

Bupa Care Homes (CFHCare) Limited

Ghyll Grove Residential and Nursing Home

Inspection report

Ghyll Grove
Basildon
Essex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Ghyll Grove Residential and Nursing Home provides accommodation, personal care and nursing care for up to 169 older people. Some people have dementia related needs and require palliative and end of life care. The service consists of four houses: Kennett House, Thames House, Chelmer House and Medway House. At the time of this inspection there were 127 people living at the service.

A registered manager was in post. 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.

We carried out an unannounced comprehensive inspection of this service on 14 October 2014 and 15 October 2015. A breach of legal requirements was found. This was because the provider did not have suitable arrangements in place on Medway House to ensure there were sufficient staff available to support people's needs. In addition, the dining experience for people was not positive and we had concerns that people's nutritional and hydration needs were not being consistently met.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 14 August 2015 to check that they had followed their plan and to confirm that they now met legal requirements. We found that the improvements they told us they would make had been made.

At this inspection we found that while further development and improvements were needed in some areas, sufficient improvements had been made and sustained, particularly in relation to Medway House. This related specifically to ensuring there were enough staff on duty to make sure that staffs practice was safe and staff were able to respond to people's needs. Additionally, the dining experience for people on Medway House was observed to be positive and this showed that improvements had been sustained and maintained. Furthermore we found that three out of four houses were generally meeting legal requirements, however where further development and improvements were needed in some areas, this primarily related to Kennett House.

Quality assurance checks and audits carried out by the provider and registered manager were in place however, the systems had not been fully effective in identifying the issues we identified during our inspection and had not identified where people were potentially put at risk of harm or where their health and wellbeing was compromised. Suitable control measures were not put in place to mitigate risks or potential risk of harm for all people using the service as steps to ensure people and others health and safety were not always considered. Specifically, improvements were needed on Kennett House in relation to medicines management so as to ensure that people received their prescribed medication. In addition, manual handling

The dining experience for people three out of four houses was positive. However, on Kennett House this was not always positive and as person focussed as it should be. Consideration by staff was not always well-thought-out to ensure that eating and drinking was an important part of people's daily life or treated as a social occasion and improvements were required. Where instructions recorded that people should be weighed at specific regular intervals, this had not always been followed.

Not all of a person's care and support needs had been identified and documented. Improvements were required to ensure that the care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. The needs of people approaching the end of their life and associated records relating to their end of life care needs contained minimal information and required reviewing. Improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for people living with dementia and who resided on Kennett House.

People's comments about the care and support they received were positive. Whilst some staff's interactions with people were positive and staff had a good rapport with the people they supported, improvements were required on Kennett House. These showed that while staff was kind and caring, some staffs practice when supporting people living with dementia required further improvement and development as it was mainly task and routine focused.

Although staff stated that they were supported, improvements across the service were required to ensure that staff received regular formal supervision so as to provide them with a formal opportunity to discuss their practice and development. Assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected however these required improvement as some of the information was contradictory. Nonetheless, the registered manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the Local Authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

Although people did not always think that there were sufficient numbers of staff available to meet their needs or their relative's needs, our observations showed that staffing levels and the deployment of staff were suitable at the time of this inspection. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity and where appropriate people were enabled and supported to be as independent as possible.

You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks were not appropriately managed or mitigated so as to ensure people's safety and wellbeing.

Improvements were required to ensure that the management of medicines was appropriate. This related solely to Kennett House.

Arrangements were in place to ensure that there were sufficient numbers of staff available to support people safely.

Effective recruitment procedures were in place to safeguard people using the service.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Suitable arrangements were not in place to ensure that staff were provided with on-going supervision.

Improvements were required to ensure that the dining experience on Kennett House was appropriate.

People's capacity was assumed and sufficient efforts were made to routinely gain people's consent.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

End of life care records required improvement.

Improvements were required on Kennett House to ensure that care provided was less task orientated and routine focused.

