

Ghyll Royd Nursing Home Limited

Ghyll Royd Nursing Home

Inspection report

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Date of inspection visit:
10 August 2016

Date of publication:
31 October 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 10 August 2016 and was unannounced. At our last inspection in July 2014 we found the provider was meeting all the standards we looked at.

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

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 saw there was no system in place to ensure staffing levels were matched to the current care and support needs in the service. People who used the service, their relatives and staff all expressed concerns that staffing levels were not adequate.

Risks associated with people's care and support were well assessed, and documented in detail to ensure staff worked with people in ways which minimised those risks. The provider ensured staff were knowledgeable about the risks of abuse and had policies, practices and training in place to ensure staff understood their responsibilities under safeguarding.

Appropriate background checks were carried out before new staff began working in the service. The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. However, we found capacity assessments and best interest decisions were not always recorded in people's care records.

Medicines were well managed, and where errors in recording had occurred we were able to see documents which showed the registered manager had taken action to prevent the error re-occurring.

Staff received a thorough induction which included checks on their competencies. We saw there was a programme of training in place which included mandatory training and regular refresher courses. A programme of regular supervision meetings and annual appraisals was in place.

We observed the lunchtime service and saw it was relaxed, with people assisted to make choices in a patient and caring way. People were supported to eat their meal and we saw the staff members provided this support when needed.

We saw the provider had robust systems in place to ensure any complaints or concerns were recorded and investigated. We saw accidents and incidents were reported. We were able to see what actions had been taken in response to these reports.

We received consistently positive feedback about the registered manager. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action 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 always safe.

People who used the service, their relatives and staff members told us there were not always enough staff on duty. There was no system in place to calculate staffing levels to ensure they reflected the care and support needs of people who used the service.

People told us they felt safe receiving care and support at Ghyll Royd.

Medicines were managed safely. Storage was secure and we found stocks matched records of administration.

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider was not assessing people's capacity to make decisions in accordance with the Mental Capacity Act (2005). There were no best interest decisions recorded in a number of people's care plans.

People told us the food was good. They said they had good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals.

Is the service caring?

Good 

The service was caring.

People and their relatives expressed high opinions about the staff's caring nature. People said staff were kind and caring, treated them with dignity and respected their choices.

We found information about people's life histories and personal preferences in their care plans. When we spoke with staff they knew about people's likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to assess people's needs and care plans were regularly updated. Care plans and risk assessments were person centred. However, we found it hard to find specific information as the files were large and not well indexed.

People told us they knew how to make a complaint if they were unhappy and they were confident their complaint would be investigated by the registered manager and action taken.

People told us a range of activities were available and they participated in these.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People who used the service, their relatives and staff gave positive feedback about the registered manager and they were given regular opportunities to contribute to the running of the home through meetings and annual surveys.

The provider had systems in place to monitor and improve the quality of the service and take action to address any emerging negative trends.

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.

Our inspection took place on 10 August 2016 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert-by-experience who had experience of older people's 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.

At the time of our inspection there were 73 people living at the service. During our visit we spoke with 20 people who used the service, 11 relatives of people who used the service, 11 members of staff which included the registered manager and the provider.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications sent to the CQC by and about the service. In addition we contacted Healthwatch and the local authority who commission services from the provider to ask whether they had any feedback to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

We sent a provider information request (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed what the provider had told us before the inspection.

During the inspection we spent some time looking at documents and records that related to people's care and the management of the service. We looked at 10 people's care plans.

Is the service safe?

Our findings

People we spoke with expressed some concerns about the level of staffing in the home. One person said, "Because staff were very busy I worked out that to get the help I need to ensure my catheter was emptied before it was completely full. I would press the buzzer well before it became too full to make sure they had enough time to respond as they took quite a while." Another said, "A few more staff would help." Visiting relatives also said they felt there wasn't enough staff, and one relative visiting on the dementia unit said she thought they took staff from this unit to the other two units if they were short staffed.

