative said, "[Person's name] has increased in confidence since she has been here."

People were supported to maintain contact with friends and family. One person told us, "My family come to visit most weeks." One relative said, "I visit almost every day but have to come at a time that is suitable for me and the staff always make me feel welcome." People told us they could choose to speak with their relatives in their bedroom, one of the lounges or in the dining room if they wished.

We saw people engaged in a range of individual hobbies and joint activities. Some people enjoyed an art class whilst others read newspapers, magazines, knitted or listened to music. We saw that a different activity was available each day and people told us if they wanted to, they could join in. One person said, "There's bingo, quizzes, exercise classes and sometimes people come along and sing." People told us their family members would take them out for meals or visits to the local park. One person told us, "I tend to go for walks and the staff will sometimes accompany me if I am feeling a little under the weather." All of the people we spoke with told us they were happy with the entertainment offered within the home.

All the people and relatives we spoke with had no complaints about the home. One person told us, "If I did have a complaint, I would bring it to the attention of the manager, no doubt about that." We saw information was available in public areas for visitors and the people who lived there. A relative told us, "[Person's name] is more than capable of letting staff know if something was wrong." We saw there had been one complaint raised since our last inspection. This had been recorded and was being currently investigated.

We saw that meetings with people who lived at the home, relatives and staff were held to gain their views about the service provided and make suggestions for improvement. This enabled people to express concerns about the service and gave the provider the opportunity to learn from people's experiences.

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us they were happy with the care provided and how the service was managed. One person told us, “I’m happier here than anywhere else I’ve been.” Another person said, “This home has a good reputation, you can trust the manager.” We saw that the atmosphere in the home was open, friendly and welcoming. All the staff spoken with said there was an open door policy and the registered manager was supportive, listened to concerns or suggestions about improvements and addressed them. During our inspection we saw that the registered manager was ‘hands on’ and approached by staff that required guidance, advice or support. People felt they could raise matters with the registered manager and they would be responded to quickly. One person told us, “I know who the manager is, she is a lovely person.”

There was a registered manager in post who had provided continuity and leadership in the home. We saw that the registered manager was available to provide supervision and guidance to staff so that practices were monitored and improved. A healthcare professional told us they were very happy with the care and support their patients received and they had no complaints. One staff member told us, “I think the manager is great, very approachable.” The registered manager notified us of accidents, incidents and safeguarding concerns as required by law therefore fulfilling their legal responsibilities.

People told us that there were regular meetings for them and their relatives, if they chose to attend, where they could raise issues. One person told us, “We do have meetings, but we don’t raise many issues.” We saw there was a list of ‘resident meetings’ on the notice board. Staff

told us that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings and they felt listened to. The registered manager explained how they held the resident meetings before staff meetings. If any issues or concerns were brought up, these would then be discussed in the staff meeting. We saw that satisfaction surveys had been given to people who lived the home and their relatives, for their views about the service provided.

The management structure was clear and staff knew who to go to with any issues. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the Care Quality Commission. Staff told us they were aware of the provider’s policy and would have no concerns about raising issues with the registered manager and if necessary, external agencies.

The quality assurance systems were established although the registered manager showed us they were in the process of updating and modifying their systems. The registered manager monitored different aspects of the service provided through audit and analysis and sent a weekly report to the provider. The provider discussed any actions with the registered manager and we saw action plans, where required, were put in place and monitored to ensure that the service improved. Areas assessed included safeguarding concerns, accidents, incidents and complaints. The analysis identified the types of incidents and accidents occurring and helped to identify any further training needs or trends. This ensured the provider had procedures in place to monitor the service to ensure the safety and wellbeing of people who lived at the home.