

Care UK Community Partnerships Ltd

Greville House

Inspection report

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Date of inspection visit:
14 March 2023

Date of publication:
11 April 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Greville House is a nursing home for up to 59 older people, including people living with the experience of dementia. At the time of our inspection 56 people were living at the service.

The service is managed by Care UK Partnerships, a national provider of health and social care services.

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

Medicines were not always managed in a safe way. Some of the systems for monitoring this were not implemented effectively. However, people were receiving medicines as prescribed.

People living at the service and their relatives were happy. Many of them spoke about the positive, open and inclusive culture. People knew the staff and management team, they felt able to raise concerns and felt well informed about the service. People liked staff and had a good relationship with them.

People's needs were assessed, monitored, planned for and met. The staff worked closely with other healthcare professionals to identify and address any changes in their needs. People had enough to eat and drink. They enjoyed the food. There was a wide range of different social and leisure activities and people were able to take part in these.

There were enough suitably qualified and experienced staff. They were well supported and had access to a range of training and information. There was good teamwork and communication. Staff felt supported by the registered manager.

The risks to people's safety and wellbeing were assessed and planned for. Incidents, accidents and complaints were investigated and learnt from.

There was a range of systems designed to monitor and improve the quality of the service. These included checks by the management team and senior managers within the organisation. They made improvements when problems were identified and shared information about these with stakeholders.

The environment was suitable and well maintained. There were schedules for repair, redecoration and to make sure the building was clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 September 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good.

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 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 caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Greville 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.

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

The inspection was conducted by 2 inspectors, a member of the CQC medicines team, a nurse specialist advisor 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 care service.

Service and service type

Greville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Greville 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider, including information about accidents, incidents and significant events.

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.

During the inspection

We spoke with 13 people who lived at the service, 4 visiting family members and 3 visiting healthcare professionals. We also spoke with staff on duty who included, the registered manager, clinical lead, team leaders, other care staff and the staff organising social activities.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including the care records for 10 people, records relating to staff recruitment, training and supports, information about accidents, incidents and complaints as well as audits and other records the provider used for managing the service.

We conducted a partial tour of the building looking at health and safety, equipment and infection prevention and control measures. We looked at how medicines were being managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- Medicines were not always managed in a safe way. Prescribed thickeners were not stored securely as per national guidance putting people at risk of harm.
- Medicines care plans were in place; however, these were not always up to date or personalised. For example, the care plan for one person included the name and information relating to another person.
- Some people were prescribed insulin to help manage diabetes. The staff regularly monitored their blood glucose before giving them their prescribed insulin. Some of the test strips used to monitor glucose levels were out of date. The test strips being used for one person had expired in December 2022. This meant there was a risk that blood glucose readings taken using these test strips may not have been accurate.
- The provider addressed the concerns we identified and improved the systems for managing medicines once we alerted them to these concerns.
- The staff were regularly competency assessed for handling medicines.
- We observed staff give medicines to people. The staff were polite, gained consent and signed for each medicine after giving it on the electronic medicines administration record (eMAR).
- Some people were prescribed medicines such as pain killers, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols was in place to help staff give these medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help protect people from abuse. The staff undertook training about safeguarding and demonstrated a good understanding about how to recognise and report abuse.
- The provider had worked with the local authority and other agencies to help keep people safe, to investigate and respond to allegations of abuse.
- People using the service and their relatives told us they felt safe.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. Assessments included risks associated with people's health and wellbeing, eating and drinking, skin integrity and moving safely. The assessments were comprehensive and incorporated into care plans. They were regularly reviewed and updated.
- The environment was safely maintained. The staff undertook regular checks of the environment and equipment. When problems were identified these were rectified. There were suitable systems for fire prevention and to be followed in the event of an emergency.
- Staff undertook training, so they knew how to support people to move and ways to minimise falls. We saw

staff supporting people in a safe way.

- When people had swallowing difficulties, there were plans to help minimise risks. The staff knew how to support people safely and understood about the importance of providing people with the appropriate texture of food and drink to meet their needs.

Staffing and recruitment

- There were enough staff to meet people's needs and to keep them safe. People said that call bells were generally answered promptly, and they did not have to wait for care. Staff from different departments worked together to make sure people's needs were met.
- There were systems to help make sure staff were suitable. These included a range of checks during their recruitment and assessments of their knowledge, skills and competencies when they started working at the service.

Preventing and controlling infection

- There were procedures to help prevent and control infection. The environment was clean and well maintained. The staff undertook regular checks on cleanliness and infection control. People confirmed the building was clean and they received a good laundry service.
- Staff had undertaken training to understand about good infection prevention, and control. They were provided with personal protective equipment (PPE), such as gloves, masks and aprons which they used in line with the provider's procedures.
- The provider had updated policies, procedures and guidance in line with government guidance regarding COVID-19.
- The management team held daily meetings to discuss the service, as part of these they reviewed whether there were any infections, how these had occurred and the action being taken to prevent the spread of these.

