

Ghyll Court Residential Home Limited







Ghyll Court Residential Home

Inspection report

Wells Walk
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West Yorkshire
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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?		Good	
Is the service well-led?		Requires improvement	

Overall summary

The inspection took place on 22 April 2015 and was unannounced. At the time of the inspection there were 13 people living at the home. The last inspection was in October 2013, at that time the home was meeting the legal requirements of the areas inspected.

Ghyll Court Residential Home is a converted, extended property situated close to Ilkley town centre. The home provides care for up to 14 older people, including people living with dementia. There are 12 single bedrooms and one twin bedroom.

The registered manager is also the owner of the home and lives on site. 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.

Summary of findings

People were protected from abuse and staff were aware of how to recognise and respond to allegations or suspicions of abuse. People's legal rights were protected and the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were met.

The required checks were completed before new staff started work and this helped to ensure people were protected from the risks of being cared for by staff who were not suitable to work in a care home. Staff were trained and supported to help them understand and meet the needs of people living at the home. There were enough staff and people told us staff were kind, compassionate and friendly.

People received their medicines when they needed them. With certain medicines it is important to record the time they are given to make sure there is an adequate gap between doses. We found the time of administration of these medicines was not always recorded. We discussed this with the registered manager who said they would take action to address.

People were provided with a comfortable and pleasant environment in which to live, the home was clean and free of unpleasant odours.

People were offered a variety of nutritious food and drink which took account of their individual needs and preferences and people told us they enjoyed the food.

People were given the support they needed to access the full range of NHS services which helped to ensure their health care needs were identified and met.

People's privacy and dignity were respected, people were asked for their consent before care was delivered and staff were kind and caring in their interactions with people. People were supported to maintain their independence and where indicated had access to advocacy services. People were able to receive visitors at any time and relatives told us they were always made to feel welcome.

Staff knew about people's needs and care was delivered in accordance with people's care plans. People who lived at the home and/or their relatives were involved in planning care and people's relatives were kept informed of changes in people's needs.

People were aware of how to make a complaint and complaints were recorded and dealt with.

The provider/registered manager was involved in the day to day running of the home and promoted a culture of openness and transparency. The views of people who used the service were actively sought and action was taken in response to their feedback. Staff told us they were supported and enjoyed working at the home. Some improvements were needed to the systems for monitoring and assessing the quality and safety of the services provided.

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?

The service was safe. Staff knew how to recognise and respond to allegations or suspicions of abuse. There were enough staff to meet people's needs and the required checks were done before new staff started working with people who used the service.

People received their medicines when they needed them and medicines were stored securely. With some medicines it is important to record the time they are given to make sure there is an adequate gap between doses. We found the time these medicines were given was not always recorded.

The home was clean and free of unpleasant odours.

Good



Is the service effective?

The service was effective. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were met.

Staff were trained and supported to meet the needs of people who used the service.

People were offered a variety of nutritious food and drink which took account of their individual needs and preferences.

People were supported to meet their health care needs and access the full range of NHS services.

Good



Is the service caring?

The service was caring. People told us the staff were kind and caring and we observed staff were patient and compassionate in their interactions with people.

People's privacy and dignity was respected and people were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive. People who used the service and/or their relatives were involved in the assessment of their needs and the planning and delivery of care. Staff were familiar with people's needs and care was delivered in accordance with people's care plans.

People knew how to make a complaint and complaints were recorded and dealt with.

Good



Is the service well-led?

The service was not always well led. The registered manager promoted a culture of openness and transparency. Some improvements were needed to the systems for monitoring the quality and safety of the service.

Requires improvement



Summary of findings

The views of people who use the service and those acting on their behalf were listened to and acted on.

Ghyll Court Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 April 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at notifications and other information we had received about or from the home. We also contacted the local authority contracts and safeguarding teams 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 usually send the provider a Provider Information Return (PIR) before the 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 sent a PIR to the provider in August 2014, however, it was not returned. We discussed this with the registered manager during the inspection and found out the provider had changed their email address but had not informed the Commission.

During the inspection we looked at three people's care plans, the medication records, three staff files and other records relating to the running of the home such as staff training records, meeting notes and maintenance records. We observed the delivery of care in the communal areas and spoke with two people who used the service. We spoke with two care workers, the registered manager and a visiting health care professional. Following the inspection we spoke by telephone with the relatives of two people who used the service and another visiting health care professional.

Is the service safe?

Our findings

The staff we spoke with told us they had received training about safeguarding. They were able to describe the different forms of abuse, what they would look for and what they would do if they had concerns. They all said they felt confident in reporting any issues to the registered manager or senior member of staff on duty. They were aware of the whistle blowing procedures and knew how to contact external agencies if the need arose. They were able to give examples of how people could be subjected to abuse by poor care practices. The provider had a safeguarding policy in place. Our records about the service showed us the registered manager recognised safeguarding concerns and reported any such concerns to the relevant agencies including the Commission.

