

# Greensleeves Homes Trust

# Speirs House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Speirs House is a care home providing personal and nursing care for up to 36 people. At the time of our inspection, there were 33 people receiving support with personal care. The service supports older people living with dementia and having nursing needs. The home is arranged over 1 floor.

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

Although staff knew how to identify and report abuse, some safeguarding incidents at the service were not escalated in a timely manner to keep people safe. This was a breach of Regulation 13.

There was a lot of change for the better made at the service since our last inspection. However, more improvement was needed to oversee the quality of care being provided. Although staff's recruitment was safely undertaken, the DBS checks were not repeatedly carried out to check staff's fitness for the job. We made a recommendation about this.

Records in relation to the mental capacity assessments and people's cultural and religious needs required reviewing. A new system for monitoring staff's performance on the job is to be implemented by the provider.

People felt safe because staff knew their care needs well. The staff team was stable and there was enough staff to meet the needs of the people they supported. Risk assessments were in place to guide staff on how to mitigate the potential risks to people. People received their medicines as prescribed. Staff were aware of how to effectively manage risks associated with infection control.

The home environment felt welcoming. Staff effectively shared information within the team to support people's well-being. Staff felt well supported in the job and received training relevant to their role.

There was a stable management team at the service to monitor the care being delivered to people. People told us they had effective communication with the management team. Staff were caring and kind to the people they supported, and their choices were adhered to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 28 June 2022) and there was a breach of Regulation 17 (Good governance). At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17 (Good governance). However, we found a breach of Regulations 13 (Safeguarding service users from abuse and improper treatment).

You can read the report from our last inspection, by selecting the 'all reports' link for Speirs House on our

website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Speirs House

## Detailed findings

### Background to this inspection

#### The 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by an inspector, specialist advisor and Expert by Experience. The specialist advisor was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Our first inspection visit was unannounced. We gave the service 24 hours' notice before our second visit.

#### What we did before the inspection

We reviewed the information we held about the service including the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, 2 family members and a visitor. We also spoke with the registered manager and 7 staff members who provided care to people. We received feedback from the local authority's multidisciplinary team and also 1 other healthcare professional in relation to their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems in place to learn from safety alerts and incidents were not always operated effectively.
- At our last inspection we found that staff did not always understand their responsibilities to escalate safeguarding concerns and people's changing health needs in good time. The registered manager told us that since the last inspection they took actions to improve staff's knowledge related to the reporting procedure, including running workshops and having discussions with staff about the safeguarding procedure.
- People told us they were safely supported by the service. Comments included, "It is safe here. It's a nice building, I can find my way around OK" and "I do feel safe, I don't ever think about whether I'm safe or not. [Staff] do pop by and ask how I'm doing, it's a nice place and friendly. I can't say anything bad about it really." A family member said, "We are satisfied that it is a safe place for our relative to live."
- From the conversations with staff we found they understood their responsibilities to protect people from abuse. Staff's comments included, "Safeguarding is to prevent the vulnerable people being abused. Things we need to observe and know so that the residents are not harmed. We need to talk to the appropriate person to minimise the risks to people. If action is not taken, I would speak to the director, I would do whistleblowing."
- However, since the last inspection there had been more incidents resulting in police and safeguarding investigations that were not reported and /or looked into appropriately by the staff team in a timely manner.
- In addition, although the registered manager told us that lessons learnt from the safeguarding investigations and complaints that took place were shared with the staff team, records were not available to demonstrate how learning was put into practice to drive improvement at the service.

The issues highlighted above constitute a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Staffing levels provided met people's care needs.
- People told us there was enough staff to meet their care and support needs as necessary. One person commented, "I do have a call-bell and [staff] do come to me when I use it." A family member told us, "There are enough staff, you can always find someone. Even at weekends and during the night, the carers are on it."
- The registered manager told us they had regular staff members who knew people well to provide the care delivery. The service had not used agency staff for the last 6 months.
- Recruitment checks were undertaken before staff started working with people. Staff were required to

attend an interview, provide 2 references, eligibility to work in the UK and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider's policy was that staff had to sign an internal yearly DBS declaration which we saw being carried out as necessary. However, these checks were not confirmed by the Disclosure and Barring Service which meant that the provider relied only on staff to tell them if they had any convictions. In some instances, staff had their DBS check carried out last in 2000 when they started working for the provider. In response, the provider told us they would review their DBS policy.

