

Date of visits: 17<sup>th</sup> October 2016 31<sup>st</sup> October 2016

# Enter and View Report: Greville House Care Home

# Greville Road, Richmond TW10 6HR

Greville House is a purpose built, fully-equipped nursing home set in gardens in Richmond, situated close to Richmond Park. It has accommodation for 59 residents.

Healthwatch Richmond Enter and View authorised representatives: Catherine Mann, Rae McDonald, Perin Parry-Hughes, Bernadette Lee

## HEALTHWATCH RICHMOND

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## Introduction

Greville House is an adult residential and nursing home owned by Care UK at Greville Road, Richmond, TW10 6HR. Ms Vivian Epie is the Manager, responsible for the services provided at the home. At the time of the visit Greville House was registered with the Care Quality Commission (CQC) as a nursing home for up to 59 adults over 65. It provides services for people with dementia, learning disabilities, mental health conditions and physical disabilities. The home is purpose built and provides accommodation for people in en-suite single rooms.

On the day of the visit the Manager, Ms Vivian Epie, was present.

The home can be contacted on (020) 8334 2890

Website: Greville House Care Home

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide health and or adult social care services.

The reports of Healthwatch Richmond's Enter & View visits can be found on our website: <u>www.healthwatchrichmond.co.uk</u> or are available from the Healthwatch Richmond office, please contact us on: 020 8099 5335

# Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Greville House we analysed a range of data available to us from the CQC, the Local Authority and community sources including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit aside from those with which there are ongoing concerns.

Greville House was a home that Healthwatch Richmond had never undertaken an Enter & View Visit to before and it was not scheduled to have visits from the CQC in the near future but it had had recent visits from the London Borough of Richmond. The previous CQC report for Greville House, published 07/12/2015, had given the home an overall rating of 'Good'. A number of issues were raised by residents, their families and staff including: wheelchair users having difficulties with dining tables and the presentation of meals being inconsistent; some residents and relatives said there were not always enough staff; that there could be more activities and some staff said that they had not had regular or recent supervision. Greville House said that they were addressing these issues and further information about them is highlighted in this report.

# The Visit

An announced visit was arranged with the care home manager, Ms Vivian Epie, to commence on the 17<sup>th</sup> of October 2016. The visit was conducted by a team of three volunteers and one

member of the Healthwatch Richmond staff between 11:30 and 14:30. An additional visit was carried out by two of the volunteers on the 31<sup>st</sup> of October, between 14.30 and 4.00 pm to speak to more staff and residents on the nursing floor as there was not enough time available during the first visit to speak to sufficient people.

A description of the visit is given within the Methodology (below) and undertaken using the Residential Care Enter and View tool.

# Methodology

Enter and View representatives were authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application; satisfactory references; an enhanced Disclosure and Barring Service (DBS) check; training in safeguarding adults; and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness.

Healthwatch Richmond requested Ms Vivian Epie to provide the following information:

- Total numbers of staff and residents
- Management Structure
- Registration Details
- Any guidelines that Greville House has for visitors
- Complaints Policy & Procedures
- Any other information provided for residents and their families

Greville House supplied Healthwatch Richmond with all the information requested.

Healthwatch Richmond visited the manager to discuss arrangements for the visit and agree a mutually suitable date. Posters and leaflets for the visit were supplied to the home to advertise the visit to residents, staff, families and friends.

All the background information available on Greville House was drawn together by Healthwatch Richmond and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on during the visit. The aim was to gather the experiences of residents, their families and staff and to observe how Greville House met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Greville House
- The views of their families and friends
- Staff views on working at Greville House
- Management arrangements
- Care Planning
- Staffing Levels
- Activities
- Mealtimes

## Limitations

This report relates only to the specific visit by Healthwatch Richmond on the 17<sup>th</sup> of October 2016 and the additional short visit on the 31<sup>st</sup> of October 2016 and the report is not representative of all the service users, only those who contributed within the restricted time available.

## **Findings**

During the visit the Healthwatch Richmond volunteers spoke to 18 residents, 3 relatives and 18 members of staff including the Manager, her deputy, the Activities Co-ordinator and the Clinical Lead.

