

Bupa Care Homes Limited

# Ghyll Grove Care Home

## Inspection report

Ghyllgrove  
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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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ghyll Grove Care Home provides accommodation, personal care and nursing care for up to 169 older people. Some people have dementia related needs and some people require palliative and end of life care. The service consists of four houses: Kennett House, Thames House, Chelmer House and Medway House.

Although the service was newly registered on 31 January 2017 and a new manager appointed on 5 June 2017, the service provider remained the same. Therefore we have made reference to our previous inspection to the service in June 2016 and the improvements made since this time. The last inspection was undertaken on 15, 16 and 17 June 2016 and two breaches of regulatory requirements were made in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was completed on 27, 28 and 29 June 2017 and we found that compliance had now been achieved in relation to both of these regulatory requirements.

At the time of this inspection there were 125 people living at the service and across the site.

A newly appointed manager was employed and had submitted their application to register with the Care Quality Commission. 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.

Quality assurance checks and audits carried out by the provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. The provider and management team of the service were able to demonstrate an understanding and awareness of the importance of having good quality assurance processes in place. This was an improvement since our last inspection in June 2016 and had resulted in better outcomes for people using the service. Feedback from people using the service, those acting on their behalf and staff were positive about the overall management of the service.

Staff spoken with described the manager, management team and regional director as supportive and approachable and particularly the individual house managers. Suitable arrangements were still needed to ensure that all staff received regular formal supervision and an annual appraisal of their overall performance, however this only related to Kennett House and staff stated that they were supported by the house manager, manager and management team. An assurance was provided by the manager that this would be addressed as a priority. Staff told us and records confirmed that training opportunities were readily available. Newly employed staff received a robust induction that prepared them for their role and responsibilities and staff were very positive about this process.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that

people's rights and freedoms were not restricted. People were routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed. Minor improvements were required to ensure particular decisions which had been made in people's best interests were accurately recorded within their care file and were not contradictory.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Although people told us this, minor improvements were needed to ensure that where staff were deployed from one house to another, this did not leave staffing shortfalls. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people.

Care records for people centred on the individual and reflected people's needs, choices and preferences and included information relating to people's life history and experiences. Relatives confirmed they were given the opportunity to be involved in the assessment and planning of their family member's care. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Suitable control measures were in place to mitigate risks or potential risk of harm for people using the service.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

People and those acting on their behalf confirmed that social activities were available but that some improvements were still needed, particularly on Medway House and Kennett House. This referred specifically in the way staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for those living with dementia. Although some further improvements were still required, it was recognised that this only related to two of the four houses and the manager and management team were aware of what needed doing.

We observed that staff followed safe procedures when giving people their medicines. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

The dining experience for people was positive and people were complimentary about the quality of meals provided. Consideration by staff was evident to ensure that eating and drinking was an important part of people's daily life and treated as a social occasion. People's healthcare needs were managed well and relatives confirmed they were kept up to date with interventions and outcomes for their member of family. People received care and support that was kind and caring. People were also treated with respect and dignity.

## 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 provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing. Where risks were highlighted or brought to the manager and management teams' attention, action was taken to address these in a timely manner.

The provider's arrangements to manage people's medicines were suitable and ensured people's safety and wellbeing.

Suitable procedures were in place to recruit staff safely.

### Is the service effective?

Good 

The service was effective.

Staff received a range of training so as to meet people's care and support needs. Staff felt supported and the majority of staff had received regular supervision and an annual appraisal of their overall performance.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

### Is the service caring?

Good 

The service was caring.

People and their relatives were positive about the care and

support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### **Is the service responsive?**

The service was not consistently responsive.

Improvements were required to ensure that all people living at the service received appropriate social activities to meet their needs. This referred specifically to Medway House and Kennett House.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs.

Complaints management was robust and people using the service and those acting on their behalf felt confident to raise concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider, manager and management team to monitor the service provided and to act where improvements were required.

**Good** ●

# Ghyll Grove Care 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 checked 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 27, 28 and 29 June 2017 and was unannounced. The inspection team consisted of three inspectors on 27 and 28 June 2017 and one inspector on 29 June 2017. A specialist advisor was also present on 27 June 2017 whose specialism related to nursing, particularly in relation to end of life and palliative care. Additionally, two experts by experience were present on 28 June 2017. 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 27 people who used the service, 18 people's relatives or those acting on their behalf, three 'house' manager's, 19 members of staff [including qualified nurses, team leaders and care staff], two people responsible for providing activities to people living at the service, the manager, the deputy manager, the clinical nurse manager, and the regional director. Additionally, we spoke with four healthcare professionals.

