

## Ghyll Royd Nursing Home Limited

# Ghyll Royd Nursing Home

### Inspection report

New Ghyll Royd  
Guiseley  
Leeds  
West Yorkshire  
LS20 9LT

Tel: 01943870720  
Website: [www.ghyllroyd.co.uk](http://www.ghyllroyd.co.uk)

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection took place on 24 October and 2 November 2017, and was unannounced.

At our last inspection in October 2016 we found the registered provider was not compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no system in place to ensure that staffing levels were adequate to meet the care and support needs of people using the service. At this inspection we found the registered provider had made improvements to ensure the requirements of this regulation were met.

Ghyll Royd Nursing Home is a 76 bedded care home for older people. They provide nursing care and have a unit dedicated to the care of people who are living with dementia. The home is divided into four units; Yew, Rowan and Maple provide general nursing care and Beech for specialist dementia care. Each unit has a designated unit manager. The services lounge, dining room and conservatory are located on the ground floor. There are gardens to the rear of the home and ample parking available.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found additional staff had been employed and a dependency tool was now in use. This enabled the changing needs of people to be regularly assessed and to ensure there were sufficient numbers of staff provided to support them. Improvements had been made to ensure the principles of the Mental Capacity Act (MCA) 2005 were followed and people's best interests were promoted when they lacked capacity to make informed decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had been safely recruited and safeguarding training was provided to enable them to recognise and report potential abuse. Medicines support arrangements were safe and systems were in place to ensure potential risks to people were managed. Incidents and accidents were monitored with action taken to ensure these were minimised to prevent reoccurrence.

Staff were supported by a programme of training and development to ensure they were able to carry out their roles. People's privacy and dignity was promoted and their independence was maximised by staff who demonstrated compassion for their needs. People were treated with kindness and consideration and supported to make choices and decisions about their lives. People's health and nutritional needs were monitored with involvement from health care professionals, when required.

People were provided with a range of wholesome meals and their wellbeing was supported by a range of meaningful activities. People's complaints were taken seriously and these were listened to and acted on by management.

Governance systems were in place to enable the quality of the service to be effectively monitored, with action taken to enable the service to learn and develop. There was an open and positive culture that welcomed people's feedback, which helped the service to continually improve. Staff told us they were supported and listened to and had confidence in the manager who would take action when it was needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The dependency levels of people were regularly assessed to ensure there were sufficient numbers of staff provided to meet their changing needs.

Risks assessments were carried out to ensure staff knew how to keep people free from potential harm.

Medicines were managed safely by staff who had been safely recruited and provided with training to ensure they knew how to recognise and report incidents of potential abuse.

### Is the service effective?

Good ●

The service was effective.

The service was working within the principles of the Mental Capacity Act (2005). Best interest's procedures were followed when people lacked capacity to make informed decisions.

Staff had received a range of training to ensure they could effectively meet people's needs.

People were provided with a wide variety of nourishing meals. Their food and fluid intake was monitored to ensure their nutritional and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted by staff in a compassionate and caring way.

Staff provided reassurance and support to enable people's

independence to be maximised.

People were supported to make decisions about their lives by staff who understood their preferences and wishes.

### Is the service responsive?

Good ●

The service was responsive.

People received a service that was personalised to meet their needs.

People were provided with a range of activities to ensure their wellbeing was maintained.

The concerns of people were listened to and investigated and wherever possible resolved.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of the service provided and corrective action was taken to enable the service to learn and develop.

There was a positive culture that enabled people and their relatives to provide feedback about the quality of the service they received.

# Ghyll Royd Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place over two days on 24 October and 2 November 2017, and was unannounced. This meant the registered provider and staff did not know we would be visiting. On the first day of the inspection, the inspection team consisted of an adult social care inspector, a specialist advisor with experience of dementia nursing and an expert-by-experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by an adult social care inspector. At the time of our inspection there were 74 people using the service.