### General

Greville House is a fully equipped nursing and residential home and looks after residents with both physical and mental health needs, including dementia. There are currently 45 residents at the home, 16 of whom require nursing care, 10 require dementia care and 17 are in residential care, 2 residents were in hospital at the time of the visit.

On arrival we were asked to sign the Visitor Book in the reception area and there was visitor information on display. There were notices in the reception area advertising the Healthwatch Richmond visit and copies of Healthwatch Richmond's leaflets together with a range of health and social information for the residents and their families.

We were warmly welcomed by the Manager, Ms Epie, and there was a welcoming atmosphere throughout the home. The staff and Manager were generally friendly and helpful and most residents we spoke to were positive about their care at Greville House. The residents we met were interested to talk to us about the home and themselves and their comments are included throughout this report.

### Accommodation and Access

Greville House is a modern, purpose built, three storey care home, set in a residential area of Richmond, close to Richmond Park. There is parking near the front entrance and level access to the building from outside with automatic doors allowing visitors into a lobby, overlooked by a staffed office. Access for safeguarding purposes requires all visitors to ring the bell so that the front door is opened under supervision. A door code is required to exit the building.

The building was light and airy with a pleasant sun lounge near the reception area which had a view through to attractive, well-kept gardens, with good seating areas to the rear and side of the building. There was also another lounge with double aspect windows on the ground floor. There are quiet and private areas on the ground floor that the residents can use to meet with their families or have a private meal with them

The home was clean and tidy and smelt fresh, it was well lit, there were dedicated wheelchair storage areas in the corridors to keep walking areas free and the communal bathrooms looked clean and in good condition.

Greville House was in good decorative order and furnished with fresh flowers and pictures and the corridors had reminiscence pictures and clothes for the residents to enjoy and talk about. All the residents' rooms were en-suite, they had Memory Boxes outside them and photographs

of the residents at different times in their lives. This theme was continued in the reception area where there was a large screen slideshow of residents enjoying various activities.

The ground floor had underused space which had previously been a Rehabilitation Unit used by local NHS services. The manager of Greville House has plans to some of the surplus space on the ground floor to create a café area for residents, families and staff to use. There are also plans to develop a Sensory Room on the Nursing Floor.

Fire exit signage was good and there were ample, well placed, fire blankets around the building. Following Healthwatch Richmond's visit to Greville House we consulted the Fire Safety Regulation Team for Richmond to discuss their most recent inspection of Greville House and we were informed that Greville House Care Home had been inspected in 2016 and was broadly compliant.

### Residents

The residents were mainly in their 80s and 90s, all seemed well cared for and those we engaged with told us they were generally happy to be in Greville House and appreciated the staff, as evidenced by their comments below and throughout the report, although there were also some negative comments. A number of the residents needed help with their mobility and some had complex physical needs and we observed that good care and attention was given to support these residents.

### Staff

On the day of the visit the Manager, Deputy Manager, Clinical Lead and one of the Activities Co-ordinators were all present and we met and spoke with a range of the nursing and care staff, 18 in total. The staff were generally friendly and welcoming and engaged very positively with the Healthwatch Richmond Volunteers, they told us that they enjoyed working there and their comments included:

'I like my role and have the support of my manager' - senior staff member

'it is a pleasure working with vulnerable people'

'it is very hard work. We try to give the residents what they like. I like working with people and I really like it here'

A senior carer said the best part of their role was 'satisfaction in my job helping residents'

A number of staff said it was easy to talk to the manager and they felt valued.