We looked at how people's medicines were managed. We found medicines, including controlled drugs, were stored securely. There were appropriate arrangements in place for the ordering and disposal of all medicines. We looked at a selection of medication administration records and saw medicines were signed for to show they had been given. When people were prescribed Paracetamol to be taken "as required" we saw staff were not recording the time of administration. The guidance for taking Paracetamol states there should be a four hour gap between doses to reduce the risk of overdose and therefore it is important to record the time of administration. This was discussed with the registered manager during the inspection who said they would address the matter.

We looked at the records and checked the stock levels for a random selection of controlled drugs and found they were correct. Staff told us they respected people's right to refuse medication and confirmed no one was receiving medication in a hidden form. Staff involved in the administration of medicines had received training and we saw the procedures to follow in the event of a medication error had been discussed at a recent staff meeting.

We saw staff were patient and calm when administering medicines to people. They explained to people what the medicine was for, why they needed to take it and stayed with each person until the medicine had been taken.

We asked the registered manager how they decided on the staffing levels. They told us they were very much involved in the day to day running of the home and monitored the

staffing levels to make sure they were appropriate to the needs of people who used the service. There were usually two care workers on duty during the day and one at night. The registered manager lived on the premises and therefore was always available to provide support if needed. When the registered manager was away on leave alternative arrangements were made to ensure there was a senior member of staff available on the premises. The service also employed a cook and a cleaner. The staff we spoke with told us there were usually enough staff on duty and confirmed the registered manager was always available to provide additional support when needed.

We looked at the files of three staff. We saw all the required checks had been done before they started work. This included written references and checks to confirm they did not have a criminal record which would make them unsuitable to work in a caring environment. In two of the staff files we saw the registered manager had recorded they had seen proof of identity which was required for the criminal record checks. However, the proof of identity documents were not in the files. The registered manager said they would deal with this as a matter of urgency. The staff we spoke with confirmed they had been required to wait until all the checks had been completed before they started work. This helped to make sure people were protected against the risks of being cared for by staff who were not suitable to work in a care setting.

The provider had systems in place for dealing with staff disciplinary and grievance matters. We saw a record a recent disciplinary procedure and saw appropriate action had been taken in response to concerns which had been reported to the registered manager on behalf of a person who used the service.

In people's care records we saw that risk assessments had been carried out in relation to areas of potential risk such as moving and handling, falls, nutrition and pressure sores. When people were identified as being at risk there was evidence action was taken to reduce or eliminate the risk of harm. For example, when people were at risk of developing pressure sores they were referred to the district nurses and pressure relieving equipment such as mattresses and cushions were provided. This showed the provider had suitable arrangements in place to identify and manage risks to the safety and well-being of people who used the service.

Is the service safe?

We looked at the maintenance records. The records showed equipment and installations such as the fire alarms, fire detectors, emergency lights, fire extinguishers, the stair lifts and hoists were serviced and maintained in accordance with the manufactures guidelines. We saw the service had an up to date gas safety certificate and the portable electrical appliances had been checked in July 2014. On the day of the inspection the registered manager was unable to locate the paperwork to confirm checks had been carried out on the electrical hard wiring. Following the inspection they confirmed they could not locate the paperwork and said they had arranged for an electrician to

check the hard wiring and issue a new certificate. They said they would send us a copy as soon as it was available. When we looked around we found the home was well maintained.

We found the home was clean and free of unpleasant odours. The kitchens were inspected by the Local Authority environment health department in January 2014 and given a rating of five, (the highest score possible), for food safety and hygiene. The home was inspected by the Local Authority infection control team in June 2014 and achieved an overall score of 97% compliant.

Is the service effective?

Our findings

Staff told us they had induction training when they started working at the home and thereafter had regular updates. This was confirmed by the training records which showed staff were up to date with training on safe working practices such as fire safety, moving and handling, food safety, infection control, safeguarding and first aid. We also saw evidence staff received more specialist training such as dementia awareness, Parkinson's disease and preventing pressure ulcers. A senior care worker told us they had just completed a National Vocational Qualification (NVQ) at level 3 in management and leadership. The staff we spoke with told us they were well supported by the management team and had regular supervision and appraisals. We saw evidence of this in the records we looked at.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Information about the MCA and DoLS was displayed in the home and was accessible to people who used the service. The staff we spoke with told us they had received specific training about the MCA and DoLS and this was confirmed by the records. The registered manager had taken appropriate action to meet the requirements of the law. They told us applications had been submitted and were being processed seeking authorisations to deprive people of their liberty where this was required in order to help keep people safe.

We saw signed consent forms in people's care records and throughout the day we observed staff asked people for consent before delivering care or support.

