

Greensleeves Homes Trust

Viera Gray House

Inspection report

27 Ferry Road
London
SW13 9PP

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11 February 2021

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Viera Gray House is a residential care home providing accommodation and personal care for up to 41 people, some of whom may be living with dementia. There were 38 people using the service at the time of our visit.

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

Improvements had been made in relation to how the service responded to behaviour that may present a challenge. Closer working relationships with external involved health and social professionals included regular multidisciplinary meetings to discuss any issues or concerns. Additional training had also been facilitated for care staff.

Risks were regularly assessed and managed to keep people safe. There were enough staff for people to be supported safely, and where COVID-19 had affected staff attendance, there was use of consistent agency staff. Effective support for staff through training and supervision was in place. Safeguarding procedures were followed and staff were encouraged to report any concerns.

We were assured the service met good infection prevention and control guidelines. People were protected from the risk of acquiring infections and the premises were kept clean and hygienic. Personal protective equipment (PPE) was in good supply and staff were following the latest guidance for its use.

Access to the home was restricted for non-essential visitors due to the COVID-19 lockdown restrictions in place at the time of our visit.

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

Rating at last inspection

The last rating for this service was Good (published 11 May 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns about the service in relation to responding to behaviour that may be challenging. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

Follow up

We will 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Viera Gray House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One inspector carried out the inspection.

Service and service type.

Viera Gray House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection visit took place on 11 February 2021. We gave the registered manager 24 hours notice of our inspection.

What we did before the inspection

We received concerning information about the service since the last inspection. We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves or others. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made

the judgements in this report.

During the inspection

We spoke with three people who used the service, two members of care staff and the registered manager. We reviewed two people's care records and other records relating to how the service is run.

After the inspection

We asked the registered manager to send documentation to further support how the service was run. We reviewed all of the information sent to us. We received written feedback from two external health professionals involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on how to recognise, and report concerns if they thought a person may be at risk of harm. Safeguarding was discussed as a standing agenda item at team meetings and individual staff supervisions.
- The registered manager understood their responsibility to refer matters of concern to the local safeguarding team and there were appropriate referrals made where necessary for serious matters. We saw examples where concerns had been referred to the local authority with subsequent multidisciplinary meetings taking place to ensure people were being supported effectively.
- The service had worked with the local mental health team in relation to previous incidents of behaviour that challenges and had since sought to improve practice through closer working relationships. Feedback from two involved health professionals referred to the monthly multidisciplinary meetings to discuss any safeguarding concerns and residents of concern.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and had been updated following any incidents so staff could support people safely. For example, we saw the risk assessments and care plan for one person had been updated following a reported incident. There were regular reviews of people's needs where people, their relatives and relevant professionals were invited to give their feedback and views about the support provided.
- Accidents and incidents were recorded appropriately with information about action taken. For example, referrals to the mental health team, additional staffing and revised strategies for positively engaging and occupying the person. The registered manager or a deputising senior member of staff signed off each incident report.
- One health professional stated that staff at the service were increasingly highlighting any concerns "at the first instance" rather than allowing the situation to escalate which they felt was positive. They reported that their team had noted a significant increase in the number of referrals being received from the service.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and supervised. Staff received mandatory training including safeguarding, health and safety, first aid, infection control and food hygiene.
- Staff now received training around supporting people whose behaviour may challenge the service. This classroom training was mandatory for care staff and 23 out of 40 staff had completed the course prior to the COVID-19 pandemic.
- Both external health professionals felt that there was still space for further improvement in the competency and skills of staff in the management of behaviour that challenges in dementia. The registered manager was aware of this and continued to seek to improve the expertise of staff around managing this type of behaviour through training and supervision.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Continuous learning and improving care

- The registered manager told us about the improvements made to make sure people using the service were kept safe. This included closer working relationships and regular meetings with local health teams, additional training for staff and better systems for sharing information with staff.
- The provider organisation had a clear framework in place for auditing and making improvements to the service. Regular audits were carried out by an internal auditor who visited the home on a weekly basis. For example, they were looking at medicine administration on the day we visited. Their audit outcomes were shared with the registered manager who, in turn, cascaded these to staff during handovers, meetings and individual staff supervisions. Any lessons learnt from incidents occurring in the home or safeguarding concerns were also routinely discussed in team meetings.

Working in partnership with others

- The service had made improvements in partnership working with external agencies to help ensure people's safety and wellbeing. Monthly multidisciplinary meetings were taking place and appropriate referrals being made to local health teams.
- One external health professional told us that the registered manager was very prompt in identifying issues and making referrals when there was concern over people's behaviour and mental health needs. Another health professional reported the registered manager was always responsive in providing information and addressing any identified shortfalls.