#### **Staff Training**

The staff spoken to by the Healthwatch Richmond team said that they received training and were happy with what they had been offered. The Clinical Lead keeps a training matrix to ensure everyone has the training they need. Training is delivered both face to face and by eLearning. We also heard that the domestic staff undergo the same basic training that care staff have. A senior member of the care staff confirmed how comprehensive the training was. A number of staff members told us that their induction was long but detailed and valuable and that they were on probation until induction was completed. Another senior care assistant told us they had appraisals carried out every six months by the Clinical Lead or the Team Leader. Comments from staff included:

'I get all the training I need, very good system'

A senior carer told us; 'We get training and learn to train others, I now give the induction courses'

#### **Care Management**

Care UK has a contract with the London Borough of Richmond for the majority of its beds. The manager informed us that Richmond consult with Care UK and they have regular contract and quality meetings, however Richmond are not always using their full capacity, particularly on the nursing unit and Greville House do have plenty of enquiries for dementia nursing places. The residential and dementia units are usually full with high demand. Referrals to Greville House are made through social services and they discuss the potential resident's assessment. If the person is suitable they proceed to a pre-assessment visit at the hospital or at their home to determine if they can meet their need, if yes they go ahead with the admission.

There is capacity for 22 nursing care beds (currently 6 vacancies), 10 dementia care beds (all occupied) and 27 residential care beds (currently 10 vacancies). The second floor is dedicated to nursing care and residents requiring dementia care have their rooms on the first floor, the other residents are on the ground and first floor.

Greville House residents are able to choose their own GP and the nursing care is provided by the home in conjunction with GPs and local services. A local GP practice visits the home twice a week from the Seymour House Surgery, Richmond and the home is very pleased with the care they receive from the practice. The GP was described as excellent by a relative who said that they made time for them to meet. In total there are 11 nursing staff and 80 Care Staff at Greville House.

The care planning and medicines practice were explained to Healthwatch Richmond volunteers and their care plan system appeared well run and was regularly updated. Each resident has their own individual booklet charting all aspects of their care and their preferences and ongoing assessments were noted here.

There was a map on the ground floor of the layout of the home where staff could indicate where falls had taken place and they could work out ways to improve any high risk areas.

The Healthwatch Richmond team divided themselves between the three floors to observe the care and engage with residents, their families and staff.

#### **Nursing Care**

The second floor is dedicated to nursing care and has its own dining room and lounge. The environment was bright with a fresh and clean appearance. They provide nursing care for residents with a wide range of medical, mental health and physical needs. The Clinical Lead explained her role and responsibilities to the Healthwatch Richmond representatives. She has responsibility for the nursing staff on all floors as well as being responsible for the care of the residents requiring nursing care. She oversees the nursing needs for all residents and can offer advice and liaises with the GPs, families, Community Nurses and Social Workers. There is a registered Mental Health Nurse who has responsibility for the care of residents with dementia. The Clinical Lead considered the present staff levels of 4/5 carers and a nurse for the nursing floor during the day and 2 carers and a nurse at night sufficient.

The Clinical Lead told us she considered that the professional relationships were working well and told us that she liked her role and had the support of the manager and staff, her role was working well and they all worked 'as a team'. The Healthwatch Richmond representatives were of the opinion that she had good procedures and processes in place with well thought out solutions to manage any issues that arose.

A resident on the nursing floor told us that 'everyone was very nice' and another that 'I am very happy here, there is plenty to do. I am very fond of the staff and it was a good move to come here'.

Another resident said 'I am very happy here, there is plenty to do, I do bingo and art. I am very fond of the staff and it was a good move to come here.'

However one resident said that the 'care varies between different carers and nurses and from day to day'

One relative told us she felt she could 'ask anything' and that 'the nurses are lovely but they are too busy'.

Another relative thought the staff were 'very professional' and managed her parent's various medical conditions 'very well', they were now very happy and more alert than at home.

#### Dementia Care

The care of residents with dementia was overseen by a specialist Mental Health Nurse and there was one other nurse and 2 care assistants looking after these residents. The atmosphere amongst the staff on this floor appeared good and one of the Team Leaders told us that 'they loved working at Greville House' and that the staff felt well supported in their work.

There is a garden room dedicated for the use of residents with dementia and a sensory room is being developed and awaiting more equipment.

#### **Residential Care**

Residents not requiring nursing or dementia care had their rooms on the ground and first floors and were free to move around both. During the visit the staff were helpful but not intrusive and seemed to work very much as part of a team. They knew the names of the residents who were obviously used to having them around to talk to.