Where appropriate people were enabled and supported to be as independent as they wanted to be. People were treated with privacy and dignity.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff.

Not all people who used the service were engaged in meaningful activities or supported to pursue pastimes that interested them.

People knew who to talk to and how to make a complaint. Complaints management was appropriate.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required as they had not highlighted the areas of concern we had identified and showed that improvements had not always been sustained and/or maintained.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Requires Improvement ●

Ghyll Grove Residential and 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 inspection took place on 15, 16 and 17 June 2016 and was unannounced. The inspection team consisted of three inspectors on two days, one inspector on one day, an expert by experience on one day and a specialist advisor on one day whose specialism related to end of life care. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 talk with us.

We spoke with 25 people who used the service, 20 members of care staff, eight relatives, the registered manager, the Clinical Service Manager, three house managers and two people responsible for providing activities to people living at the service.

We reviewed 20 people's care plans and care records. We looked at the service's staff support records for 12 members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. However, where risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care, staff's practice did not always reflect that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

On Chelmer House we found that one person's manual handling care needs were not appropriately met by staff as staff were not transferring the person in line with their manual handling risk assessment. The person's manual handling assessment detailed that the person should be assisted by two members of staff to transfer from one item of furniture to another by use of specific hoisting equipment. Our observations showed that the person had slipped down in their chair and staff used a hoist sling to slide them back up from a slouched to a more comfortable position. We discussed this with a senior member of staff and they confirmed that on most occasions only the hoist sling was used. When asked they confirmed that although the person's manual handling needs had changed, the assessment had not been reviewed or updated to reflect the above. In addition, they confirmed that neither a referral nor advice from an Occupational Therapist had been completed or sought. Another person's manual handling assessment had been updated to reflect that the person was no longer able to weight-bear and therefore required a different item of manual handling equipment. Records showed that although this had been recorded in May 2016, staff had used an incorrect item of equipment in June 2016. This meant that the person's safety was compromised and had been placed at potential risk of harm. Suitable arrangements had not ensured that the delivery of care and support provided by staff was appropriate to mitigate the risks, ensure that the person's care plan was followed and to make sure that the equipment used to assist the person to mobilise was applicable.

Where one person had oxygen in place to help them to breathe more easily, their care plan recorded specific instructions to ensure that accessories, for example, the nasal cannula, tubing and filter should be checked and changed on a weekly basis to ensure that the equipment was clean and dust free so that bacteria did not accumulate; and to ensure that the equipment was maintained properly. There was no evidence to show that the equipment was checked and a registered nurse and senior member of staff stated that they were unaware that a record was to be maintained of the checks undertaken. Following a discussion with us, on the second day of inspection the Clinical Service Manager had devised and implemented a monitoring form to evidence the above being completed for the future.

People's medicines management was seen to be consistent and safe on three out of four houses. Although people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines on Kennett House required improvement. Whilst medicines were stored safely for the protection of people who used the service, we found a number of discrepancies.

One person's transdermal patch was applied one day later which was not in line with the prescriber's instructions. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream over a long period of time. Neither the qualified

nurse nor senior member of staff on duty was able to provide a rationale for the above. One person's PRN 'as needed' medication which was to be administered when the person became anxious or distressed was noted on the Medication Administration Record (MAR) to be out of stock. The MAR form showed that up until 31 May 2016 this medication had been regularly administered, however since that time the person had not received this medication despite there being two occasions whereby they had become anxious and distressed. We discussed this with the senior member of staff on duty and after a search of the surplus medication cupboard the PRN medication was located but this had only been dispensed from the pharmacy 13 days after their medication was last administered. This meant that a supply of the person's PRN medication had not been readily available for the person's use.

