Greville House Care Home Limited

Greville House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 18 July 2018 and was unannounced. Greville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Greville House is registered to provide accommodation for up to 25 people. At the time of inspection there were 24 people living 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.'

At the previous inspection in November 2015, the service was rated as 'good' in all key questions. At this inspection we found there were areas for improvement and development. This was because at times people's choices and wishes were restricted and limited and improvement was required in relation to the recording and documentation of some people's care records and some of the quality assurance processes.

Staff were kind and caring in their approach and knew people well. However, people told us that there were not enough staff to have time to talk to them. There was a bath and shower rota in place and people told us they could not have a bath or shower as and when they chose. People were unable to have hot meals at breakfast and felt their breakfast options were limited.

There were times throughout the inspection when the registered manager informed us of conversations that had taken place and actions completed that we would not corroborate. This meant the recording of information and documentation required improvement.

People told us they felt safe at Greville House and we found there were enough staff to meet people's needs. People were safeguarded from harm. Staff demonstrated they knew how to spot signs of abuse and how to report concerns. Accidents and incidents were analysed to look for trends and reduce reoccurrence. Risks to people were minimised because staff knew people well and knew what to do to reduce the risks. People received their medicines as prescribed. The provider had safe recruitment procedures in place.

People were supported by staff who had the skills and knowledge to meet people's needs. Staff had regular training and found this useful. They had regular training via a workbook. People told us they enjoyed the food and we saw that meal times were an enjoyable experience. People were involved in the development of the menu. People had access to professionals where required. At the time of inspection, there was nobody living at the service that was being deprived of their liberty. Staff demonstrated an understanding of the Mental Capacity Act 2005 but required further training on this.

People's needs were assessed and reviewed regularly with their involvement and input. Relatives were

updated when things changed. People had a range of activities which they told us they enjoyed. People knew how to complain and we saw people and relatives approach the registered manager throughout the day. People's independence was encouraged and their privacy and dignity was maintained.

People and relatives told us they felt the registered manager was approachable. Feedback was sought from people and their relatives and this information was used to drive improvement. Processes and systems in place had not identified issues we identified.

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 was safe.

People told us they felt safe. Staff had a good knowledge of how to spot signs of abuse and where to report concerns to.

Risks to people were reduced because staff were knowledgeable about what they were and how to minimise them. There were enough staff to meet people's needs.

People were protected from the spread of infection because the home was kept clean and tidy.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were given choices and their consent was sought before providing care.

People were supported with their nutritional needs. People had access to healthcare professionals when required.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported by kind and caring staff who knew them well. However, people and relatives felt they did not have the time to sit and speak with them due to doing other tasks.

People's choices were restricted; they could not have a bath or shower when they wished and had limited options for breakfast.

People were promoted to remain as independent as possible. People's dignity and respect was maintained.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned and reviewed with their involvement.

People had access to a range of activities to stimulate them and were supported to engage where required.

People and relatives knew how to complain and felt comfortable doing so.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to monitor the quality of the service and drive improvement. However, these had not always identified the shortfalls that we found during our inspection.

Improvement was required in relation to recording for areas such as care plans and risk assessments.

People, relatives and staff spoke positively about the registered manager and said they would recommend the home.

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.'

The inspection took place on 18 July 2018. The inspection was unannounced and was conducted by one inspector 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 service.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also obtained feedback from the commissioners of people's care.

During the inspection, we spoke with seven people who lived at the home, two family members, the registered manager and five members of staff. This included care staff, domestic and kitchen staff. We also spoke with three visiting professionals.

We looked at the care plans for five people to see how their care and support was planned and delivered. We also looked at Medication Administration Records (MAR), staff recruitment files and the service's quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have no worries at all. I feel safe here." Another person told us, "Yes, I do feel safe here. Everything is done for you and I have no worries or concerns at all." A relative we spoke with said, "We have no concerns about the home at all."

Staff were aware of individual risks to people and how to minimise them. Staff demonstrated they knew how to support someone who had sore skin and knew when people were at risk of falls and how to minimise this. One staff member said, "[Person's name] uses a frame but we observe all the time as we know there's a chance they will get up without it so we make sure [person's name] has it with her." We found that there were not always written risk assessments in place for these identified risks. We discussed this with the provider and following inspection, they provided us with a completed a risk assessment and in-depth care plans where required.

People were protected from risk of harm because staff knew how to spot signs of abuse and where to report concerns to both within the organisation and external from it. One staff member told us, "If I felt my manager was not taking action, I would go to the owner and if that was still not sufficient, would go to CQC." There was a system in place for monitoring accidents and incidents. The registered manager collected information, for example, on how many falls each person had and used this information to look for trends to reduce the risk of recurrence. We saw that when required, referrals to the falls team had been completed.