The residents spoken to here were generally positive about the care they received and their comments included:

'there are enough staff most of the time and you get to know the staff'

They were 'well looked after, the staff were helpful, kind and go out of their way to help' 'I am well looked after'

'I like living here and looked after ok'

'staff are nice and help you with dressing' but 'is very bored'

'they felt safe and enjoyed being there' but 'were a bit bored sometimes'

'most of the carers are very good'

'the staff are helpful, kind and go out of their way to help'

However some residents were less positive about their care and their comments included:

that there are 'not enough carers, sometimes it is alright, other days they are very pushed' 'they work hard, but they are short of carers at the moment' 'change over times can be difficult in the evenings' 'sometimes showers have to be asked for' 'there are enough staff most of the time'

Greville House informed us that there is always a member of the management team on duty during the evenings and weekends. They have however reviewed their hand over procedure to ensure more visibility of staff during these times. Now instead of the hand over taking place in the office they go from room to room to notify residents of shift changes and who is taking over.

#### Management

A copy of the Management and Staffing Structure was provided for Healthwatch Richmond prior to the visit. The current manager has now been at Greville House for nearly two years, she told us she is well supported by Care UK and has a good relationship with the managers of their other homes in Richmond. The manager told us that the staffing levels were stable and that they do not use agency staff if possible, when they do, they use staff who have worked at Greville House before. They do experience staff retention issues sometimes due to the location of the home in Richmond, namely that it is an expensive area to live and staff often have to travel significant distances to work.

### Residents' and Relatives' Involvement and Satisfaction

We were informed that there are regular monthly meetings held for the residents, attended by the Manager and some relatives attend these to facilitate their relative's input. We were told that staff, in particular the Activities Co-ordinators, had One to One meetings with the residents as well. A monthly newsletter is produced to keep everyone up to date with current news and events at Greville House which we saw displayed in the home.

Relatives' meetings are held every three months although we were told by one relative they were poorly attended. The home informed us that a yearly schedule of meetings is made available to relatives through email, letters and posters in a number of locations and a reminder is made at least a month before the meeting. Minutes of the meetings are sent out to relatives by post and by hand.

#### **Compliments and Complaints**

A Welcome Pack was provided in all residents' rooms and included the Complaints Policy and Procedure. The Complaints Policy and Procedure was displayed in the reception area and here there was also a Nomination Box for residents and family to use to praise individual staff members if they wished. In addition there was a Post Box available in the reception for other comments to be made anonymously. Further copies of the Complaints Policy and Procedures were on display throughout the home. We were also given the opportunity to look at their Compliments Folder.

### Activities

There are two Activity Co-ordinators employed at Greville House, the one on duty during our visit spent time explaining their role and outlining the planning and delivery of the activities

on offer. A full programme of activities occurs throughout the week and sometimes on the weekend. This includes: music & art; exercise, bingo and focused activities such as wine tasting and seasonally themed events. We were told that from time to time the staff take out groups of residents (10-14) to places like Richmond Park.

In the afternoon the Activity Co-ordinators held One to One sessions with the residents on all floors and residents are also encouraged to make use of the garden. These sessions appeared to be well organised and they would talk, play music or show items to residents using phone or tablet technology. One resident is helped to keep in contact with their family by Skype. As part of the activity schedule staff try to include at least one of the 10 tips to keep calm and reduce stress every day for each resident e.g. exercise, breathing, and listening to music.

At the weekend activities were carried out by care staff with residents who did not have visitors.

Details of the activities were well promoted in the home, we were told they are delivered to each resident's room accompanied by a chat and reminders were given when necessary, they were on the noticeboards and in the monthly newsletters. We were also told that registers are kept for all activities and we were shown the one for group activities but we did not see the one for One to One sessions.

There is a sensory room in development for the residents to use but it is awaiting more equipment to arrive. Televisions were in all the lounges we saw and in some case these were on when no residents were present, the volume of some was quite loud.

The residents we spoke to were mainly positive about the activities and told us that:

They 'like the activities' and the Activities Co-ordinator.

They 'enjoyed spiritual time' a group for all religions and that they 'love the place' Another resident told us they used the garden and another that they were encouraged to walk to the dining room.