We reviewed 18 people's care plans and care records. We looked at the service's staff support records for five 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

At our previous comprehensive inspection to the service on 15, 16 and 17 June 2016, we found that medicines management required improvement. Additionally, the moving and handling needs of people were not always safe and equipment used was not always suitable. The provider shared with us their action plan in November 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

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 and their safety was maintained and they had no concerns. One person told us, "I feel safe here as there is always someone around to speak to, even if you go to your room." A second person told us, "If I was worried about anything, I would speak to a carer." Three relatives confirmed that their member of family was safe living at Ghyll Grove Care Home.

The management team and staff employed demonstrated a good knowledge of safeguarding procedures and how to identify and report abuse. The incidence of safeguarding concerns at the service was low to the current provider company. Staff had received training in safeguarding people and they knew the actions to take if they witnessed or suspected abuse. Staff confirmed if they were not satisfied with the action taken by the management team or the organisation they would not hesitate to contact the Local Authority or the Care Quality Commission.

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. Individual risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, safe moving and handling support was provided by staff and this was in line with people's care and support needs. Although the above was noted, one radiator on Medway House was observed to be very hot when touched. This posed a significant risk of exposure to harm for people using the service as the thermostat control valve had snapped off. This was brought to the person responsible for maintenance at the service and immediately repaired. Further checks were then conducted on all houses to ensure there were no further risks. The manager was signposted to recognised guidance available on the Health and Safety Executive website first published in September 2012.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The manager had received a recent letter from the Local Authority regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place for each house. The manager confirmed that appropriate fire detection and warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the

service's fire procedures and what to do in the event of an emergency. Fire drills within the individual houses were last completed in February 2017 and March 2017 respectively. Although competent people were identified within the service to respond in the event of a fire throughout the day, 'competent persons' were not identified between the hours of 8.00 p.m. and 08.00 a.m. or at weekends. We discussed this with the manager, person responsible for maintenance at the service and regional director. An assurance was provided that this would be addressed as a priority.

People's comments about staffing levels were variable. One person told us, "It seems there is always enough staff on here [Thames House] to look after you". Another person stated, "Staff are always available if you need them." However, on Medway House although people told us staff were kind and they were happy with the care and support provided, people stated that staff were very busy and did not have time to sit and talk with them. Relatives confirmed this and one relative told us, "The staff are very kind but always rushing around, no time to really chat."

Although the above comments were told to us, our observations on Thames House and Chelmer House showed that the deployment of staff was suitable to meet people's care and support needs. Conversely, although there were sufficient staff available on Medway House and Kennett House as told to us by the manager and house managers, staff told us there were occasions when they struggled to provide proper care when short staffed. Our observations on the first day of inspection showed there were a significant number of people who remained in bed on both houses. We brought it to the manager's and house manager's attention and found on the second day of inspection that less people remained in bed. It was difficult to determine how staff made this decision particularly where people were unable to verbally communicate their wishes or give informed consent. Staff spoken with stated that it was people's choice and where they were unable to make this choice, staff referred to making best interest decisions on people's behalf. Staff also suggested that it was practice to get people up on alternate days. We also noted that because more people were got up by staff on Medway House and brought to the communal lounge on the second day of inspection, staff were still getting people up at 12.30 p.m. for lunch. One person's daily care records on Kennett House showed there had been occasions whereby they remained in bed on alternate days and on one occasion had remained in bed for four consecutive days. No rationale was recorded as to why this had happened. We discussed this with the manager and management team and an assurance was provided that the above would be reviewed so as to ensure this was not happening for staff's convenience and benefit.

Additionally, on Kennett House and Chelmer House we found evidence that there were occasions whereby staff were deployed to other houses to meet staff shortages as a result of staff sickness or staff telephoning in at short notice. However, this arrangement meant there were occasions when this left the house supplying the member of staff short. When discussed with the manager and management team, they confirmed they were not always made aware of staff shortages and had they been, a request for 'bank' staff or agency staff would have been made. The regional director confirmed this and stated that agency staff would be deployed to the service as necessary and staff would be required to inform the manager or members of the management team so this could be arranged.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff appointed since 1 February 2017 showed that the provider had operated a thorough recruitment procedure in line with the organisation's 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. These included the attainment of written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. Staff told us that the recruitment process was thorough and



they had not been able to start work until the above checks had been carried out.