We received mixed views in relation to the staffing levels. Some people and their relatives told us they felt there was not enough staff as they did not have time to sit and talk to people. Other people told us they felt there was enough staff. One person said, "I think there are enough staff and I do feel safe." Another person told us "There aren't enough staff so we don't always get the attention from them. They don't have time to talk to us but people are generally well looked after." A relative we spoke with said, "They do seem to have been short staffed for the last few months which means that the long standing experienced staff are stretched." However, our observations showed that people were not left waiting, were talking amongst themselves or engaging in activity. This indicated there was a sufficient number on duty to meet people's needs. Staff told us they felt that there was enough staff to meet people's needs and did not feel rushed.

People told us they received their medicines as prescribed. One person told us, "They [staff] give me my medication on time." Staff had received training on how to give medication safely and their competency to do so had been checked. Where people were required 'as required' medication, there were procedures in place to inform staff of when to give them and staff demonstrated they understood when these were required. The registered manager had systems in place to monitor the stock of medicines and identify any recording errors to check that people were receiving their medicine as prescribed.

The registered manager had processes in place to ensure staff were suitable to work with people prior to them starting their employment. All staff members were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

There was a domestic team in place to ensure the home was clean and tidy. People told us they were happy with the cleanliness of the home. One person said, "The cleanliness is superb, there is never a smell." We saw the personal protective equipment (PPE) was used appropriately to prevent the spread of infection when supporting people.

Good

Is the service effective?

Our findings

People told us they were happy living at Greville House and felt that staff knew how to support them. One person told us, "I can't speak highly enough of them all." Another person said, "I like it here and I like everything that they do for me."

Staff told us and records confirmed that they received an induction when they first started and had regular supervision. Their induction included training, becoming familiar with the home and the people living there and shadowing a more experienced member of staff. One staff member told us, "I shadowed to learn how to support everyone and I have a book with questions in." We spoke to staff about training, they told us they had received training via a workbook and found this helpful. One staff member said, "All of my training has come from working here and it is refreshed."

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 the capacity to make 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 are called the Deprivation of Liberty Safeguards (DoLS).
We checked to see if the service was working within the principles of the MCA and whether any conditions or authorisation to deprive a person of their liberty were being met. At the time of the inspection, people were able to make their own decisions and therefore applications to deprive them of their liberty were not required. Staff demonstrated they had an understanding of this legislation and we saw staff gaining consent before supporting people. One staff member told us, "If someone lacks capacity, it means they do not have the capacity to make a decision, I would help them as much as possible." Another staff member gave the example of a person lacking capacity in relation to taking their medication and explained it can only be given covertly if it has been agreed via a best interests meeting.
People told us they liked the food and had choices. One person said, "The staff are very good on the whole, as is the food." Another person told us, "You get two choices every day." Staff told us and we saw from resident's meetings that people had input into the menu and this was changed and added to if people made suggestions. People were able to have snacks throughout the day and were offered alternatives from the menu. One person said, "The cook is good and will adapt to people's preferences. The puddings are excellent here." The cook told us, "If they want something throughout the day, they can have it." Meal times were a pleasant experience and there was a relaxed atmosphere in the dining room. We saw people asking for different sauces to go with their meals and these requests were met.

People were supported to manage their health needs and had access to health professionals when required. We saw different health professionals visit throughout the day and records showed that where required the district nurses were involved in people's care. People told us they could see health professionals when required and this was discussed with them before they were contacted. One person told us, "If you need to see a GP then they [staff] arrange this for you very quickly. It is the same with seeing a

chiropodist, or optician. There is a regular hair dresser too. It really is fantastic." A relative we spoke with said, "When she was poorly, they arranged a GP the same day. The chiropodist and optician are regular visitors which is very convenient."

We spoke with some visiting professionals who told us they felt the staff were "very welcoming" and knew people well. A professional we spoke with said, "The staff call appropriately, they know people and their problems well and they [people] seem happy and well looked after." Another professional told us, "Every time I come, one of the carers updates me or the manager does."

The premises were suitable to meet people's needs. There was a communal area and outside garden area where people could sit, people we spoke with told us they enjoyed using this. One person said, "I enjoy gardening and there is a lovely garden here."

Requires Improvement

Is the service caring?