Learning lessons when things go wrong

- There were systems to help staff learn when things went wrong. These included good communication between the staff and management team, where the service was discussed each day and arrangements were made to address any problems.
- Staff recorded all accidents, incidents and complaints. Records of these included an analysis of what had happened and managers reviewed whether improvements were needed to the service.
- The provider was transparent when things went wrong, sharing information with people using the service, relatives and staff. They explained what they were doing to learn from these incidents.
- The management team had regular clinical meetings when they discussed changes in people's weight, health and condition and how improvements could be made for individuals and for 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider undertook assessments of people's needs and choices before they moved to the service. Assessments included discussions with the person, those who were important to them and professionals involved in their care.
- People using the service and their relatives were invited to view the home before making a decision to move there. Their preferences and how they wanted to be cared for formed part of the assessment.
- The staff reassessed people's needs each month, and when something changed, to make sure care plans were up to date and relevant.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported, trained and experienced. The staff completed a comprehensive induction to the service which included a range of training. Training was regularly refreshed and staff had opportunities to develop new skills and request specific courses and qualifications.
- Local healthcare teams provided training for nurses and senior staff to help them to meet people's healthcare needs.
- There were regular meetings for staff, including individual appraisals and supervision sessions. The management team assessed staff skills, knowledge and competencies.
- Staff felt supported and told us they had enough information to carry out their jobs well.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. The staff assessed their nutritional needs and worked with other professionals to develop personalised plans which helped to ensure they maintained a healthy weight and were offered suitable food. Staff monitored people's food and fluid intake as well as their weight. We saw they took appropriate action if there were concerns about any of these areas.
- Menus included a range of choices and we saw people were offered these and able to choose alternatives if they wanted. People's preferences and dietary needs were known by the chef who catered for these.
- We saw drinks were offered throughout the day and people were encouraged to drink.
- People told us they liked the food and had enough to eat and drink. Their comments included, "I like the food, they'll make me something else if there is nothing on the menu I like", "The meals are good and there is always something different" and "You are never hungry here."
- Meals were prepared from fresh ingredients. The kitchen was well stocked and there were plenty of fresh vegetables and fruit for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, monitored and met. The staff included qualified nurses and senior staff who had undertaken additional training to understand some nursing tasks. The staff worked closely with other healthcare professionals and had a good understanding of people's health.
- People told us they had regular appointments with the GP and other professionals. There was information about these. Changes were made to care plans when recommended by other professionals. We spoke with 3 visiting healthcare professionals who all confirmed the staff were good at making timely referrals and responding to their advice when needed.
- People's oral care needs had been assessed and planned for. People were able to see dentists when needed. Staff confirmed the registered manager had given them training and advice on good practice for managing people's oral health.

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

- The environment was suitable and well maintained. The home was divided into different units, each with communal spaces and individual bedrooms. All bedrooms had ensuite toilets, showers, and handwashing facilities. Bedrooms had been personalised and people could bring their own belongings and furniture when this was agreed by the provider.
- There was a programme of decoration and repair. The home was light, warm and well ventilated. Furniture and furnishings were suitable and in good condition.
- There was specialist equipment, such as adjustable beds, hoists and accessible bathrooms for people who needed these.
- There was a range of signage and information designed to help orientate people.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider ensured people consented to their care in accordance with the MCA. For people who lacked the mental capacity to make decisions, the provider had obtained DoLS authorisations and worked with people's family or representatives to make decisions in their best interests.
- Staff undertook training to understand about mental capacity and DoLS. They helped people to make decisions by offering choices and presenting these choices in ways people understood.
- Assessments of people's mental capacity were related to specific decisions, were regularly reviewed and had been updated when people's needs changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had good relationships with staff. People told us the staff were kind, caring and fun to be with. We observed the staff being polite, friendly and attentive. Staff explained what they were doing, offered people choices, and they responded well when people were distressed or upset. Staff from all departments knew people well and addressed them individually and respectfully.
- People told us they liked the staff. Some of their comments and those from family members included, "They are kind and respectful, they always knock on my door and have a little chat with me", "They are so friendly and kind", "The staff are passionate, they actually like being here" and "The staff are wonderful, and they can have fun with [person]."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about their care. They were involved in making decisions about their care plan and their preferences were recorded.
- People told us staff offered them choices each day. We observed this happening. Staff respected people's decisions.
- People were able to make decisions about the service in general. Some people were involved in interviewing new staff and others met to help plan activities and menus.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Care was provided discreetly and in private. People were asked about whether they preferred same gender care workers for personal care.
- People's religious and cultural beliefs were considered and respected.
- People were supported to be independent when they wanted this and were able. The provider supplied a range of equipment to help people be independent, such as specialist crockery and cutlery. People told us they were able to do some things for themselves, and we saw care plans reflected this.
- Some of the comments from people included, "I like to maintain my own independence. I do my own personal care and I am learning to walk again", "I like to be useful and help out where I can. If the staff need a hand, I can do that, like helping in the reception area" and "I help lay the tables and get things ready for lunch and breakfast."
- Where people were able to and it was safe, people accessed kitchen areas on their unit to make their own drinks and snacks. Some people went to local shops independently to buy things for themselves and others. One person told us they travelled alone to a place of worship each week.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. The registered manager was able to give us examples about how care for people had improved their quality of life. For example, two people who had moved to the home with complex needs and unable to move independently, had received support to help improve their health and were now independently mobile.
- The staff knew people well and were able to describe their needs and how they wanted to be cared for. People and their relatives confirmed this explaining how they received personalised care.
- People were clean, well-cared for and in clean clothing. Their hair, nails and facial hair were clean and well groomed. The staff were attentive to their needs helping people to take a pride in their appearance.
- Staff had created care plans which reflected people's individual needs, choices and how they should be cared for. These plans were regularly reviewed and updated. They were also starting to create some new additional plans which included information about people's lives before they moved to the home and their individual interests. These were designed to help staff to get to know more about people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Information about how people communicated and any barriers to this was recorded in their care plans.
- Information about the service was available in different formats for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop relationships with each other through social activities. Visitors were welcome and able to spend time supporting people and joining in with activities. There were volunteers who worked alongside staff and they had good relationships with people.
- The provider employed two staff who planned, organised and facilitated a range of leisure activities and social events. There were weekly trips outside of the home to places of interests, visiting entertainers and regular group classes and activities which people enjoyed. They also celebrated special events, including religious festivals and events like Mother's Day and people's birthdays.