The insulin record for one person showed that we could not be assured that information recorded detailing when their insulin had been administered was accurate. The entry on the second day of inspection showed that this had been administered at 07.30 a.m. however the MAR form was blank and had not been signed. We discussed this with the qualified nurse and they confirmed that the person's insulin had not been administered. We observed that this action was only completed at 11.31 a.m. and not 07.30 a.m. as recorded. This meant that the person's insulin administration information on the second day of inspection was incorrectly recorded and therefore could give inaccurate data to other staff on duty in relation to the person's insulin regime.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "We know people [staff] are around to keep an eye on us." One relative told us, "I feel my relative is safe here because there are staff around." People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team.

People's comments about staffing levels were variable. Whilst some people and those acting on their behalf told us that there were sufficient staff available, others told us that there were not. This related to people living on Chelmer House. Specifically, four people told us that there were times when there was insufficient staff on duty at night. They further advised that if they used their call alarm to summon staff assistance they could wait a long time before it was answered. One relative told us that in their opinion Chelmer House was "always short of staff."

Although the above comments were told to us, our observations throughout the inspection indicated that the deployment of staff was suitable to meet people's care and support needs. Additionally, staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. One member of staff told us, "It can get busy at times but it's manageable." Another member of staff told us, "If we are short staffed it is very rare and we all muck in together as a team. This approach generally works very well." Staff rosters viewed for each house suggested that staffing levels as told to us by the registered manager and individual house managers were being maintained. Suitable arrangements were in place to determine the basis for the service's staffing levels so as to ensure that these remained suitable and flexible to meet people's individual care and support needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs across the service.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff

recruitment records for four members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

Is the service effective?

Our findings

Although staff told us that they felt supported by members of the management team, improvements were needed to ensure staff had a structured formal opportunity to discuss their practice and development so as to ensure that they continued to deliver care effectively for the people they supported. Staff told us that they had not received formal supervision at regular intervals and records confirmed this, for example, the staff file for one member of staff showed that they had received an annual appraisal in March 2015 and a mid-year review in October 2015 but no formal supervision in 2016. Staff files for a further six members of staff showed that three out of six had received individual [one-to-one] supervision in 2016 and three members of staff had received only one or two group supervisions. The latter is where key information or learning is cascaded to a group of staff. With regards the latter, none of these had received one-to-one supervision and this was not in line with the provider's 'Managing our people' policy. We discussed this with the registered manager and found that there was a lack of clarity about what individual supervision and group supervision should entail. The registered manager confirmed that individual and group supervisions happened but the individual supervisions were linked to staff appraisal plans.

Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us and showed that their mandatory training was up-to-date. Staff told us that they were able to ask for and were supported to attend additional specialist training.

Staff told us they received an induction when first newly employed at the service. This included a standardised induction about the organisation, five day workplace induction appropriate to an employee's role, which included an 'orientation' induction of the premises, observation of practice and opportunities to shadow a more experienced member of staff for several shifts. In addition, it was the provider's expectation that all staff must complete all mandatory training as part of the induction process. The induction records for four staff were evident and showed that the induction process had been robust and in line with the Care Certificate framework induction programme. A newly employed member of staff told us that they had found the provider's induction programme to be a positive experience.

Comments about the quality of the meals were positive. People told us that they had a choice of meals and that there was always enough to eat. One person told us after they had eaten their lunchtime meal, "That was lovely." Another person told us, "The food here is very good. I have nothing to grumble about." One relative told us that they knew that their member of family enjoyed the food as they had put on some much needed weight gain. However, although staff had an understanding of each person's nutritional needs and how these were to be met, staff's practice on required improvement so as to ensure that people's dining experience and nutritional needs were appropriate.

Our observations showed that the dining experience within three out of four houses was positive. The dining experience on Thames House, Chelmer House and Medway House was relaxed and welcoming with people talking and laughing together. People received food in sufficient quantities and were encouraged to have

additional servings of food if they so wished. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal. Staff supported people to maintain their independence by cutting up people's food where required and providing suitable equipment, such as plate guards and specialist cutlery so that people were able to eat as independently as possible. People living on Chelmer House were provided with jugs of juice and were able to help themselves and hostesses employed at the service ensured that people had regular access to drinks throughout the day. However, this was in contrast to what we observed on Kennett House.