Comments about the provider's medication arrangements from people using the service were positive. One person told us, "I always get my medication on time, and the person who gives it makes sure I take it." Another person told us, "Staff always gives me my tablets. I receive these without fail."

The service's medication arrangements were viewed within Thames House, Medway House and Kennett House. Medicines were stored safely for the protection of people who used the service, with secure storage arrangements in place for staff authorised to have access to people's medication. The temperatures for storing medicines were monitored each day and within recommended guidelines. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with dignity and respect for the people they supported. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 40 out of 125 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and had their competency assessed annually or sooner if required. Medication audits were completed each month and a 'rag rating' score provided. This is a 'traffic light' system used as a clear and visual cue to scoring and creating focus in improving the service. Where areas for corrective action were recorded, these had been addressed.

Minor improvements were required in relation to infection control arrangements on Medway House on the first day of inspection. For example, two bathrooms were not as clean as they should be and waste bins were overflowing with paper towels. Not all toilets had toilet tissues available and not all soap dispensers were filled with soap. Additionally, toilets in two bathrooms did not have a lid for the toilet and both were stained and dirty under the toilet seat. Five people's over the bed tables had the edging missing and this exposed the chipboard underneath. Although the latter was an infection control issue, people were also at risk of sustaining skin tears and abrasions from the exposed sharp edges. This was brought to the manager's and management team's attention and immediate action was taken by the head of housekeeping to address the issues raised.

# Is the service effective?

## Our findings

At our previous comprehensive inspection to the service on 15, 16 and 17 June 2016, we found that improvements were needed across the service to ensure staff received regular formal supervision. The dining experience on one house required improvement and instructions from healthcare professionals in relation to people's weight was not always being followed by staff. The provider shared with us their action plan in November 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that nearly all of the improvements required had been made.

Staff were trained and supported effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed they received regular face-to-face 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 this ensured that their knowledge and understanding of how to care for people using the service safely and competently was current. Staff stated if they required additional training relating to a specialist topic, they were able to make a request and this would be provided. Records confirmed what staff told us and showed that their mandatory training was up-to-date and several members of staff were being supported to undertake and complete additional training under the Qualifications Credit Framework [QCF].

The manager confirmed and records showed that all newly employed staff received a comprehensive induction and this related to the completion of the 'Care Certificate' Induction Programme, including a standardised induction about the organisation. This incorporated a 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.

Staff told us they felt supported by their individual 'house managers' and members of the management team. One member of staff stated, "[Name of house manager] is great and very supportive. You can always go to them and they listen to what you have to say." However, improvements were needed to ensure all staff had a formal structured opportunity to discuss their practice and development. Not all staff on Kennett House had received formal supervision at regular intervals and records confirmed this. Four members of staff spoken with confirmed they could not remember when they last received a formal supervision, either as a group or on a one-to-one basis with a designated supervisor. Records confirmed staff had not received supervision and of the four records viewed only one member of staff had received an annual appraisal of their overall performance in the last 12 months. Although other members of staff on Thames House, Chelmer House and Medway House received regular formal supervision, records largely consisted of generic information relating to the organisation or training rather than being specific to the needs of the individual staff member. Appraisals focused on staff training needs and did not include any additional professional developmental objectives for the next 12 months. We discussed this with the staff responsible for undertaking supervision sessions and found they had not completed any training or received guidance to support them in this area. The above was discussed with the manager and senior management team. An assurance was provided that supervisions and appraisals for staff would be reviewed and appropriate action taken to ensure supervisors received suitable training and guidance to undertake supervisions with staff.

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 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.

Records showed that each person who used the service had had their capacity to make decisions assessed. Some minor improvements were needed as not all information consistently reflected people's level of capacity as some information was contradictory, particularly in regards to people who had fluctuating capacity and abilities. For example, information relating to one person stated they experienced visual hallucinations and were unable to make some day-to-day decisions at these times. Whilst this was reflected in their care plan the person's 'capacity assessment' stated they had the capability to make decisions about their day-to-day care needs. The information was contradictory and provided no clear reference to how staff would need to support the person to make decisions at the time they experienced their visual hallucinations. Where people were deprived of their liberty, the deputy manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised by the Local Authority the deputy manager had notified the Care Quality Commission.

Staff told us they had received Mental Capacity Act 2005 (MCA) and DoLS training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

Improvements were needed to ensure that staff had a better understanding of DoLS.