We observed one person on one of the units needed two staff to assist them, leaving no care support in the main lounge area where at least three people were left alone. On the unit 10 out of 15 people needed two to one support with personal care and moving and handling and six people required support with their meals. Staff also told us they felt they were not always deployed in sufficient numbers to provide safe care and treatment. One member of staff told us, "We don't always have enough staff." Another staff said, "Staffing is not very good. We generally have one nurse and two care staff and once a month we only have one nurse and one care staff" and "If we have one nurse and three care staff, one of the care staff is sent upstairs to help out if they are short." We noted the staffing levels on the dementia unit from 13:30pm were one nurse and two care staff.

One staff member spoken with said, "No we do not feel we have enough staff. I cannot give my full attention to my role because I'm also helping on care." "Sometimes we have to phone to ask another unit for support so this then leaves them short." Staff also said, "We have been so short staffed I have wanted to leave. Over the last month I have seen only two to three times enough night staff to support people, I have brought this up in my supervision and been told we are doing what they can." "I have seen four carers and two nurses to 40 people. Buzzers going off constantly so short staffed."

Two relatives said they would like their relatives at the home to use the garden but there was little opportunity for this as doors are locked due to lack of staffing supervision. One relative said, "The care is fantastic just not enough staff. When other units are short of staff they take them from this unit to support others."

We discussed staffing levels with the registered manager who told us dependency levels were not high. We asked them how staffing levels had been determined and they acknowledged there was no tool used to calculate safe staffing levels within the home, although they said they would look at putting one in place which would include a dependency tool. From feedback we received and our observations, we concluded there were insufficient staff deployed to meet people's needs. There was also no evidence to show people's dependencies had been taken into account to ensure staffing levels were safe. This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around several areas of the home; this included communal areas, bathrooms and toilets and people's bedrooms. We saw on the whole the home was clean, tidy and comfortable. However, we found a strong malodour on entering the hall way on one unit. The registered manager told us they were working on

rectifying this.

We saw medication competency assessments were carried out for nursing staff and where necessary recommendations and feedback were given. We saw medication checks were completed at the start of every shift, which included all medication administration record (MAR) sheets had been signed correctly. Some prescription medicines contained drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines were kept securely and records were completed correctly. We checked the stock balance of 10 CDs (over 3 units) and found these to be correct.

We inspected the treatment rooms and found all cupboards and the drugs refrigerator were locked on the day of our visit. We saw temperature records for the refrigerator were recorded daily and showed all temperatures were within limits.

The provider had policies and procedures in place to ensure people's medicines were managed safely. Medicines were securely stored in well-maintained dedicated rooms which were clean and kept at an appropriate temperature. We saw evidence the temperature of the rooms and medicines fridges was regularly monitored.

The MAR sheets contained a picture of the person to help staff identify who medicines were for; information relating to specific times medicines were to be given, for example, 'before food' and information relating to any allergies the person had. We looked at 15 MAR's and saw they were correctly completed with no gaps. Some medicines were given 'as and when' needed, and we saw there was clear guidance provided for staff to ensure people received these safely.

Water temperatures were checked monthly. We saw the maximum hot water temperature was recorded at 43 degrees centigrade. We looked at June 2016 recorded water temperatures for people's bedrooms on each unit. We noted some water temperatures were recorded as being above the 43 degrees centigrade. The registered manager told us plumbers and a boiler engineer had been out to look at this and identified the source as the age of the building. Following a further discussion with the registered manager and provider it was established hot water temperature controls were not fitted. The provider said this would be addressed. We also noted there was no risk assessment in place for the rooms where the hot water temperature was higher than 43 degrees centigrade.

Staff we spoke with had a good understanding of safeguarding, knew the reporting procedures and said they would have no hesitation in informing external agencies if they felt matters were not being dealt with properly. One staff member said, "Safeguarding covers a wide field, environment safe, people safe, I'm also aware of different types of abuse and have completed safeguarding training face to face." They went on to tell us they were aware of the whistleblowing policy. They said, "I would make sure what I have seen or heard was right. I would discuss with my unit manager who I know would take action."

People we spoke with told us they or their relatives felt safe at Ghyll Royd. One person said, "I feel safe here, the carers understand everybody's problems." A relative told us, "[Name of person] settled well and made friends here."