Before the inspection we checked the information we held about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

As part of our pre inspection process we contacted the local Healthwatch and local authority safeguarding and contracting teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who cannot speak with us.

We spoke with six people who used the service, six visiting relatives, two nurses, two members of care staff, a member of ancillary staff, a member of the maintenance staff, catering staff, an activities coordinator, the

deputy manager, the registered manager and the director of the home who was making a regular visit to the service.

We looked at five care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance records.

# Is the service safe?

## Our findings

People who used the service were protected from risk of abuse and avoidable harm. People told us they felt comfortable and safe with the staff and trusted their skills. One person told us, "I have sides on my bed and they are very good at helping me. I have a button on my wheel chair and one on my bed. I can press the button on my chair and they [staff] always come straight away."

Visiting relatives told us they had confidence that people who used the service were safe. One told us "[Name of person] is well cared for and staff are always about. He is never left on his own during the day and staff look in on him in the night." Another commented, "[Name of person] can't do anything for themselves, this is the best place for them. They were not safe at home and they kept falling. They are much safer here."

At the last inspection we found the service was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no system in place to calculate staffing levels to ensure people's care and support needs could be met.

At this inspection we found the manager was using a dependency tool to calculate and assess the levels of staff required to meet people's needs. We saw evidence that assessments of people's needs were carried out using this tool on a weekly basis, or more often if people's needs changed. The manager told us that following our last inspection they had recruited additional staff, who they rostered to be on duty at levels that were over and above the levels recommended by the staffing tool. Throughout the inspection we observed sufficient staff were available on all floors and heard people's call bells were promptly answered when activated. People's comments relating to staff availability included, "I think they do very well, there always seems to be adequate cover", "I have never have a problem finding staff" and "No problem with staffing levels." A relative told us they thought that overall staffing levels were good. They told us, "Generally yes, if they do have a problem, it never comes across to us that they have." One person did tell us they sometimes had to wait at particular times, such as staff hand over.

We found people were encouraged to make decisions and choices about their lives. The service adopted a positive approach to the management of risks to ensure people were protected, whilst enabling their freedoms to be supported and respected. We found incidents and accidents were monitored and investigated by the manager to enable the identification of potential themes and action be taken to minimise recurrences. We found the building was appropriately maintained and that a plan was available for the general upkeep of the environment. Checks were regularly carried out by maintenance staff to ensure the building and equipment was safe.. Contracts with suppliers of equipment were in place, together with up to date certificates for utilities such as gas, electricity, water and fire fighting equipment. A business continuity plan was available for use in emergency situations. We found the fire and rescue service had requested a survey be carried out in relation to evacuation of the building. We saw the registered provider had commissioned this and was currently negotiating with the company that carried this out to ensure it met the requirements of the fire service.



There was evidence people were protected from avoidable harm or potential abuse. Staff had been safely recruited, with relevant checks carried out to ensure they did not pose an identified risk to people who used the service. The service monitored dates of nursing staff registration with the National Midwifery Council to make sure it was current and up to date. Training on the protection of vulnerable adults was provided to all staff to ensure they knew how to recognise and report incidents of potential abuse. Staff advised they had confidence the manager would take appropriate action to follow up safeguarding concerns and used disciplinary measures when this was required. Notifications about potential abuse within the service had been submitted to the Care Quality Commission (CQC) as required. We saw one safeguarding alert had been externally raised with the local authority by a member of the public. Whilst we saw this issue had been satisfactorily concluded, we spoke with the manager about this because they had not submitted a notification for this to the CQC. The manager confirmed they would ensure action was taken to address this oversight.

We found people's medicines were managed in a safe way. People received their medicines from staff who had received training and had their competency for this element of practice regularly checked, to ensure they had the skills needed to safely carry out this role. People's Medication Administration Records (MARs) had been accurately completed and medicines were audited on a monthly basis to ensure potential errors were highlighted. People told us they received their medicines on time and got pain relief when it was needed. Comments from people and their relatives included, "If she complains of a headache staff will give her pain relief", "When staff give me my medicine another member of staff has to witness it being given and this is documented" and "I do very well with medicines I have them through a Peg." (Percutaneous endoscopic gastrostomy.)