People's comments about the meals provided were positive. People told us they were always given a choice of meals and meals provided were sufficient in quantity. One person told us, "The food is lovely." Another person told us, "The food here is very good and we are always offered snacks and drinks throughout the day." A third person told us, "I am not very good with food but they [staff] really do encourage me to eat." A fourth person told us that although the food was not always what they would choose, alternatives to the menu were readily available. One relative confirmed that since their member of family's admission to Thames House, they had put on weight. They told us this was positive as there had been previous concerns around weight loss for this person.

Our observations showed that the dining experience within each of the four houses was positive. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others ate in their room. One person had made a request to have their main meal in the evening rather than at lunchtime. Records available showed that following a meeting with the chef, the person's preference was agreed and actioned. Although people on Thames House and Chelmer House were supported to make daily choices from the menu provided, improvements were required to provide better support for people living with dementia to make

meal choices. For example, there were no visual prompts used by staff, such as photographs and no plated meals were provided to show people what was on offer. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner by staff, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People were supported to use suitable aids to eat and drink as independently as possible, such as to eat their meal using a spoon, to eat using their fingers and the use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate. Peoples' nutritional and hydration needs were assessed and recorded and where healthcare professionals, for example, the dietician or a member of the Speech and Language Team [SALT] were needed, appropriate interventions were provided.

People told us that their healthcare needs were well managed. One person told us, "The staff organise all my appointments. I see my doctor and others [healthcare professionals and services] when needed." Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes. For example, one person had sustained a wound to their arm. Staff referred the person to a healthcare professional for advice and support in managing their wound care. A clear record of the visits from the healthcare professional was documented detailing the progress of the wound and the interventions provided. Where people's behaviour had changed and they became anxious and distressed, staff sought advice and support from the local dementia crisis team.

Healthcare professionals were complimentary about the care and support provided by staff employed at the service. One healthcare professional told us that in their opinion "good care" was provided at the service and there were always sufficient supplies of equipment available. They told us that advice and guidance provided by them or other members of their team to staff at the service was always followed. In addition, staff were responsive and proactive to people's care and support needs and referrals were provided at the earliest opportunity.

Additionally, the service demonstrated an understanding of the key principles of the PROSPER [Promoting Safer Provision of Care for Elderly Residents] project. This initiative is aimed to improve people's healthcare needs, particularly those at risk of admission to hospital or significant deterioration in their health and quality of life. The staff had used this knowledge and awareness to improve people's care and wellbeing in key fundamental areas. Data provided suggested between February 2017 and May 2017 there had been a low incidence and reduction in the numbers of falls, pressure ulcers, urinary tract infections and hospital admissions across the service.

## Is the service caring?

### Our findings

People using the service were satisfied and happy with the care and support they received. One person told us, "The staff are very kind even though they are very busy." A second person told us, "The best thing is that they [staff] do not interfere too much with us. They [staff] let us live our lives without too much interference." A third person told us, "It is not my choice to live in a care home. However, if I have to live in a care home, I would prefer to live here than anywhere else." A fourth person told us, "I have no complaints with my care and the staff are always very kind." Relatives confirmed that in general they were happy with the care and support provided for their member of family. They told us that staff were kind, caring and compassionate.

The atmosphere within each house was observed to be welcoming, calm and friendly. Staff knew the people they cared for well and had built up positive caring relationships with them. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during the inspection which many people appeared to enjoyed and welcome. We saw good staff interaction and people were seen to be comfortable and relaxed in staffs' company. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people. We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events that had happened in their lives and people and places that were familiar to them. Some people had memory boxes outside of their room which family members had filled with photographs and meaningful objects. Additionally, care plan information relating to 'My Day, My Life' provided details about people's past hobbies and interests, employment opportunities, family members, places they had visited and special dates and memories. All the staff that we spoke with felt that the care and support provided to people was good and they were generally able to meet people's needs to a good standard.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. Our observations showed that 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. Where people were not always able to maintain their independence, for example whilst mobilising, staff support was readily available. Staff were observed to assist people to walk by supporting them by walking beside them and placing their hand on the person's arm or back and talking to them so as to provide comfort and reassurance. Staff walked at the person's pace, showing patience, kindness and understanding in their approach. This demonstrated that staff were knowledgeable about people's individual needs and treated them with respect and dignity.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy

and dignity. 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 that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. For example, one person's care plan described how their physical appearance had always been important to them and that they enjoyed choosing their clothes and wearing make-up. Staff explained to us how they supported the person to continue to do this whilst maintaining their dignity and ensuring they were appropriately dressed.

