

Greensleeves Homes Trust

Viera Gray House

Inspection report

27 Ferry Road
London
SW13 9PP

Tel: 02087484563

Date of inspection visit:
25 April 2023

Date of publication:
26 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Viera Gray House is a residential 'care home' providing personal care and support to up to 41 people. At the time of our inspection 20 older people were living at the care home. Viera Gray House accommodates people across 4 separate wings, each of which has separate adapted facilities. 1 of the wings specialises in providing care to people living with dementia.

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations in relation to the management of staffing levels, medicines, safeguarding, and distressed behaviours and governance.

People living in Viera Gray House told us they were happy with the quality of the care they received there. However, we received mixed comments from community and health and social care professionals we spoke with, although most agreed the service was beginning to improve and move in the right direction.

People were kept safe and were confident any concerns they raised would be listened to. Staff now understood how to safeguard people. People told us staff always treated them with respect and dignity.

Medicines systems were now well-organised, and people received their prescribed medicines as and when they should.

The care home was adequately staffed by people whose suitability and fitness to work there had been thoroughly assessed. Staff now had the right levels of training, support, and experience to deliver safe care to the people they supported.

People were cared for and supported by staff who knew how to manage risks they might face. People now had up to date, detailed, person-centred risk assessments and management plans in place, which were routinely assessed, monitored, and reviewed. This enabled staff to understand and meet their needs and expressed wishes and preferences.

The quality and safety of the service people received was now reviewed regularly, and appropriate changes made to improve people's care and support if required. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded.

People living at the care home and staff working there were complimentary about the way the service was managed, and how approachable the managers in-charge all were.

However, the service remains without a registered manager, which the provider is legally required to have in post to oversee the delivery of regulated activities at this location. We discussed this management issue with

the provider at the time of this inspection. A new manager was appointed in April 2023 and the provider assured us they would apply to be registered with the Care Quality Commission (CQC) by June 2023. Progress made by the service will be closely monitored by the CQC. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, and those associated with COVID-19.

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.

The care home's culture was now more positive, open, and honest, with leadership and management that was clearly identifiable and transparent.

The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection and update

This service has been in Special Measures since 22 December 2022 when we rated them inadequate overall. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions and is therefore is no longer in Special Measures.

However, despite improvements made the provider will still need to demonstrate they can continue to move in the right direction and consistently keep people safe over a more sustained period of time.

Why we inspected

We conducted an unannounced inspection of this service on 11 and 13 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to comply with urgent imposing conditions and outstanding requirements we previously served in relation to Regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse), 17 (Good governance), and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this unannounced focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 COVID19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Viera Gray House on our website at www.cqc.org.uk.

Follow up

We will collaborate with the provider to monitor how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Viera Gray House

Detailed findings

Background to this inspection

The inspection

We conducted 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

The inspection was conducted by 3 inspectors.

Service and service type

Viera Gray House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Viera Gray House is a care home without 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 CQC 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 25 April 2023 and ended on 27 April 2023. We visited the care home on the first day of the inspection.

What we did before inspection

We reviewed information we had received about the service since their last inspection. We received email feedback from 2 relatives and 5 community health and social care professionals, including local authority

social workers, an NHS learning disability nurse, and an occupational therapist, who all worked closely with the provider. 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 this information to plan our inspection.

During the inspection

We spoke in-person with 8 people who lived at the care home and a visiting community health care professional. We also talked to various managers and staff who worked at the care home including, a learning and development manager, the director of quality and compliance/nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), a nurse, 10 care workers, 2 domestics and the maintenance person.

We used 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 verbally communicate with us.

We reviewed a range of records. This included 7 people's care and risk management plans, and 6 staff files in relation to their recruitment. We also checked a variety of records relating to the management of the service, including staff recruitment checks, multiple electronic medicines records and provider level audits.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas, training, and supervision records, multiple quality assurance audits conducted by the provider and stakeholder satisfaction survey feedback. We received the information which was used as part of our inspection.