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We looked at the records relating to accidents and incidents in the home for the three months before our inspection, and found all had been recorded. Where accident forms had been completed and reviewed we saw information relating to who had investigated and the outcome, together with an indication as to whether the incident had been notified to the CQC and local authority as appropriate.

Care plans we looked at evidenced risk was assessed and documented. We saw risk assessments in place covering such areas as skin and tissue viability, falls, continence and personal hygiene. These were clear and gave staff information to assist in mitigating risks to people. Where people were at higher risk we saw an extended risk assessment was prepared, giving staff additional information relating to specialist support from other health professionals which would assist in helping to keep the person safe.

We found no checks had been carried out for the balconies therefore we were unclear if people who used the service were at risk from falls

During the inspection we looked at the recruitment records of four members of staff. We saw these contained records of interviews and written tests used to assess their suitability for their role. In addition the provider had undertaken background checks including employment references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about people who may be barred from working with vulnerable people, and making checks with them helps employers make safer recruitment decisions.

We saw fire assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practised. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

Is the service effective?

Our findings

People's needs were met by staff who had an appropriate mix of skills and knowledge to provide care and support. In the PIR the provider told us, 'All new care staff to complete care induction standards (The Care Certificate)'. We looked at the training records which showed staff completed a range of courses including food hygiene, falls prevention, dementia, capacity, safeguarding and first aid. The record showed staff were up to date with training and we saw plans were in place to ensure refresher training took place at appropriate intervals. Staff we spoke with told us they had regular training and could request training in additional areas of interest at any time. One staff member told us, "All my training is up to date. I've done training in moving and handling and fire safety."

In the PIR the provider told us they there were plans to have: 'Extended training in the prevention of falls and dementia training to be further developed for all staff.' We saw a training newsletter was circulated to all staff in March 2016, which included information regarding future training. For example, Care Certificate, mandatory training, principles of Dementia care and revalidation for qualified staff. The newsletter also asked staff about areas of interest in which they would like to receive further training; and one answer recorded was catheter care.

The provider's supervision policy and procedure stated, 'every employee will be invited to a supervision session with their manager or supervisor at least four times each year and more often if a performance problem is under discussion'. 'Supervision is intended to provide the manager or supervisor with a regular channel for communicating the standards of performance, which the organisation requires of each employee'. 'Appraisal interviews will take place on an annual basis during a two month period, which is announced well in advance' and 'each employee will be appraised annually'.

We saw evidence staff had regular supervision meetings and annual appraisals with line managers. Records we looked at showed these were meaningful conversations in which staff were able to talk openly about their performance, concerns and any training needs. Staff we spoke with said they found these meetings valuable, and said they felt free to speak openly. One member of staff told us, "I have supervisions regularly." Another said, "I have supervision every two months. I find them useful."

We saw evidence in care plans that people had access to healthcare services when they needed them. We saw regular input from professionals including GPs, district nurses and dieticians, and these visits were, in general, well documented. A person who used the service told us, "If I'm unwell they check me over or get the doctor."

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. At the time of our inspection the home had made a number of DoLS request, 33 had been approved. However, we saw all documentation was not completed correctly to ensure that it was lawful. Care plans we looked at did not contain comprehensive mental capacity assessments to clearly indicate whether people had or lacked capacity. Many lacked documented information of best interests decisions made. The registered manager said this would be addressed.

We saw evidence of consent to medication, photos, weights check and bedrails. However, there was no evidence of consent of sharing rooms. The registered manager told us they would look into this.

Staff we spoke with were aware of people's needs. One staff spoken with said, "I have had MCA training. We get to know what decisions people can make from the care plans." Another said, "If people do not understand we look at facial expressions, gestures, and people have choice of what to eat, snacks and drinks."

We looked at the four weekly menus and saw the main menu offered two meal choices at lunch time. We also saw menus available for people who were on a pureed diet and a vegetarian menu was also available. We noted there was only one option for people to choose from at lunch time from the pureed and vegetarian menus. We spoke with the deputy manager who told us these menus had recently been implemented but would look at offering further options on all of the menus.