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. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Although Medway House provides care for people requiring palliative care or who are assessed to be at the end of their lives, staff confirmed at the time of the inspection that currently no-one was identified as being at end of life and no-one was identified as approaching the last days of life. Staff spoken with were aware of how to care and look after people at these difficult times and confirmed that they had received suitable training in this area. A member of staff advised that where a person who was nearing the end of their life and whose family member was unable to get to the service, the individual staff member made the decision to have the family member picked up from home so they could be with their loved one when they passed away. This demonstrated a caring and compassionate approach to their role and for the people they cared for.

## Is the service responsive?

### Our findings

At our previous comprehensive inspection to the service on 15, 16 and 17 June 2016, we found that improvements were required to ensure people's care plans were fully reflective of their care and support needs. Additionally, improvements were needed to ensure people received the opportunity to participate in social activities that met their needs. The provider shared with us their action plan in November 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that improvements had been made in relation to care planning arrangements but further improvements were still required in relation to social activities within two houses.

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 and provided sufficient information to inform the person's initial care plan. Individual house managers confirmed that prospective people wishing to attain a placement at Ghyll Grove Care Home and family members were invited to view the service prior to admission. People were also encouraged to bring in personal possessions and items so that their room was familiar to them and to help them settle into the new environment.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Relatives confirmed they had been actively involved or had the opportunity to be involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their life history. Daily care notes were well written and provided an account of the day-to-day care and support provided by staff for people using the service.

Staff told us that some people could become anxious or distressed. Whilst guidance and instructions for staff on the best ways to support the person were recorded, these were noted to be simplistic and provided minimal detail relating to known triggers and the specific nature of the person's behaviours. 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. Although the above was noted, staff were able to demonstrate a reasonable understanding and awareness of the support to be provided so as to ensure the individual's, staffs' and others' safety and wellbeing at these times.

Staff told us that they were made aware of changes in people's needs through regular handover meetings each day and from discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

People's comments relating to social activities were variable and it was evident from our observations during the inspection that people residing on Thames House and Chelmer House were able to enjoy meaningful daytime activities of their own choice and according to their individual interests, diverse needs and capabilities. For example, one person told us, "The staff know I like to help with things, so they let me help them when they do the tea and coffee round. I also love to do gardening, and when it was very hot staff let me water the plants with them." Another person told us, "There is always something going on during the



day, morning and afternoon." People also confirmed that they could sit quietly either in the main lounge on their respective house or in the comfort of their room to read, listen to the radio or watch television. Relatives corroborated this by stating that the staff on both houses were very good with providing social activities for their member of family. On Thames House small group activities or one-to-one activities were provided. For example, a small group of people were observed to enjoy a game of scrabble, others looked at magazines and 'doll' therapy was in place for several people. The latter can be used to provide a person with comfort and a sense of feeling needed and having a purpose. On Chelmer House people were supported to engage with a game of bingo and several people received a manicure. Additionally, between 4.00 p.m. and 5.00 p.m. each day, staff sat with people either talking with them, playing cards or discussing news topics and events. Staff told us they found this to be a very enjoyable and worthwhile experience as it enabled staff to get to know individual people on a more personable level.

However, the above was in contrast to what we observed on Medway House and Kennett House and what people told us. One person stated, "We do not do many activities here as staff are too busy." Another person told us, "You make your own amusement here." A third person told us, "I just sit and watch television most of the day. We sometimes have something going on but staff are too busy." Relatives verified this by stating that although the staff members responsible for providing social activities were nice and very friendly, there was not much available that was suitable to keep their member of family stimulated and occupied throughout the day; or appropriate for people with complex needs or living with dementia. For example, on Medway House people were observed to be offered a game of bingo on two consecutive days and some people received a manicure. On Kennett House, on the first day of inspection some people were offered the opportunity to 'move and groove' and jigsaw puzzles and one-to-one chats were provided on the following day. Staff spoken with on both houses felt there were not always sufficient activities available that were appropriate to meet people's social care needs. One member of staff told us, "[Name of person who uses the service] loves reading and I would love to take them to the library, however the only time we could take them would be on our day off." Staff confirmed they did not have the time to sit and talk with people living on these respective houses and expressed disappointment that they were unable to achieve this. One member of staff told us, "It is nice to sit and chat with residents, or read the newspaper and discuss what is happening, but we don't always have time to do this." We discussed this with the management team and an assurance was provided to review the above for the future.