People were protected by the prevention and control of infection measures. We found people's environment was maintained in a clean and tidy way. We observed domestic staff following cleaning schedules to ensure the building was kept free from offensive smells. Appropriate supplies of gloves and aprons were available to minimise potential cross infection, which were appropriately stored. People told us, "My room is cleaned every day, all the bits on the floor are cleaned up", "Spot on, it never smells" and "Very occasionally it smells, but if it does I tell them and they rectify it quickly."

## Is the service effective?

### Our findings

People who used the service told us staff helped improve the quality of their lives supported them to live their lives in the way they chose. People told us they felt staff were well trained and provided them with a range of choices, to ensure their wishes and preferences were respected. Speaking about staff people told us, "We are very happy with the staff, they are superb", "They seem to know what they are doing" and "They do the best they can." Commenting about how staff had tailored the service to meet their mother's needs. A relative told us, "They have adjusted the harness on the hoist to make it easier for her. They got a special chair so she could come out of her bedroom. This has made a big difference to her quality of life."

At the last inspection we found people's care plans did not always contain mental capacity assessments for making informed decisions, together with details when best interest decisions had been followed where people lacked capacity for this. At this inspection we found the manager had made improvements to people's care plans in order to ensure that human rights were promoted. We saw that training on The Mental Capacity Act 2005 (MCA) had been provided to staff to ensure they understood their responsibilities in this regard.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the manager understood their responsibilities in relation to DoLS and actively submitted applications to the local authority when this was required, to ensure people were only deprived of their liberty lawfully and in line with current legislation.

We observed people who used the service appeared very comfortable with care staff who interacted with them. We observed care staff obtained people's consent before carrying out interventions. This ensured people were in agreement with how their care was delivered. We found people's care records contained information about their ability to make informed decisions about their support, together with evidence of best interest decisions, when required.

Staff were confident and enthusiastic about their work and told us about training they undertook to help them to carry out their roles. We found that staff training was up to date with annual refreshers provided to enable them to maintain their skills. An induction programme was in place for new staff that was aligned to the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have

the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. There was evidence staff training included courses on moving and handling, infection control, food hygiene, safeguarding adults, falls prevention and first aid. Staff told us they were supported well by management and encouraged to undertake additional recognised qualifications. There was evidence staff were provided with regular supervision and appraisals of their skills, to enable their performance to be monitored and ensure they were clear about what was expected of them.

People were provided with a range of freshly cooked meals that were appealingly served. People were able to choose from an extensive choice of healthy meals, which on the day included red snapper, cottage pie or a vegetarian option of vegetarian mince hash or cheese and tomato scotch eggs. One person told us, "I didn't like or want anything on the menu today so I asked for chicken curry and I got it. If I don't like it I can ask for something else." People were largely very positive about the quality of food. A relative commented, "They eat like a horse, they get a good choice. They used to be a fussy eater, now they eat everything."

People's nutritional status was monitored with referrals for additional support from professionals, such as dietitians when required. We found that people's skin integrity was assessed to ensure they were not at risk of developing pressure sores. We noted people's skin integrity assessments could be further developed to make them more clear for staff to follow. We spoke with the manager about this who took action to ensure this was followed up. People who experienced difficulties with swallowing were catered for with the provision of a range of pureed meals, which included corned beef hash, salmon or scotch eggs and chive sauce on the day of our inspection. One person told us they found the pureed food was rather bland. We spoke with the manager about this who said they would speak to the catering staff to ensure this issue was addressed.