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 inadequate. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were still not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We could not improve the rating from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to ensure people were always protected against the risk of abuse because not all staff knew how to appropriately identify, manage, and report abuse or neglect. This represented a breach of regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had refreshed their safeguarding training and now understood how to identify signs of abuse and the appropriate support they were required to give to reduce the risk of avoidable harm. Staff confirmed the provider had made their safeguarding procedures available to them and they had read them. A member of staff told us, "I have received safeguarding training recently and I know how to spot abuse and that I must report it straight away to the person in-charge if I ever see it happen here." Another member of staff added, "Safeguarding and how to manage and report abuse was covered as part of my induction, which was very thorough."
- The provider had recruited a safeguarding lead as part of the actions they had agreed to take following the improvement plan they developed after their last inspection. We were assured this role had now been embedded within the service and their safeguarding systems and processes were now operated in line with recognised best practice.
- Managers and staff understood how to raise a safeguarding alert. Safeguarding incidents were now reported to the local authority safeguarding team in a timely manner. A community health care professional told us, "The provider has understood why safeguarding's have been raised and have worked alongside us to problem solve how to prevent such incidents happening again."
- People told us they felt safe and well-cared for at Viera Gray House. A person living at the care home said, "Yes, I do feel safe here. They're [staff] a nice bunch." Another person added, "The staff treat us very well and are always polite and respectful." A member of staff also remarked, "I think people are kept safe here and I personally wouldn't keep working here if I didn't feel that was the case."
- At the time of our inspection there were open safeguarding investigations being conducted by the police, the coroner and local authority.

Using medicines safely

At our last inspection, the provider had failed to ensure people always received their medicines safely as they were prescribed. This represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines systems were now well-organised, and people received their medicines as they were prescribed.
- The provider now ensured a qualified nurse was always responsible for managing people's medicines safely on each shift. Only registered nurses and senior care staff who had received up to date safe management of medicines training were authorised to handle medicines in the care home on behalf of the people who lived there.
- In the last 6 months the provider had also introduced a new electronic medicines system which ensured medicines electronic records were kept up to date and any errors that might occur were automatically flagged up to managers who could deal with such incidents quickly. We found no recording errors or omissions on any electronic medicines administration records we looked at. A nurse told us, "The new electronic medicine system works really well and certainly reduces the risk of medicines errors happening. When errors do occur, the managers are notified straight away, so the issue can be resolved at the time." Another member of staff added, "Only the nurse on duty or senior staff are now allowed to manage medicines in the home, which has definitely reduced the number of medicines errors that occur. I think the electronic medicines system has also helped cut out the mistakes."
- At this inspection we observed staff administer people's medicines safely and as they were prescribed. A community health care professional told us, "There have been medicines management issues in the past which have led to errors, but as far as I am aware these problems have now been rectified."
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. This included detailed guidance about when and how to safely administer any 'as required' medicines people might be prescribed.
- People told us staff made sure they took their prescribed medicines as and when they should.
- A nurse and a senior team leader were both clear about their responsibilities in relation to the safe management of medicines in the care home. They had received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers.

Staffing and recruitment

At our last inspection, the provider had failed to ensure adequate numbers of staff were always available or appropriate deployed in the care home to keep people living there safe. This staffing issue represented a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We were assured the provider's staffing and recruitment systems were now safe.
- There were enough staff working in the care home to meet people's needs. Managers and staff were visibly present throughout this inspection and matched the duty rota for the day. For example, we observed the provider continued to ensure a qualified nurse was always on duty in the care home who was supernumerary to the daily staff rota as agreed in the providers improvement plan following their last inspection.
- We observed staff providing people with the appropriate care and support they needed. Staff were quick to respond when people required assistance. For example, staff were visibly present in a communal area and quick to respond when someone dropped their drink.

- People told us that the care home now had enough staff to meet their needs. A person living in the care home said, "The staff are an excellent group. There's plenty of them and they're all lovely here." A community health care professional added, "I have no staffing concerns about the care home at the moment. They are staffed with a higher than usual ratio as they are employing a nurse to work every shift. They also have less people living at the care home who require 2 or 1 to 1 staff support because they have become 'distressed'. A member of staff also said, "Staffing levels have significantly increased now the care home is only half full and people with more complex, higher dependency needs have moved out to more appropriate placements."
- The care home was well-staffed following a successful staff recruitment drive where the provider had recruited large numbers of fresh staff. This meant the care home would have very few staff vacancies and would no longer be so heavily reliant on temporary agency staff who may not be so familiar with people's needs, presences, and daily routines.
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 3 month probationary period with a review. This was extended if required, so that staff could achieve the required standard of care skills.
- New staff received induction training, a handbook and there was mandatory training that was regularly updated which their electronic staff training matrix identified when it was due. The training was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. New staff were able to shadow more experienced ones as part of their induction.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure people were protected from avoidable harm because risk assessments and management plans were not always sufficiently detailed to ensure staff knew how to prevent or mitigate risks people might face. We discussed this failure with the provider at the time of our last inspection.