People spoken with knew how to make a complaint and who to complain to. One person told us, "I have complained once and it was sorted out." Another person told us if they had any concerns they would discuss these with their member of family. Relatives confirmed they were confident that they could raise any concerns and these would be listened to and acted upon. A relative told us, "If you have a problem you can speak to the new manager and they will sort it out." 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. The complaints log was well maintained and included a record of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.



# Is the service well-led?

## Our findings

At our previous comprehensive inspection to the service on 15, 16 and 17 June 2016, we found that improvements were required in relation to how the manager and management team assessed and monitored the quality of the service provided. The provider shared with us their action plan in November 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

The manager was newly appointed to Ghyll Grove Care Home and had commenced in post on 5 June 2017. They had submitted an application to be registered with the Care Quality Commission and this was being progressed. People, relatives and staff told us that the manager and key members of the management team were visible at all levels. The manager and management team throughout the inspection demonstrated an awareness and understanding of their key roles and responsibilities and had resources and support available from within the organisation to help drive improvement. The manager had an understanding and awareness of our approach and methodology to inspecting adult social care services, which was introduced in October 2014.

The manager and management team were 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 and seeking the views of staff employed at the service. In addition to this the 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 through four key themes; quality of care, quality of life, quality of leadership and management and quality of the environment. The data collated provided an overview of the emerging trends across the service each month. The audit also provided both qualitative and quantitative information, such as the incidence of accidents and incidents, hospital admissions, pressure ulcers, falls and infections. 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.

Our findings at this inspection showed that compliance had been attained and maintained in several areas so as to protect people using the service against the risks of receiving inappropriate or unsafe care. For example, suitable quality assurance arrangements were in place to identify where improvements to the service were needed. Appropriate control measures were in place to mitigate risks or potential risk of harm for people and medicines management within the service was now compliant with regulatory requirements. The dining experience across the service was better so as to ensure this was now a positive occurrence for people and care plans were reflective of their care and support needs. The manager and management team were made aware that improvements were still required in the way the service and staff supported people to lead meaningful lives and to participate in social activities, particularly for people living with dementia. This was highlighted within the 'residents experience survey' report for the service and confirmed improvements were required in relation to activities. In addition, the manager and management team were advised to review how decisions were made on Medway House and Kennett House in relation to which people remained in bed throughout the day, particularly where they were unable to communicate their wishes or

give consent.

Staff demonstrated that they were clear about the manager's and provider's expectations of them. Staff were aware of the organisation's aims, objectives and values [Code of Practice]. Prior to our inspection a television programme had been aired and this showed poor care practices adopted by some staff in a care home run by the same organisation. The regional director and manager advised that immediately following the programme being shown on television, meetings with the senior management team and house manager's had been undertaken to discuss the findings and outcomes of the programme. Subsequent discussions had also been undertaken with staff from each respective house and staff confirmed this as accurate.

Staff told us that they were well supported and that their views were respected and they were able to express their views and opinions freely. Staff confirmed there was a confidential 'Speak Up' hotline to raise any concerns if the need should arise. One member of staff stated they were able to speak with and raise issues with the new manager and other members of the senior management team. They told us if they did not agree with something they would speak out. Staff felt that the overall culture across the service was open and inclusive and that communication and morale amongst the staff teams was generally good. Staff confirmed they enjoyed working at the service and within their respective house or houses. One member of staff told us, "I enjoy my work, I get on well with the staff and residents, and we have a laugh. I treat the residents as I would one of my own family, it could be my Nan." Another member of staff stated, "If I can speak with someone and make them [people who use the service] smile I will have done my job today and I can go home happy."

The manager confirmed that the views of people who used the service had been sought and a report compiled in December 2016. However, only 18 out of 125 people living at the service had completed and responded to the provider's quality assurance questionnaire. The report showed that between 94% and 100% of people who had completed the questionnaire were happy and content with the service. Additionally people felt listened to by staff, were safe and secure, were treated with dignity and respect and treated as an individual. The views of staff were also captured and again showed both strengths and areas for improvement.

The manager told us that regular monitoring of the houses was completed through a daily 'clinical walk around' and '11 at 11' meetings. The latter is a daily meeting whereby a member of staff from each house and a representative from each department come together with the manager and management team to discuss any emerging issues so as to formulate the actions to be taken to address any concerns identified. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.

The provider had initiatives to reward staff for their hard work and loyalty. For example, people using the service, relatives and others could nominate a member of staff in recognition of the high standards of care given to a person who used the service [Everyday Hero]. Additionally, staff could receive a financial payment if they 'referred a friend' to the organisation.