We recommend the provider seeks advice from an authoritative source to review their processes in place making sure staff are fit to perform their role responsibilities safely.

Assessing risk, safety monitoring and management

- People's care needs were accurately reflected in their care plans.
- People felt well looked after by the staff team that supported them. One person told us, "I think [staff] know what they are doing." A family member commented, "Our relative does receive a good standard of care."
- People's care plans were up to date and individualised providing clear instructions for staff to follow. Risks associated with people's mobility, nutrition and health were assessed and mitigated to ensure safe care delivery.
- Although the staff team told us they currently did not support people with enhanced cultural and/or religious care needs, the care plans had not included information in relation to the discussions staff had with people regarding these preferences. The registered manager told us this would be actioned.

Systems were in place to ensure fire safety at the service.

Using medicines safely

- Medicines were managed by staff who had received the relevant training.
- Staff were required to sign medicine administration records after the medicines were taken by people. We observed staff being patient and kind when administering medicines to people.
- Regular audits were undertaken to check that people received their medicines as prescribed and in good time. The provider took appropriate actions to address the issues they identified in relation to management of people's medicines.

Preventing and controlling infection

- The provider followed national guidance to prevent infections from spreading.
- The care home appeared clean and hygienic. A family member told us, "The cleaners are here every morning. They do a regular deep clean too."

Staff used personal protective equipment (PPE) as required such as gloves and aprons.

# 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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to effectively share information about people within the service.
- Initial assessments were carried out to assess people's care needs before they started using the service.
- Team meetings and handover processes were used to discuss people's changing care needs and share information quickly as necessary.

Staff support; induction, training, skills and experience

- Staff had the necessary skills related to the people they supported.
- The service ensured that staff were provided with training relevant to their job. The attended training was in relation to safeguarding, medicines management, manual handling, Dementia, and infection control.
- Regular appraisals and supervisions took place to monitor staff's performance. Although systems were not in place to regularly spot check staff on the job, during our second visit we were shown a new implemented procedure to address the issue identified. We will check their progress at our next planned inspection.

Supporting people to eat and drink enough with choice in a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and supported their well-being.
- People told us their health needs were adhered to when they required support. One person told us, "I would say something to the nurse if I wasn't feeling well. I'm sure they would take care of me." A family member said, "The doctor does visit regularly and has been called when my relative has been unwell."
- Records showed that people's health needs were monitored and included regular checks of their physical and nutritional care needs.
- People were involved in choosing their meals. People told us that breakfast times varied depending on their preferences and that they could request something else should they didn't like the meals provided.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to monitor the DoLS being applied for and we saw the service requesting to renew these applications as and when necessary.
- Staff applied the MCA in practice as necessary. Staff's comments included, "We assume that everyone have capacity, we support residents to make their own daily decisions. I show 2 to 3 clothes to choose from. They all can make choices just need to be helped if they can't do that themselves" and "Mental capacity refers to a person's ability to make decisions for themselves. It involves the person's ability to understand, remember, and use information; to weigh up the information available to decide; and to communicate their decision. This might be through speech, but could also be through gestures or other forms of communication."
- Records showed that the Mental Capacity Assessments were completed by the service to support people in the decision-making process, followed by the best interest decisions where necessary.
- However, people's capacity was also assessed based on the format of the mental capacity assessment when they first started using the service. These assessments were not time or decision specific. This was discussed with the registered manager who told us they would review these assessments.

Adapting service, design, decoration to meet people's needs

- The home environment was homely and welcoming.
- People's mobility was supported where they required it and included wheelchair access and railings. Different areas were used to provide a choice of seating for people in the home.
- People's rooms were individualised with personal belongings that were important to them. Bird feeders for watching the birds were placed behind people's bedroom windows to help them occupy their time.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found people did not receive a service that was well-led. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvement had been by the provider to address the issues identified and they were no longer in breach of Regulation 17 (Good governance).