Consideration by staff was not always well-thought-out to ensure that eating and drinking was an important part of people's daily life, was a positive experience for people or treated as a social occasion. People were not always given a choice of drinks and some staff failed to provide sufficient information, explanation or reminder to people about the actual meals provided, for example, people were not told or reminded what food items were on their plate so as to give people living with dementia an indication what they were about to eat. Additionally, not all staff tried to include people in conversation whilst supporting them to eat, for example, providing words of encouragement to eat better or to check out if the person was enjoying their meal. One person was given a plated meal. The person had their eyes closed and their meal remained untouched for at least 15 minutes before a member of staff intervened and physically assisted the person to eat. Where three or four people were seated at the same table, not all received their meal at the same time or in a timely manner. For example, on one table, one person was given their meal at 12.45 p.m., the second person did not receive their meal until 1.00 p.m. and the third person did not get their meal until 1.15 p.m. This had a negative impact as the last person to receive their meal on this table interfered with one person's drink by placing cutlery in their cup, stirring the cup, drinking the juice that was not meant for them and generally disturbing people whilst they tried to eat. We intervened by bringing it to a senior member of staff's attention and subsequently support was provided.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, we found that referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had not always been followed and improvements were required. For example, the care records for one person showed that they were at risk of losing weight, weighed 42 kilograms and had been seen by the community dietician. The instruction from the community dietician recorded that the person should be weighed each week. This was not being followed and was not an isolated case. This meant that there was a risk that staff may not respond in good time to prevent further unnecessary weight loss and had not followed the specialist nutritionist's advice.

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. 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.

People can only be deprived of their liberty so that they can 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.

Staff told us that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards

(DoLS) training. Staff were able to demonstrate a good understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Although records showed that each person who used the service had had their capacity to make decisions formally assessed, in some cases information recorded was noted to be conflicting and contradictory. For example, several people's care plans made reference to them not having capacity to make day-to-day decisions and yet in another part of their care plan this stated that the person could make some basic decisions and choices. When we discussed this further with staff, we found that in most cases the person had variable capacity to make day-to-day decisions. Appropriate Deprivation of Liberty applications had been made to the Local Authority for their consideration and authorisation and where approved the Care Quality Commission had been notified.

People told us that their healthcare needs were well managed. One person told us that the staff took appropriate action if they were feeling unwell. They told us, "Last week staff rang the doctor because I was feeling unwell. The doctor came and saw me and I felt reassured by the visit." People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist.

Is the service caring?

Our findings

Improvements were needed to the records management for people at the end of their lives. Five people were identified as being at end of life care; however no one was identified as approaching the last days of life. People's preferences and choices for their end of life care were not as detailed as they should be. We found that the needs of people approaching the end of their life and associated records relating to their end of life care needs were either not recorded or contained conflicting information. For example, a future decisions document was completed for one person and this recorded that the person wished to be resuscitated and to be admitted to hospital should their health deteriorate. However, when we discussed this with the person and their next of kin they told us that they were not aware of the above. The person who used the service stated, "I don't want to go back to hospital. I didn't know that had been mentioned." We discussed this with the Clinical Service Manager and they provided an assurance that a further discussion would be undertaken with the person to ensure that an accurate record of their wishes was captured. They told us that the person must have changed their mind. However, Preferred Priorities for Care [PPC] documents were in use where appropriate. This is designed to help people prepare for the future and gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life. Following the inspection additional documentation was provided by the registered manager. This suggested that the initial assessment relating to the person's decision to be admitted to hospital should their health deteriorate had now changed.