We found the way the provider ensured people were now supported to stay safe while their rights were respected had improved.

- Care plans contained detailed person-centred risk assessments and management plans for staff to follow. For example, 1 person's care plan included strategies for staff to use to help them remain calm and happy. This meant staff now had access to detailed guidance about the actions they needed to take to keep this individual safe.
- The risk assessments and management plans were reviewed and updated at least monthly or as often as required if a person's needs changed.
- Staff were familiar with people's daily routines, preferences, the risks they might face and the action they needed to take to prevent or appropriately manage those risks. Staff told us they had received all the training they needed to prevent or appropriately manage and deescalate distressed behaviour.
- Staff received training in the areas required to conduct their role and responsibilities safely. This included staff training in how to prevent people living with dementia, developing pressure sores, or falling, for example.
- All the improvements made by the provider described above notwithstanding we did, however receive some more mixed comments from multiple community health and social care professionals about the way they assessed, monitored, and managed risk. A community health care professional told us, "The service

had completely changed how they keep people safe, which has much improved," while another community care professional said, "Risk management plans were not updated. We previously had safeguarding's around carers not following the correct plans." A third added, "We are still finding discrepancies in risk assessments and management plans not being up to date."

We discussed these ongoing risk assessment and management plan issues with the provider at the time of our inspection. Managers agreed to ensure they would continue to review, update, and improve people's care plans so they reflected their current needs and the risks they might face. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- Regular checks were completed to help ensure the safety of the care home's physical environment. There was clear guidance available for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.
- General risk assessments were regularly reviewed and updated including reference to equipment used to support people, such as mobile hoists. This equipment was regularly serviced and maintained.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The providers policy in relation to all visitors to the care home testing for COVID-19 has recently changed to reflect the governments risk-based approach. The provider continued to access COVID-19 testing for people living, visiting, or working at the care home if they showed signs or symptoms of COVID-19.
- Similarly, the providers personal protective equipment (PPE) policy had also been amended to reflect the governments risk-based approach to the wearing of PPE in care homes. This meant it was no longer mandatory for all visitors and staff working at the care home to have to wear personal protective equipment PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The care home looked and smelt hygienically clean.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. People could visit the care home whenever they wished providing, they followed the services infection prevention and control policy and procedures.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. A community health care professional told us, "There is more openness and transparency from the provider these days when things go wrong."
- The provider had policies and procedures that included how to achieve continuous improvement and work in co-operation with other service providers.
- Any safeguarding concerns and complaints were routinely reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers. This enabled the provider, managers, and staff to learn from and improve the service.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of the service they provided.
- Improvements made at the service since our last inspection included the introduction of an electronic medicines system and having a qualified nurse on each shift to help staff manage medicines safely and having more care staff on duty to support less people living at the nursing home, which remained half full. The provider had also introduced regular communal lunches held in the main reception area lunches bringing people together who reside on different units, which we observed happening during our site visit. In addition, we received positive feedback from a community health care professional who liked the new carers stations on each unit which meant staff could complete administrative tasks whilst still remaining being visible to people living in the nursing home.

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 inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was still inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We could not improve the rating from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure their oversight and scrutiny systems were effectively operated and the care home was always well-managed. This was because the provider had not identified and addressed numerous issues we found at their last inspection including, safely managing staffing levels, medicines, safeguarding, and distressed behaviours.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service has improved and was moving in the right direction through continuous learning.
- The provider had completed a time specific improvement plan as we had required them to do following our last inspection and had begun taking appropriate action to address all the outstanding issues we identified at the time. This included improving how staffing levels, medicines, safeguarding, and distressed behaviours were all managed.
- The management team and staff now understood their roles, the quality assurance systems and there were better lines of communication between them both.
- Managers recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred, and safe care for people. For example, they had recently introduced an electronic medicines system that automatically flagged up when things went wrong when managing people's prescribed medicines.
- Thorough audits were now conducted by the provider, managers and staff that were regularly reviewed and kept up to date. The internal audits checked specific records and tasks were completed. These included that certifications were up to date, staff training, staff observations, health, and safety, laundry, cleanliness, and there was also a service development plan. There were separate audits conducted by the provider quality assurance team that was independent of the head office operations team and the operations team also conducted their own separate audits. A quality priority action plan was in place that was signed off and monthly report to the board. This was shared with the local authority and CQC. Monthly divisional quality meetings also took place. This meant that people received an efficient service that was focused on them.
- Furthermore, the managers now met every morning to discuss any changes to people's needs and the packages of care they received and conduct walk-about tours of the premises to observe staffs working