We observed the lunchtime meal and saw it was a relaxed and sociable occasion. Tables were attractively set. Staff were attentive and we saw exchanges between them and people were friendly and supportive. People were asked if they needed assistance with their meals, and when help was given it was patient and focused on the person.

Meal times were calm and organised; people were assisted to sit at the table if they wished to. There was friendly interactions from staff with people during meal times. We observed one person wasn't eating and they were offered a sandwich instead, which staff made and they ate. One relative visiting his wife said the food was good and that she needed a pureed diet and he called us over to show us she was eating well with his assistance. We asked if snacks were available and people said you could ask staff if you wanted something to eat. We received broadly positive feedback about the meals, with comments including, "The food is very good." "The food is alright, they will make me something else if I want it." We saw people had beakers of juice near them and this was refilled when needed.

People were asked if they wanted an apron to protect their clothes if they were having difficulty eating themselves. People were weighed regularly. One relative said he was worried about his wife as she was becoming less interested in eating but he was told by staff she was putting on weight. We saw at meal times other staff, including the activities coordinator and waitress were employed to assist with the meal times.

Is the service caring?

Our findings

People we spoke with told us they felt they were well cared for and staff understood their needs. One person told us, "I haven't been here long and they have listened to what I like and respond to it." Another person used the words, "Very good" to describe the standard of care.

People who used the service spoke positively about the staff and the experience of living in the home. One person who used the service said, "I haven't been here for long but it feels like home." Another told us, "The staff are very nice and always helpful." A third said, "Nothing is too much trouble for the staff, they are lovely." A fourth person said, "I'm delighted with the care, couldn't be looked after better. I would recommend here to anyone." We observed a pleasant and calm atmosphere throughout the inspection.

Staff we spoke with were able to tell us about the people they supported and cared for. One member of staff said, "We get to know people from talking to them, and from information in their care plans." During the inspection we observed staff addressing people and their relatives by name.

We saw people looked tidy and clean in their appearance. Staff we spoke with gave examples of how they respected people's privacy and dignity. For example, they would ask the person what assistance they would like and they would also talk through how they were going to deliver care. They emphasised they would knock on people's doors, give them privacy when assisting with personal care and ensure they were discreet when discussing care needs. During our inspection we observed staff engaging with people in a pleasant and friendly manner and saw people treated with dignity and respect. We saw staff engaging in conversation with people who used the service and showing an interest in what they had to say and a respected their views.

We saw staff knocked on people's doors and announced their presence before going into people's rooms and provided discreet assistance such as making sure toilet doors were properly closed when people went to use them. We saw when giving people assistance staff spoke patiently and encouragingly and let people take their time. One person who needed the assistance of a hoist told us, "I had been scared at first but staff have been reassuring, which has helped me get used to the process."

We saw people were free to decide how and where they spent their time and free to move about the home as they wished. We saw people were offered choices, for example, in what they wished to eat and if they wanted to take part in activities. Staff took time to explain choices and gave people time to make decisions.

Relatives told us they could visit at any time and felt comfortable to do so. They told us they were very happy with the care. One relative said, "They are very welcoming when I come. I think they look after my father very well, he likes it here."

One relative said that since his wife was admitted to the home she has become settled and much calmer and not as scared as in previous care homes as the staff have made an effort to understand and get to know her.

Most of the people who used the service said that they felt the care was good. One person said they were delighted with the care, "Couldn't be looked after better. I would recommend this to anyone." One person said, "Some care staff are better than others, a bit rough getting you up and a bit brusque but most are very good." Another person said, "Good care, only need to press the buzzer and they are here."

The access to the physiotherapist was highly thought of by two people who said, "It's made all the difference." "I can do much more now than when I first came in."

Is the service responsive?

Our findings

In the PIR the provider told us, 'On first contact spend time with relative getting and giving information regarding the Home. Give brochure, show around the Home. Comprehensive pre-assessment completed giving the potential new resident the chance to ask questions. All new residents are allocated named nurse and key-worker.'