People had access to medical professionals when this was required to ensure their health status maintained. People told us staff were prompt to obtain medical assistance- when it was required. A GP was visiting to review two people's needs on the day of this inspection. There was evidence of liaison with a range of health staff in people's care records to ensure they were involved and kept up-to-date about changes in people's medical conditions. One person told us, "I see the nurse first, then it gets passed down the system" another commented, "They call the doctor when required and I see the chiropodist who cuts my toenails."

There was evidence the needs of people living with dementia had been considered in the design and layout of the building. We observed use of tactile objects, signage and provision of contrasting colours to help people orientate themselves around the service.

# Is the service caring?

## Our findings

People who used the service and their relatives told us staff showed consideration for people's individual needs and ensured their personal dignity and wishes were respected. One person told us, "Staff always knock on my door and close the curtains when doing personal care. They use the hoist and there are always two of them."

Speaking about the staff approach one relative commented, "They keep an eye on her. They have moved her room so staff can see in better when they are passing. She always has her night clothes on and is always covered up. Staff always explain to her what they are doing." Another told us, "They approach him gently and quietly they know he likes quiet. They get a good response. They quietly explain what they are doing when they gently manoeuvre him; they are always pleasant and friendly."

We observed care staff interacted with people in a compassionate and kind way and engaged with them in a caring manner. We observed staff showed a positive regard for what mattered and was important to people. We saw staff communicated with people sensitively and provided reassurance and encouragement to maximise their independence. We found the service employed a physiotherapist who worked with people to help maintain their mobility. We saw a person trying to get through a locked door when a visitor was leaving and saw staff quickly intervened to distract them away and encourage them to accompany them.

Information in people's care records detailed their personal preferences and dislikes for their support to help staff meet their wishes and aspirations. A member of staff told us, "We speak with relatives and put the resident's likes and dislikes in their care plan, so we can help people who can't fully communicate or have dementia to make choices". We saw that new coloured crockery had been ordered to help people with dementia and visual impairments identify what they were eating and what was on their plate.

People and their relatives confirmed they were involved in making decisions about their support. One person told us, "Yes I am involved; I went through everything with them I was 100% happy with it. I have read it and it's available when we want to see it." Speaking about this a relative commented, "I do check her care plan on a monthly basis and look at any changes, if there is anything I am concerned about I mention it and it is rectified."

People told us staff consulted them about how their support and promoted their dignity and wishes for privacy. One person commented, "Staff always knock on the door." A relative advised, "If her door is closed they are doing personal care with her."

The manager told us they supported people at the end of their lives and developed specialist plans of support when this was required and worked closely with the local Macmillan nursing team to ensure people experienced a comfortable, dignified and pain-free death.

Details about the use of advocacy services were available to help people have access to independent

sources of advice when this was required. Information about the service as provided for people to help them know who speak to if they wished. We found that details about people were securely maintained and observed care staff respected their wishes for confidentiality and did not disclose this to people that did not need to know.

## Is the service responsive?

### Our findings

People who used the service and their relatives confirmed staff listened to them about decisions concerning their support, to ensure it was personalised for meeting their individual needs. People and their relatives told us were happy with the service and had no complaints about the way support was provided by staff. Speaking about the way staff provided support to their member of family a relative commented, "They know her little whims, they know how to deal with her." People told us staff were "Responsive and quick."

We saw a range of activities were provided to enable people to have opportunities to engage in meaningful stimulation if they wished. An activities organiser was employed to ensure people's wellbeing was promoted. They told us they tried to ensure activities were individualised around everyone's needs and included opportunities for those people who did not wish to take part in organised events or who stayed in their rooms. They told us, "I went to see [Name of person] this morning and we talked about the wild life. I have previously offered things like music but they were not interested, so we talked about things." The activities organiser told us they gave massages of people's hands for people who were unable to communicate or living with dementia to enable human interaction and comfort to be provided. They also told us they took people out to go shopping or have a drink in the local cafes.