A relative also said the activities were 'very good'

However some other residents said they did not want to join in activities or expressed that they were 'bored' and would like more or different activities, they told us that:

They were 'a bit bored' sometimes That they would like 'more cultural outings' There 'needs to be more stimulation'

Greville House informed us that they do get residents input into activities and that they evaluate the popularity of the different activities during their One to One sessions and during the residents' meetings. Further input is obtained when completing life story books with residents and when they are participating in organised activities. They also find that some residents quite often change their minds about participating in outings at short notice.

There was some involvement with outside groups including 'Embracing Age', a local church and at times local school children.

### **Mealtimes**

The main dining room was on the first floor for all the residents except those having nursing care. This dining room was pleasantly laid out with small tables for up to 4 residents that were well presented with tablecloths and flowers. The residents were visually shown the options available before they made a choice and then were served at their table. Residents who wanted to have their meals in their rooms were also shown the choices on offer.

On the nursing floor the tables in the dining room for these residents were laid out more simply with tablecloths and tablemats, cutlery etc. There was a high level of need for help with eating in this dining room and we observed that the residents were well supported. The meals here were fairly plain in appearance but looked fresh and well balanced. There was good wheelchair access to the dining tables for residents.

Staff told us that mealtimes were a 'team effort' as nurses would help the care or kitchen staff then.

The menus were displayed in reception area, there were two main choices for lunch and additional options if they preferred something else e.g. salads, omelettes, sandwiches. Mealtimes were fixed but food was available at other times of the day including later in the evening.

Residents' comments about the food were mixed with some saying the food was good and others were not as positive about it.

Criticisms included that it was 'too creamy', could be 'more original', was 'repetitious', they 'would like something more spicy' and they 'were not mad about the food', the food is 'awful' and the 'food could be more interesting'.

Greville House informed Healthwatch Richmond about how they consult residents about the quality and choice of meals. When new residents are admitted to the home their dietary requirements are detailed together with their likes and dislikes. The chef does a weekly round of meeting residents and offering them snacks enabling them to have discussions on the quality and variety of the food. There is also an opportunity to feedback their views anonymously via their comment cards in reception and the residents and the relatives and friends meetings also include the food as an agenda item.

#### Hospital Visits, Admissions & Discharges

Greville House has a clear, defined procedure in place for residents being admitted to or discharged from hospital to ensure their needs can be met. If a resident was with them for respite or they are transferring to another home they will do a complete discharge summary including care needs and medication requirements.

#### **Good Practice**

We observed that Greville House is a well run care home with good systems in place to care for the residents and they worked to a high standard. There was a welcoming atmosphere in the home and the interactions between the staff and residents and their families were generally very good.

# Outcomes

- 1. Healthwatch Richmond have asked Richmond Adult Social Care Services about the progress being made on commissioning dementia nursing beds and on the use of the vacant bed capacity they have at Greville House.
- 2. Healthwatch Richmond have asked Greville House to report back to them on the following issues:
  - a) The progress being made to develop the Sensory Room further and how it is being used, in three months' time from the publication of this report
  - b) There were very mixed views about the choice of food from the residents and Greville House provided us with detailed information on how they consulted with the residents about the quality and choice of meals. Healthwatch Richmond would like an update in three months' time, from the publication of this report, on how their consultations with residents have led to any changes in their menus.
  - c) Healthwatch Richmond would encourage Greville House to continue to monitor participation in the activities provided and to try and increase further participation by the residents. We would welcome an update on this in three months' time from the publication of this report.
  - d) Greville House should update us in three months' time, from the publication of this report, on how well the new system of shift handover procedures is working.
  - e) Greville House told Healthwatch Richmond that they will keep us informed on the progress being made on the development of the café and social space on the ground floor. This will commence in February 2017 and we would welcome an update on this in six months' time, from the publication of this report.
  - f) We would welcome an update on this in six months' time from the publication of this report on the success of the efforts being made to encourage relatives' participation in the quarterly meetings. In addition we would like to hear about the other ways they have tried to liaise with the relatives and friends of residents.