The Clinical Service Manager told us that relatives were welcome to visit at any time and able to stay with their member of family as their end of life care needs increased. They also confirmed that the service had a good relationship with the Community Macmillan Nurse service and they were also available to provide bereavement support for staff and that the registered provider was due to launch a 'Bereavement Learning Workbook' for staff to complete. Although each house had an end of life care champion identified, their specific role and input was unclear at the time of the inspection and not all were aware of the provider's new end of life care policy. Additionally, the house manager for Medway House which provides palliative care was not aware of the Gold Standards Framework.

Though the above was highlighted, people were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated.

Our observations showed that staff were friendly and chatty with the people they supported, talking and sharing a joke with people in the corridor and when going into people's rooms to check that they were well. Staff knew about people's individual life history of the people that they cared for. We saw that staff routinely talked to people about holidays that they had been on, members of their family and hobbies and pastimes.

One relative told us, "They [staff] are all very good. I feel content that my relative is here. In fact they [staff] look after them better than I could at home now."

People stated that they were satisfied and happy with the care and support they received. People told us that the staff were kind and gentle when assisting with personal care and when assisting people to mobilise. One person told us, "I have no complaints whatsoever. They [staff] have been very good."

People were supported to express their views and be actively involved in making decisions about their care, support and treatment. For example, people could choose how and where they preferred to spend their time. People had a key to their room and could choose to keep it locked when they were not in it. People could choose where they wanted to eat their meal. One person told us, "I get good care here. If I wasn't happy I'd tell someone."

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. All visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. Evidence showed that where able, people and those acting on their behalf had been involved in the development and review of their care plan.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be. This meant that there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, where people were assessed as living with dementia, information relating to how this affected all activities of their daily living were not clearly recorded. Additionally, care records did not always include specific detail about people's strengths, abilities and aspirations. This was noted within all houses visited.

Staff told us that there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. The record of the behaviours observed and the events that preceded and followed the behaviour required improvement so as to provide a descriptive account of events including staff interventions. For example, although the daily care records for two people showed that there were several occasions whereby they had become anxious and/or distressed, a record detailing the behaviours observed and the events that preceded and followed the behaviour were not always completed. Additionally, where terminology recorded words such as, 'aggressive' or 'abusive', it was unclear and ambiguous as to what staff meant. We discussed this with the registered manager and they provided an assurance that steps would be taken to address this with all staff through planned meetings and supervisions.

Improvements were needed to ensure that all the people living at the service were engaged and supported to live full lives. People's comments about the provision of social activities were variable. Where some people felt there were sufficient activities available, others did not. One person told us, "There's not much happening really." A second person told us that they sat with another person so that they could have a chat and read together as there was not much going on. Another person told us that over the past two years they had never been out on a day trip. However, people were observed to have the opportunity to participate in social activities during the inspection on Thames House and Chelmer House. The house manager's for Thames House and Chelmer House confirmed that although there were people employed to specifically implement activities for people living at the service, when they were not in, care staff provided activities. This was confirmed from our observations throughout the inspection. Staff were enthusiastic and supported and encouraged individual people to participate in a variety of social activities, such as, staff played skittles, assisted people to paint and complete a variety of art and craft projects, staff completed manicures and people were supported to watch the European Football Finals 2016.

However, this was in contrast to our observations on the first day of inspection on Kennett House, whereby no social activities were undertaken. Our observations showed that there were few opportunities provided for people to join in, particularly for people living with more advanced stages of dementia and who required more support to benefit from occupation and stimulation. For example, there were no signs to show that people, where appropriate, were supported and enabled to participate in activities of daily living, such as, setting tables, helping with laundry or dusting. Additionally, there was an over reliance on the use of the television and/or radio in the communal areas and we observed long periods of inactivity where people were either asleep or disengaged with their surroundings and the people they lived with. We discussed this with the registered manager and they confirmed that they were disappointed with our findings.

People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. A record was kept of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements and many positive comments were noted.

Is the service well-led?