There was evidence regular events were held including visits from entertainers and local schools. We observed decorations to celebrate a forthcoming Halloween 'spook' party and observed a group of people happily engaged in making arts and crafts for this event. A monthly newsletter was produced that provided details of local news, birthdays, quizzes and planned activities together with information about those that had recently taken place. Posters on display advertised visits from entertainers and Pippin the PAT (Pets as Therapy) dog. We heard about musical events with favourites from Nat King Cole, Dean Martin and Peggy Lee and saw other activities included baking, ball games, a domino club and exercise sessions with the physiotherapist.

Whilst people were happy with the level of support provided we found this could be further improved. One person told us they were unable to easily use their buzzer because they had difficulties with using their hands. Their relative commented "Because [Name of person] can't use their hands they don't get involved in activities, it would be nice to have someone to read the paper to him or have a conversation with him. We spoke with the manager about this who told us they would make a referral to enable this issue to be addressed.

There was evidence a range of assessments and care plans were developed for people that focussed on their individual strengths and needs. We saw these included details about known risks, together with details about their personal histories and preferences to ensure staff knew how to support their wishes and aspirations. We found people and their relatives were involved in the development of their plans of support, which we saw were evaluated and regularly reviewed.

People and their relatives told us knew how to make a complaint and had confidence these would be

followed up when this was required. We saw evidence people's complaints were appropriately investigated and an outcome from these provided to people. People and their relatives told us they were happy with the way their concerns and requests were acted on. One person told us, "I would speak to [Name of manager] they are approachable." Relatives comments included, "I made a complaint last year and it was dealt with straight away" and "I made a complaint and it was sorted within 12 hours."

## Is the service well-led?

### Our findings

People who used the service and their relatives were positive about the management and had confidence in them. People told us they felt the service was well-led. One person told us, "The manager is very accessible." Another person said, "[Manager's name] seems on top of everything. She listens and is approachable." A relative commented, "The manager is approachable, any dislikes or complaints are listened to. They are always visible on the floors."

We found the address of the provider we held did not correctly match that listed at Companies House following the director of the service recently moving home. This meant we might not be able to take action if this was needed. We spoke with the nominated individual for the service who confirmed they would address this as a priority.

The manager had a wealth of knowledge and experience to manage the service and took their role seriously. The manager told us they carried out unannounced visits at night to ensure the health, safety and welfare of people was promoted. There was evidence the manager understood their responsibilities to make statutory notifications about significant events that occurred to the CQC when this was required. We found they worked with and welcomed the involvement of care home improvement initiatives, such as the local authority and continuing health care review teams.

There were a range of systems in place to enable the quality of provision to be monitored and assessed. The manager was supported by a deputy manager, together with an office administrator to help ensure the service was effectively run. We saw a range of audits and checks were regularly carried out, including staff training and development, safeguarding issues, medicines management, incidents and accidents, complaints, pressure sores, falls, and outbreaks of infections. We found action plans were developed to address shortfalls where these had been noted to help the service develop and improve.

We found the service had a positive culture that welcomed the involvement of staff and people who used the service. Staff told us they enjoyed their work and that the manager was supportive and encouraged them to question their attitudes, values and behaviours and helped to develop their skills.

Staff told us that feedback about their work was provided in a constructive way and that they had supervision meetings with senior staff to enable them to be clear about their roles and what was expected of them. We were told that unit meetings took place to enable leadership and direction to be provided. The manager acknowledged these meetings had not occurred as regularly as they would like, but had plans to develop these in the future.

People who used the service and relatives were able to provide feedback in meetings and surveys in order to enable them to contribute their views. We saw results from a recent survey in September 2017 were positive with scores in excess of 80% for most questions asked.



We saw evidence of letters of thanks from relatives. Comments in these included, "Every time we visited we were made to feel welcome and the home was perfect. The staff are all amazing. You do a fab job and nothing is too much trouble."

When we asked people what they thought was good at the service their responses were positive and included, "The overall standard of the service is excellent" and "I think they treat people with dignity."