practices. This was also used as a spot audit and visual inspection of the building.

- The outcome of audits and checks were routinely analysed to identify performance shortfalls, learn lessons, and develop action plans to improve the service they provided people. These quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The care home was transitioning to a new electronic system to further improve recording efficiency. Progress made towards addressing any identified issues was recorded.
- In addition, records demonstrated that safeguarding alerts, complaints and accidents and incidents were now fully investigated, documented and procedures followed correctly, including any hospital admissions.
- All the positive comments made above notwithstanding the care home remains without a registered manager, which the provider is legally required to have in post to oversee the delivery of regulated activities at this location. The nominated individual told us a peripatetic manager who was appointed in April 2023 was now in day-to-day charge of the service and would be applying to be registered with the CQC by June 2023.
- People living in the care home and staff working there were positive about the way the service was now being managed. However, we received mixed feedback from community health and social care professionals. For example, 1 external care professional told us, "I have to say with the new management in place that there have been significant and consistent improvements. The home has completely changed and the new managers have made a real impact. They are getting there." However, another community care professional remarked, "We feel as though they [the provider] continue to require a lot of handholding. It does not feel like the home is running cohesively or independently. They are not there yet, but we know change takes time. Fingers crossed they can recruit a permanent manager with experience who can lead the team in the right direction."

We discussed this management issue with the provider at the time of this inspection. They were aware they were legally required to have a manager registered with the CQC and they assured us the new peripatetic manager will submit an application to us by the end of May 2023. A registered manager is legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. Progress made by the service will be closely monitored by the CQC.

- The management team understood their responsibilities in relation to their regulatory requirements around notifiable incidents. Our records told us that appropriate, timely notifications were made to the CQC.
- The service's previous CQC inspection report was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The care home's culture had improved and now achieved better outcomes for people. This included being more open, inclusive, empowering, and person-centred. People said staff worked hard to meet their individual needs. We observed staff constantly attending to people, making sure they were happy and comfortable.
- Throughout our inspection we observed managers and staff check the people they supported were receiving the right levels of care they needed.
- Staff demonstrated good person-centred awareness of these individuals care needs and interacted with them both in a respectful and considerate way. We observed multiple instances where staff interacted positively with people by using their knowledge of their individual needs and preferences. For example, staff

knew who liked watching sport and what peoples past professions were.

- People's care plans had been reviewed and updated since our last inspection and were now person-centred and contained detailed information about individual's unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes.
- Managers had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- Managers told us they understood the need to be open and honest when things went wrong with people's care, and they would provide an apology. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team. When things had gone wrong with people's care and support they received an apology, including relatives, where appropriate. A community care professional told us, "To be fair to them, the report the providers prepared for us was actually very transparent. We note this because previous reports have not been so clear or accountable. We hope this transparency will continue."

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker, quarterly group meetings with relatives, multi-professional care planning reviews and customer satisfaction surveys.
- People said they had opportunities to give their opinions about the service they received. People provided regular feedback that identified if the care and support given was focused on their needs and wishes. Feedback from people who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- The provider valued and listened to the views of staff. Staff were encouraged to have their say and contribute to improving the service people who lived there received. This was done through regular individual and group meetings with managers and fellow co-workers, which included quarterly 1 to 1 supervision and annual work performance appraisals. Staff told us they now received the support they needed from the management team. A member of staff said, "There's a good positive atmosphere in the home now."

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included local authorities, GPs, district nurses, occupational therapists, speech and language therapists, and the CQC. A community health care professional told us, "Communication has massively improved, and we are now made aware of incidents as they arise. Our team meet fortnightly with the managers at Viera Gray and Social Services and we feel we now have a very good awareness of what is happening with our clients who live at the care home."
- The managers told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole staff team.