

## Ghyll Royd Nursing Home Limited Ghyll Royd Nursing Home

#### **Inspection report**

New Ghyll Royd Guiseley Leeds West Yorkshire LS20 9LT Date of inspection visit: 13 July 2021 29 July 2021

Good

Date of publication: 12 August 2021

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Ratings

## Overall rating for this service

## Summary of findings

#### **Overall summary**

Ghyll Royd Nursing Home is a care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The home is divided into three units; Yew and Rowan units provide general nursing care and the Beech unit provides specialist dementia care. Each unit has a designated unit manager. The service can support up to 76 people.

#### People's experience of using this service and what we found

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to safeguarding concerns. People and their relatives told us they or their family member were safe at the service. We found people received their medicines as prescribed because medicines were managed safely. There were systems in place to identify, manage and reduce risks for people. We found improvements had been made in relation to recent admissions into the home through lessons learnt.

The provider had an infection prevention and control procedure, updated to reflect COVID-19 guidance. Staff attended training to help protect people from the risk of infection. The service was clean and uncluttered. Safe recruitment procedures were in place and there were enough staff to meet people's needs.

We found peoples hydration and nutritional needs were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were provided with training and support to help ensure people's needs were met.

People, relatives and staff felt the service was well-led and that staff were kind, chatty and caring. Staff told us the management was good, and they felt supported.

The provider and manager had systems in place to monitor, manage and improve service delivery and support provided to people. Regular audits were carried out to monitor the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 February 2021).

#### Why we inspected

The inspection was prompted due to concerns about potential risks around admissions, hydration and nutritional needs, medicines, response to COVID-19 and lack of management oversight. We therefore carried out a focused inspection to review the key questions of safe well-led only.

We found no evidence during this inspection to show people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ghyll Royd Nursing Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

### 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.	
Details are in our safe findings below.	
Is the service well-led?	Good •
<b>Is the service well-led?</b> The service was well-led	Good ●



# Ghyll Royd Nursing Home

## Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ghyll Royd Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection. Inspection activity started on 13 July 2021 and ended 29 July 2021. We visited the service on 13 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people and two relatives who used the service about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, deputy manager, group quality assessment manager, nurse, housekeeping, chef and care staff. We reviewed a range of records during and after our visit to the home. This included three people's care records and multiple medication records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and quality assurance records including policies and procedures.

## Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. This key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Improvements had been made in relation to recent admissions into the home through lessons learnt. Care plans contained preadmission information. A profile page summarised risks and allergies. Detailed person-centred care plans were in place and risks to people's safety were assessed and recorded.
- We found fluid input records were completed regularly. One person was at high risk of pressure injury and records showed they were regularly repositioned.
- People were weighed regularly. Where people had lost weight, appropriate action had been taken.
- We observed good moving and handling techniques by staff. Staff were observed communicating with people while supporting them.
- The building was properly and securely maintained.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people.
- Staff had completed safeguarding training and were aware of what abuse was and how to report this. Staff knew people well in the home.

• People and relatives, we spoke with told us they felt safe at Ghyll Royd. One person said, "This is the best home I have been in; the staff are nice and friendly. I am not in fear of anybody. Staff come on a night and check on me and bring me drink. I asked for a Horlicks, but they didn't have any, they did the following night though." A relative said," It's just the way people speak to you. Everybody is marvellous. The way they talk to everyone with such kindness and caring. [person] is always clean shaven and well dressed."

#### Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- Through observation throughout the inspection we felt there was enough staff to keep people safe. Staff told us there were enough staff. We observed people's needs been met in a timely manner. However, we received mixed views from people and relatives. One person said, "They seem to be short staffed, but you don't need to wait long, they have never let me down." A relative said, "I sometimes get the impression they could do with more staff but there's been no disasters."

#### Using medicines safely

• Medicines were ordered, stored, recorded and administered safely. During the inspection we looked at 15 medication records which were all completed accurately with no missing signatures by staff. Body maps and high-risk drugs had good documentation in place to support staff with these.

- We saw medication support plans in place for people at Ghyll Royd. We saw these on the admissions notes of a medicines administration assessment and what support was required for that person.
- We spoke to the nurses on shift around the disposal of medicines in the home due to the fact we found a large yellow bag of bottles were on the medicines room floor. This was rectified after being pointed out by the inspector. The management team were made aware of this.
- People and relatives, we spoke with felt their medications were given on time.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. This key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The management team worked in partnership with community professionals and organisations to meet people's needs.
- People were supported with dignity and compassion. For example; one person became tearful at the dining table, the nurse sat with the person and comforted them.
- We spoke to staff who told us, "I like working here. Everything is alright they help me a lot. The manager is really good and comes on to the units." Another staff member said, "I feel supported by everyone. I absolutely love my job." Every person, relative and staff member we spoke with were all very complimentary about the new manager. Comments included, "Lovely", "Always in the home" and "Very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team understood the requirements of the regulations to make notifications and knew how to comply with duty of candour responsibilities when things had gone wrong.
- The management team were always looking at ways to improve the service. We saw assessments had been improved to provide more thorough details in relation for people before they moved in.
- The rating from the last inspection was on display in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and manager had systems in place to monitor, manage and improve service delivery and support provided to people. Regular audits were carried out to monitor the service provided.
- The service had not completed another survey since the last inspection which was published in February 2021. No one we spoke to have any concerns about the service. However, the service did communicate with families via email, telephone and newsletters.
- Staff were clear about their roles and understood their responsibilities. People were observed to be relaxed with staff and relatives told us of how the management team made them feel welcome in the home.
- The management team had implemented a process of reflective practice to help ensure continuous learning and share good practice amongst the staff team.