Our findings

Although people were supported to maintain their independence, they also explained they were not able to bathe or shower when they wanted. One person told us, "You can't have a shower when you want." Another person told us, "I can go to my room if I choose to watch tv but I can't have a shower when I want though. I would prefer a morning shower but you have set days and the showers are in the evening." We found there was a bath and shower rota in place. The registered manager told us, "We make sure they have their fair share of a bath or shower, we would try and be flexible and accommodate but we have to make sure we have some structure." Following the inspection, the registered manager informed us they would be creating an additional space on the rota to give all residents the opportunity to have more of a choice of when they have a bath or shower.

People also told us they could not choose to have a cooked breakfast. One person told us, "There isn't much of a choice for breakfast; just toast or cereal. It would be nice to have bacon or a cooked breakfast occasionally." This was an example of task led approaches because it was easier for the service and not necessarily the choices of the people. We discussed this feedback with the registered manager who explained that the reason for this was due to the 'practicalities' of it as the cook would struggle to do people's lunch meal on time if they were cooking a hot breakfast. This meant that people were only offered toast or cereal. Following our inspection, the registered manager has organised for this to be discussed at the next residents meeting to consider the addition of a cooked breakfast some mornings or possibly having it at lunch time as they sometimes do now but more frequently.

People told us and our observations confirmed that staff were kind and caring in their approach and people were happy. One person told us, "I get on with all of the staff. They are good and it is a home to me here." Another person said, "They are always smiling which really makes a difference to our day. I feel at home here." We saw relatives visiting frequently throughout the day and the atmosphere was relaxed and there was a homely feel to it. One relative told us, "The staff are very approachable and always make you feel so welcome as a visitor. They offer us tea and coffee."

Although people told us that staff did not have time to chat with people as much as they would like, we found that staff had a good relationship with people and knew their needs well including their likes, dislikes and preferences. We also saw that people had good relationships which each other and they were often seen chatting and sharing jokes. One person told us, "The carers are lovely. I have friends in here and I am happy and content." People's care records had information about their history and individual interests so staff were aware of individual needs when supporting people. We asked the registered provider how they would support from the Lesbian, Gay, Bisexual, Transgender (LGBT) community. They were not aware of anyone currently using the service that identified as LGBT but told us they would be welcomed and encouraged to be open within their environment. The registered manager explained that they would be protected from discrimination and would be supported to meet any cultural or religious needs. This was also reflected in the service's statement of purpose. A statement of purpose is a legally required document which sets out what service is provided and to whom it is provided to.

People were encouraged to be independent. One relative said, "They encourage [person] to be as independent as they can." Staff explained how they try to promote people's independence by allowing them to do parts of their care that they were able to and offering support when required. One staff member said, "If they can do it, then I will promote that." Another staff member told us, "We will try to encourage them, if they are not feeling up to it then we will help."

We saw that people's privacy and dignity was maintained when staff were supporting people. Staff addressed people by their preferred name and discussed confidential information in a discreet way. One person told us, "They [staff] treat us with respect." Relatives we spoke with said, "[Person] is always clean and well cared for, they always change clothing if there are spillages" and, "Staff treat [person] with dignity and respect." Staff demonstrated they understood how to maintain people's privacy and dignity when supporting them. One staff member said, "I would knock on the door, close the curtains, cover them up, talk with them to check they are happy with me supporting them."

Good

Is the service responsive?

Our findings

People and relatives told us that staff did not have time to sit and talk with them due to doing other tasks. One person said, "The staff don't chat with me a lot but I like them. They are polite." A relative told us, "The staff are always busy doing things and don't have time to chat with residents." We discussed this feedback with the registered manager who explained that although they employed a domestic team, some of the cleaning tasks were assigned to care staff. They told us that this was a reason for employing an activities coordinator so that whilst they are doing domestic tasks, someone is engaging with people. Our observations confirmed that staff were not always visible in communal areas due to doing other tasks. However, we found that this did not have an impact on people living there as they were observed to be stimulated throughout the day with the support of the activities coordinator.

People and relatives spoke positively about the activities that were available for them. One person said, "We had ukulele players yesterday which was really lovely. I used to be in a choir for years and we do have singalongs but my voice isn't what it was. There is lots of variety if you make the effort to join in." Another person told us, "We have regular entertainment and even had a visit from alpacas." We spoke with the activities coordinator who told us they adapt the activity planner based on what people want and ensure that people in their rooms were supported. They said, "For people in their rooms, we will try to get them to do stuff in their rooms so they aren't isolated."

People were involved in the assessment, planning and reviews of their care. We saw during our inspection, care staff and the registered manager approached people about their care. For example, the registered manager discussed with one person about the doctor coming to see them. Records showed and relatives we spoke with confirmed that people and relatives were involved in reviews and kept up to date when people's needs changed. There was a review form in place which showed that the care plan and any changes to the care plan had been discussed with signatures from the person and relatives. We also saw that there were phone calls to relatives recorded informing them of changes to people's care needs or when a health professional had been called.