During our visit we reviewed the care plans of 10 people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. People's assessment of care needs covered such areas as nutrition, mobility, personal hygiene, socialising and any falls. Care plans we looked at during the inspection were person centred covering 'My life story book' which described the person family tree, family life, childhood memories, my life now and how the person wanted their support to be delivered. The care plans were reviewed and updated on a regular basis.

We saw evidence people who used the service and their relatives contributed to the initial care plan. Staff told us they used information in the care plans to help them get to know people and provide care and support appropriate for the people who used the service. Although care plans were kept up to date and contained information which showed how individual needs would be met we found it hard to find specific information as the files were large and not well indexed. We fed this back to the registered manager during the inspection.

Relatives of people who used the service said they felt consulted about their family member's care. One person said, "I am always notified of anything that requires care decisions" and "If [name of person] is not feeling well the family is always informed and told how they are."

There were activities provided for people on a daily basis. We saw a noticeboard for up and coming events. This included sing-alongs, bingo, games, reminiscence sessions, and exercise to music. We asked people if they took part in activities. Many said they joined in any games. One person spoken with felt there was little stimulating activities available or people to socialise or converse with and therefore, stayed in his room most of the time. Another person said he goes out with relatives and there were no restrictions to this. A person's friend who was visiting said he wished his friend would mix more with the other people because he spends most of his time in his room.

We looked at the provider's policies and procedures for recording and resolving complaints and concerns. We saw that all feedback including verbally raised concerns was recorded together with a clear course of action. This included ensuring the person raising the concern or complaint had the opportunity to discuss it with senior staff during any investigation and given feedback on the conclusion. We looked at records of complaints relating to Ghyll Royd and saw there was detailed information about the issue and clear recording of actions taken to investigate and resolve the concerns.

People who used the service and their relatives told us they were aware of the complaints procedures and would not hesitate to make a formal complaint if necessary. One person said, "All the staff are very

approachable and although I have never had to make a complaint I am sure if I did they would act appropriately." People knew who was the registered manager and felt they could raise concerns if they wanted to. "She runs a tight ship." "She gets things done if you complain."

Is the service well-led?

Our findings

The registered manager did not demonstrate to us the staffing level was sufficient to meet the needs of people within the home.

In the PIR the provider told us, 'The manager has an open door policy and carries out unannounced inspections at the home. Audits are completed regularly and any complaints are dealt with according to the home's policy.'

There was a registered manager in post at the time of the inspection visit. People who used the service, families and staff we spoke with during the inspection spoke highly of the registered manager. They told us they thought the service was well-led. One visiting relative said, "We feel we've won the jack pot, staff are like family. They have a passion for the job and the manager acts on things."

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits, which included care plans, health and safety and medication. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner.

We saw the registered manager carried out unannounced visits during the night. They recorded which area of the home they visited, any observations made and actions required.

Records showed the registered manager had systems in place to monitor incidents to minimise the risk of re-occurrence. We saw the date, nature of the incident and outcomes were recorded. These were signed by the registered manager and any themes or trends were identified.

We saw quarterly relative/resident meetings had been introduced on each unit. We looked at meeting minutes for two of the units for March and May 2016 and discussions included refurbishment, activities, care plans, parking, quiet room, the physiotherapist visits and clothing.

We saw the provider carried out an annual resident satisfaction survey. We saw the 2016 survey covered a range of areas and we saw the majority of responses were positive. The deputy manager told us the survey had been carried out in July 2016 and they would be discussing the results at the next residents' meeting.

We saw a monthly newsletter for residents which was produced by the management team. This included historical events, introduction of new staff members, activities, birthdays and a quiz. We saw a resident's handbook was available which included, how to make a complaint, key worker system, fire safety, privacy and dignity and therapeutic activities.

We saw staff meetings were held on a regular basis which gave staff the opportunity to contribute to the running of the home. We saw the meeting minutes for July 2016 and discussions included new staff, pay, resident and relatives meetings, training, key workers and medication rounds. We saw staff meetings were

held for specific staff teams, which included nursing staff, senior care staff and unit managers.

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 18 HSCA RA Regulations 2014 Staffing 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.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	