- People told us they had the support they needed and enjoyed the leisure and social activities in the home. Their comments included, "There is a small library here and I use that", "There are lots of things to do and we use the garden in the good weather", "The activities [co-ordinators]are brilliant. We have outings and went to Kew Gardens", "We use the garden and I got involved with painting the garden furniture" and "I really like the quizzes and art class"

End of life care and support

- Some people were being cared for at the end of their lives. The staff worked closely with the palliative care team and other professionals to make sure people's needs were met. Staff understood about how to monitor people's pain and what to do if their condition deteriorated.
- Care plans included information about people's preferences for resuscitation, end of life care and for any arrangements after death.

Improving care quality in response to complaints or concerns

- The provider investigated and learnt from complaints. There was an appropriate system for dealing with complaints and concerns. People using the service and their relatives knew how to raise a concern and felt confident these would be dealt with. Their comments included, "I feel ok letting them know if I am not happy about something", "[Registered manager] is a good listener and does [their] best to help" and "I would feel comfortable making a complaint, they normally contact us with any problems first anyway."
- Records of complaints showed these had been investigated and improvements had been made to the service following these.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to monitor quality and safety. Medicines audits had not always identified where improvements to medicines management were needed. The staff had not always followed the provider's policy to act upon medicines alerts in a timely manner. However, following our inspection, the provider took steps to address these concerns.
- The staff and management team carried out a range of audits and checks. When problems were identified they implemented plans to put this right.
- The management team had weekly meetings to discuss the service and individual people. This helped them to have a good oversight of where improvements were needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture. People using the service, relatives and staff felt happy. Some of the comments from people and their relatives included, "Staff are really good and helpful even at short notice", "Everything is great and they have a transparent approach", "I cannot fault them - they go the extra mile", "[Managers] are always available if we need them" and "I cannot praise them highly enough." One relative explained how their loved one had moved to the home during a period of COVID-19 lockdown. They praised the registered manager and staff for the effort they made to get to know the person and the family despite the barriers to visiting.
- Staff told us they felt supported and they felt the service provided good care. Their comments included, "The residents always come first" and "This is a nice place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had reported incidents to CQC as required, had investigated adverse events and been open and transparent with stakeholders about these.

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

- The registered manager was suitably experienced and qualified. They worked closely with staff providing 'hands-on' care to people when needed and leading by example. People spoke positively about the registered manager. Their comments included, "[Registered manager and deputy manager] are friendly and helpful. They have allowed me a lot of input", "I get on very well with the manager – [they are] brilliant" and

"The registered manager is very approachable. You see [them] a lot around the building."

- There were a range of suitable policies and procedures which reflected legislation and best practice guidance. Information from these was discussed with staff. There were regular meetings for the staff to help keep them informed about regulatory requirements.

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

- The provider engaged well with stakeholders. There were monthly meetings for people living at the service, for relatives and for staff. These included open and transparent discussions about things that had gone wrong, planning for the future and what was working well.
- The registered manager also provided families with a written update about their relative each month. Relatives told us photographs and information about activities were shared with them and they were able to comment and make suggestions.
- The provider asked stakeholders to complete surveys about their experiences and the results of these were analysed to help develop improvement plans.
- Some of the comments from people using the service and their relatives included, "We have regular meetings, and these are very useful – we get quite vocal if we are not happy about something. They listen. I think it is a great place", "We are not afraid to say what we think. The meetings are a good opportunity for us to get together and bash things out. I think they communicate very well with us" and "The meetings are good, you get to hear about what is going on."

Working in partnership with others

- The staff worked in partnership with others to help meet people's needs. Professionals we spoke with told us they had a good relationship with staff who were open and provided the information they needed. They told us staff listened to them and acted on their guidance.