Staff told us they were able to keep up to date about changes to people's needs via a daily handover meeting. One staff member told us, "The handovers are written up, they're useful." Professionals we spoke with told us they were kept up to date and that staff were good at working with them to support changes in people's needs. One professionals said, "They [staff] are receptive to feedback." Another one told us, "The carers were involved in [person's] physio."

People had plans in place to support them at the end of their life to have the care and support they wanted. We saw that people and relatives had been supported to make decisions in relation to their choices and preferences about the end of their life. This included which family members they would want with them and which church they would like their service to take place at.

Although we found there had not been any recent complaints or concerns raised at the time of our inspection, people and relatives told us they knew how to complain and felt confident in doing so. One

person said, "I haven't needed to complaint but if I had an issue, I could raise it at the residents meeting which is held every month." Another person said, "The manager will listen if you have any worries." A relative told us, "I have had no cause to complain but any queries I have had have been dealt with." We saw throughout our inspection that people and relatives often approached the registered manager in their office to discuss any queries or concerns. There was a complaints policy in place which was available to people and on display. This had not been provided in an easy read format as due to people needs and abilities, it was not required. However, the registered manager had easy read information available if anyone required one.

Requires Improvement

Is the service well-led?

Our findings

Whilst there were systems in place to monitor the quality of the service, these had not always identified the short falls that we identified, particularly around recording of information. For example, although staff had the knowledge, one person who had sore skin, did not have the relevant documentation in place such as a risk assessment and care plan detailing what was required to minimise the risk and if they had any pressure relieving equipment in place. Following our inspection, this was completed and we were sent a copy evidencing this. We found one recruitment file where concerns had been identified about the suitability of a member of staff. Although the registered manager had identified what the concerns were, they had not ensured potential risks were safely managed to ensure people were kept safe. We discussed these issues with the registered manager who completed a risk assessment after our inspection. Audits had failed to identify when staff required further training to ensure they were kept up to date with guidance and practice. For example, most of the staff had not received up to date mental capacity training. The registered manager gave us reassurance that this would be organised.

We found that although the registered manager told us they had spoken to people about certain issues or areas of their care including information discussed in people's reviews and what time and day they would like a bath or shower; this information was not recorded and so could not be corroborated. This information also contradicted what one person told us as they informed us they would prefer one in the morning but had to have one at night. We discussed this with the registered manager. They told us they were currently in a transition period with their documentation and planned to make changes and improvements to them over the next three weeks. We saw the new, proposed review documentation which included space for information about areas discussed to be recorded.

We looked at the service's governance systems and audits to check that they were used to drive improvement within the home. The registered manager had audits in place for areas including care plans, accidents and incidents, medication and the environment. Where errors or issues were identified, we saw that actions had been implemented and discussed in team meetings. For example, there were some recording errors on people's medication charts, this had been discussed with staff at their team meeting. We also saw that based on their external medication audit a week prior to our inspection, an action plan was in place and we found some of these actions had already been implemented.

The registered manager was required to send a report to the registered provider on a weekly basis identifying any updates or issues including; any new residents, comments from people or relatives, fire safety checks, staffing and any actions identified. We saw that this was completed and any actions identified had been addressed.

People and relatives feedback was sought and used to drive improvement within the home. Quality questionnaires had been sent out to people and their relatives. This information had been analysed with any actions identified as a result. We also saw that there were regular meetings held for people to have input into the service. People told us they found these meetings useful. One person said, "They are very good and do listen." Another person told us, "The residents meetings are useful to express your views." A relative we

spoke with said, "[Person] attends meetings which are useful and she feels involved." However, the registered manager was not aware of some of the issues that we received via feedback during our inspection. For example, they were not aware about the concerns regarding the bath and shower rota for people or the limited options available at breakfast.

We found that the provider had strong links with the community and professionals such as; social workers, district nurses and GPs. The activities coordinator informed us of some of the links they have made to ensure that people have a wide range of activities to engage in. They had links with the local church, schools, cubs and scouts.

People and relatives knew who the registered manager was and spoke positively about the them and said they would recommend the home to others. One person said, "[Registered manager's name] is the manager and you can go to see her in the office if you have any problems. They are all lovely here. I would recommend it here, without hesitation." A relative told us, "The manager and staff are all accessible and approachable."

Staff we spoke with said they felt supported by the registered manager and liked working at the home. One staff member said, "It's a nice place to work, it's homely. [Registered manager] is very supportive, always very helpful." Another one told us, "If I suggest anything, [registered manager] will listen."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on their website. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection and received any feedback positively.