

Bupa Care Homes (CFHCare) Limited

# Ghyll Grove Residential and Nursing Home

## Inspection report

Ghyll Grove,  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



### Overall summary

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

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

This report only covers our findings in relation to this requirement. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Ghyll Grove Residential and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Ghyll Grove Residential and Nursing Home provides accommodation, personal care and nursing care for up to 169 older people. Some people have dementia related needs and require palliative and end of life care. The service consists of four houses: Kennett House, Thames House, Chelmer House and Medway House. The focus of this inspection was Medway House where there were 30 people using the service.

# Summary of findings

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

At our focused inspection on 14 August 2015, we found that since our last inspection, arrangements and systems had been put in place to ensure that there were sufficient staff to meet people's needs and people had their nutrition and hydration needs met.

There were sufficient staff available and the deployment of staff was suitable to meet people's needs. The dining experience for people was positive and people received sufficient nutrition and hydration.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Action had been taken to ensure that there were sufficient numbers of staff appropriately deployed to meet people's care and support needs.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



### Is the service effective?

Action had been taken to ensure that people were supported to have adequate food and drinks and their nutrition and hydration needs met.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



# Ghyll Grove Residential and Nursing Home

## Detailed findings

### Background to this inspection

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

We undertook an unannounced focused inspection of Ghyll Grove Residential and Nursing Home on 14 August 2015. The inspection was undertaken by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with six people who used the service and two relatives. In addition, we spoke with the registered manager and four members of staff working at the service. We looked at five people's nutritional care plans and associated food and fluid monitoring documentation. We also looked at the provider's arrangements for ensuring that there were sufficient numbers of staff deployed on Medway House.

# Is the service safe?

## Our findings

At our last inspection in October 2014 we identified concerns relating to insufficient staff available to support and meet people's needs on Medway House. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. An action plan was provided on 22 April 2015 and this confirmed that the provider was compliant.

The majority of people told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. People confirmed that when they used their call alarm to summon staff assistance during the day or at night, staff were largely prompt to attend to their care and support needs. One person told us, "Staffing is much better now. Staff do attend to my needs as quickly as they can. I do have to wait sometimes but it is not for long." Relatives told us that in their opinion staffing levels were appropriate and they had no concerns. Staff

told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people's day-to-day needs safely and in a timely manner.

The manager confirmed that a weekly meeting was conducted by the senior management team with 'house' managers to discuss staffing levels and to estimate future staffing shortfalls where the use of agency staff and/or 'bank' staff maybe required. The manager confirmed that the management team had autonomy to utilise agency and 'bank' staff where appropriate so as to ensure that the deployment of staff met people's changing needs and circumstances.

Although the morning shift was initially short of one member of staff, once brought to the manager's attention, an additional member of staff was deployed to Medway House. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was promptly provided.

# Is the service effective?

## Our findings

At our last inspection in October 2014 we identified concerns relating to people's nutrition and hydration needs on Medway House not being met. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. An action plan was received on 22 April 2015 and this confirmed that the provider was now compliant.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The meals are fine, I have no complaints." Another person told us, "I like the food. The meals are very nice and there is plenty of choice each day." One relative told us that their member of family's appetite had improved since moving to the service and this had assured them that their relative's dietary needs were being met.

A pictorial menu was readily available to help people to make food choices and this accurately represented meal options offered on the day of inspection. Our observations at this inspection showed that the dining experience for people on Medway House was positive and had significantly improved. The serving of the lunchtime meal was well organised and people received their meal in a timely manner. People were offered a choice of meals and drinks throughout the day.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. One member of staff was overheard when

assisting a person to eat, "One more spoonful [name of person], you're doing really well. You've done well today. There you go, it's nice to see you eat it all." Other members of staff were overheard to ask people if they had enjoyed their meal. Where people were noted to change their mind, an alternative to the menu was offered without hesitation by staff. This meant that people received a varied diet which suited their individual needs.

The service was able to show that people's meals could be taken at flexible times of their choosing, for example, one person was asleep in their room when the lunchtime meal was served. The person was not woken up and staff confirmed that the meal would be served later, when the person roused from their sleep and at a time of their choosing.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of not eating well, this had been identified at the earliest opportunity and appropriate actions taken, for example, people were commenced on food and fluid charts. These provide essential information for staff to help form the basis of the person's nutritional assessment and help to determine subsequent action and support required. In general records were completed to a good standard so as to conclude if the person's food and fluid intake was satisfactory to maintain their health and wellbeing. Where appropriate, referrals had been made to a suitable healthcare professional, such as a dietician or Speech and Language Therapist [SALT] and information from reports received had been incorporated within the person's care plan.