- There was a lot of improvement made since the last inspection. The service had a stable management team in place who had a clear understanding of people's care needs and were involved in day to day running of the service. The registered manager told us how they worked to change the culture at the service. This was targeted at the on-going reassurance of staff and reporting of incidents. We found that actions were taken quickly where there was an improvement required identified during the inspection and in relation to the spot checks and mental capacity assessments.
- People's wellbeing was prioritised and respected by the management team. People's comments included, "The manager is very good. I think she really cares about people." Family members told us, "We have good relationships with the managers, they're easy to get along with. We think they do a good job managing the home" and "Their communication is excellent. [Name of the registered manager] walks the walk. Staff and residents respond well to her and she is respected. She has ambitions for the home. She has built into the idea of continuous improvement and that is to be respected."
- Staff members had spoken highly of the supportive management and had attested to receiving the necessary support to perform their duties effectively. Staff's comments included, "The manager is very open and approachable, open-door policy. If you have anything to say, she wants to know. I feel confident to talk to her, she is approachable. She is always encouraging us to come to her" and "[Name of the registered manager] is a brilliant leader. This home is well led. She is making sure she is flexible when needed. Oh yes, I would go to the manager and she would take it on board."
- However, the incidents resulting in police and safeguarding investigations that took place after the last CQC inspection and failure to repeatedly carry out staff's DBS checks means that more improvement was needed to oversee the quality of care being provided and management of the home.

We recommend the provider to review their processes in place necessary to drive improvement in the

quality of care making sure people were not at risk of avoidable harm.

Planning and promoting person-centred, high-quality care

- The culture of the service was aimed at valuing people's individuality.
- Staff were kind and caring towards the people they supported. People's comments included, "I like it here very, very much. Nothing is too much trouble" and "I am very happy with the care. On the whole the staff are good, I can't fault any of them. I consider them to be my friends." A family member told us, "We like it here very much. The staff are upbeat and patient."
- People's care was respected and dignified. Staff's comments included, "People sometimes say not now and it's ok, we ask if it's ok to come back in half an hour. I do understand them and we have to put yourself in their shoes" and "We care with care." A visitor told us, "The overall feel of the place is good, the residents and relatives are really pleased with the home. The great accent is that staff bring smiles on people's faces."
- We observed positive interactions between staff and people. This included people being called by their preferred name and listened to when they wanted to tell their story.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in planning of their care.
- People were provided with choices regarding their care and daily routines. One person told us, "I normally stay up until 11pm. If I go to bed too early I'm up really early. I was able to stay up for the fireworks at New Year, [staff] were fantastic." A family member said, "When [my relative] first arrived we asked her if she would like a male or female carer. She didn't mind at first but she now insists on female carers for her personal care. This is adhered to by the home."
- People had a choice of activities to take part in at the home. They also were provided with opportunities to visit places outside the home that were important to them.
- Residents' and family members' meetings were facilitated to ensure good communication and information sharing between the parties.

Continuous learning and improving care; Duty of Candour

- Systems were in place to monitor the care delivery.
- People told us they felt confident to raise their concerns and that the complaints were adhered to as necessary, with one person commenting, "I would go to the boss or [deputy manager] if I had a complaint about the general running of the home, they would listen. For anything to do with care, I'd got to the nurse and then to the top. I would have no problem making a complaint." A family member told us, "I would certainly feel comfortable about making a complaint if needed."
- Governance systems were in place and included quality checks being carried out regularly to monitor the effectiveness of the care delivery. Audits were completed in relation to people's care records and health and safety at the service.
- The staff team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. The staff team applied duty of candour where appropriate by giving honest information and suitable support to the inspection team during the inspection.

Working in partnership with others

- The provider told us they effectively worked in partnership with various health and social care organisations.
- Staff provided us with examples of partnership working with the health and social care professionals, including GPs and Local Authorities. Care records showed that people had access to health checks when they required it. A healthcare professional told us, "Clients get referred to me in a timely manner. I am happy to speak to the staff about any issues. I have no worries or concerns and care is carried out as I instruct."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure they had systems in place to learn from safety alerts as necessary.  Regulation 13(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014– Safe Care and Treatment