Our findings

The registered provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of clinical and non-clinical audits. For example, one of the audits measured the care provided across four key themes; quality of care, quality of life, quality of leadership and management and quality of the environment. The audit provided both qualitative and quantitative information. This also included internal reviews by the organisation's internal quality assurance team at regular intervals. These showed that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provides, and its outcomes.

Although these systems were in place, improvements were required as they had not highlighted the areas of improvement we had identified at this inspection. Systems in place did not fully ensure people's safety or mitigate risks relating to their health, safety and welfare of people using the service. Where plans were in place it was evident that these required further improvement to ensure that these were being followed by staff. For example, where instructions were recorded that people should be weighed at weekly or monthly intervals, it had not been picked up to show that these were not always being followed. We found that people's care plans were not as fully reflective or accurate of people's care needs as they should be. Where a care plan audit had been completed and where corrective actions were highlighted, there was not always information available to show that the actions highlighted had been addressed. Some aspects of care practices also required improvement. These related to staff's manual handling practices and procedures on Chelmer House, care and support to be less routine and task focused on Kennett House and medication practices on Kennett House required improvement so as to ensure that people received their prescribed medication. The above showed that the provider's quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and drive improvement. Although the majority of our findings showed that these were primarily related to Chelmer House and Kennett House, there were continued failings in areas previously highlighted.

Although staff meetings were held at regular intervals which gave the staff the opportunity to express their views and opinions on the quality of the service, they did not always show that discussions held were always addressed and acted on. Minutes of these meetings were available and confirmed the topics raised and discussed. Where actions had been highlighted, there was not always an action plan completed to evidence the service's accomplishments and the dates these were concluded. Meetings for people who used the service and those acting on their behalf had been conducted at regular intervals. Where actions had been highlighted, few action plans had been completed to evidence feedback acted on and the dates these were concluded. We discussed this with the registered manager. Whilst the registered manager was verbally able to demonstrate actions taken or actions to be taken, they acknowledged that as part of good practice these should be recorded for future reference. The registered manager confirmed that actions were feedback at the following meeting.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An experienced manager had been in post for 18 months which had provided stability and leadership in the service. The registered manager told us that they felt well supported by the provider who listened to them and valued their knowledge and expertise in running the service.

Comments about the management and leadership of the service were positive and complimentary. Staff told us that they felt well supported by the management team and that the house managers were approachable. Additionally staff told us that they felt that they were listened to and concerns were addressed. One member of staff told us, "The team that we have here now is very good." Another member of staff told us, "I have been here a long time and been through all sorts of managers but I can honestly say that this is the best that Ghyll Grove has been since it first opened." The majority of staff felt that there was an open and inclusive culture at the service and that the management team did the best they could.

The provider confirmed that the views of people who used the service, those acting on their behalf and staff had been sought in 2015 and subsequent reports summarising the findings recorded. In summary this showed both strengths and areas of improvement as highlighted by people using the service and those acting on their behalf, such as, people were happy and content living at Ghyll Grove and found the staff to be warm and friendly. The views of staff were also captured and again showed both strengths and areas of improvement, such as staff were proud to work for the organisation, satisfied with the organisation as an employer and would gladly refer a friend or relative to Bupa for employment.

The registered manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service. Evidence of the latter project demonstrated positive statistical data to show that the number of falls, pressure ulcers and urinary tract infections was below the local average in relation to all services in the same area and of the same size. This showed that over a 12 month period the incidence of falls, pressure ulcers and urinary tract infections had reduced. The registered manager also confirmed that the service had been short listed for a Prosper award relating to nutrition and hydration and the ceremony was to be held on 22 June 2016.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Not all care and treatment was provided in a safe way for people using the service. Risks were not always mitigated to ensure people's safety. People were not protected by the registered provider's medication practices and procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who use services were not supported by the providers systems and processes to assess and monitor the quality of service provided. The arrangements in place were not effective in identifying where quality or safety were compromised.