The service worked to a four weekly menu cycle. We saw people's nutritional status was assessed and their weight was checked at regular intervals. When people were at risk or had lost weight we saw this was dealt with appropriately. For example, we saw one person had been prescribed dietary supplements. People's food likes and dislikes were recorded and we saw these were catered for. For example, one person's records stated they liked to have their own condiments at meal times and at lunch time we saw the condiments were available. One person told us their lunch was "Fabulous" and having had soup and a main course they said they could not possibly find room for a pudding. We saw people were offered drinks and snacks throughout the day. This showed us people were supported to have a varied and nutritious diet.

We saw people were supported to meet their health care needs and had access to the full range of NHS services. Visits from health care professionals were recorded in people's care plans. These included GPs, district nurses, community psychiatric nurses and opticians. We saw people had been referred to specialists where necessary, for example one person had been referred to a neurologist and another to a dermatologist. Staff told us the service was linked to the Telemedicine system provided by Airedale General Hospital. They said this was particularly helpful when someone had suffered a minor injury because the person could be assessed by a doctor via a video link. This meant people were able to get medical support without the anxiety of a visit to the Accident and Emergency department and it also helped to reduce unnecessary admissions to hospital. We spoke with a visiting health care professional who told us they had a good working relationship with the home. They said staff acted on their advice and had responded well to recent education on the prevention of pressure sores.

Is the service caring?

Our findings

People told us the staff were kind and caring and throughout the day we observed staff were compassionate in their interactions with people. One person's relative described the staff as, "Lovely and friendly" and said they could always have a laugh with them when they visited. Another person's relative said the staff were, "Extremely caring", they said the home had a "personal" touch which they found reassuring.

A visiting health care professional told us they had observed the staff were, "Very patient" in their interactions with people who had complex needs and said people who used the service seemed, "Comfortable" with staff. They said they found the home had a, "Nice atmosphere" and they were always made welcome.

People looked well cared for. We saw people were dressed appropriately and their clothing was clean and well fitting. People's hair was combed and people's hands and nails were clean. People had personal belongings in their rooms such as pictures, ornaments and items of furniture. People's bedrooms were clean and tidy which showed that staff respected people's belongings.

We observed all the staff were respectful when talking with people who lived in the home. For example, when speaking to people who were sitting down they knelt down so that they had face to face contact with them. During the morning we saw one person had a stain on their trousers, one of the care workers noticed this as soon as they came into the room and discreetly asked the person if they would like to go and change.

The staff we spoke with were able to tell us about people's individual needs and preferences and how they supported people to meet their needs. They explained how they supported people to maintain their privacy, dignity and independence. For example, by making sure daily routines were flexible to meet people's needs. We saw from the notes of recent staff meetings that a lot of time had been devoted to staff training on supporting people to maintain their privacy and dignity.

We saw people had access to advocacy services. During the inspection we had the opportunity to speak with an advocate who was a regular visitor to the home. They told us they had no concerns about the care and support provided to people who used the service.

The relatives we spoke with confirmed they were able to visit at any time.

One of the care staff said Ghyll Court was a, "Lovely" place to work because the staff were encouraged to spend time sitting and talking with people.

At lunch time we observed people were provided with special crockery and cutlery to help them maintain their independence. For example, while most people had their soup served in a bowl one person had it in a mug which enabled them to eat without help from staff.

The home had a new office on the ground floor and the registered manager told us it was an improvement because it meant they now had an easily accessible room in which to have private conversations with people who lived at the home and/or their relatives.

Is the service responsive?

Our findings

The relative of one person who used the service told us Ghyll Court provided, “Very good care.” Another relative told us they were satisfied their relative was receiving the, “Best care” they could be.

We looked at three people’s care records. We found people’s needs were assessed before they moved into the home to make sure the service could provide the care they needed. The information obtained during the assessment process was used to develop care plans which included information about the support people needed with all aspects of their day to day lives. We saw care plans were up to date and reviewed regularly to take account of any changes in people’s needs. We saw evidence people who used the service or those acting on their behalf had been involved in developing and reviewing the care plans. The relatives we spoke with told us they were always told about any changes, for example, if the doctor had been asked to visit and the outcome of the visit.

The records contained information about people’s preferences, likes and dislikes. The records also had information about people’s past lives and current circumstances, their family, friends and interests. This helped staff to get to know people as individuals and provide care and support which was tailored to their needs. The information in one person’s records showed they were a quiet person who liked to spend time in their bedroom. When we spoke with them they told us the daily routines were flexible and said they were left alone when they wanted to be.

The staff we spoke with had a good understanding of people’s individual needs and preferences. They told us about one person who was not always able to say what they wanted but could express themselves in other ways. For example by shaking their head and closing their mouth firmly when they didn’t want any more to eat.

There was signage in place to help people find their way around and maintain their independence.

There was a varied programme of social activities and information about planned activities was displayed in the home. We saw people were supported to maintain contact with the local community, for example, one person was involved with a local walking group. On the day of the inspection it was sunny and warm outside and we observed staff encouraging and supporting people to go out if only for a short walk in the gardens.

Information about the complaints procedure was displayed and there was a comments box where people could post any comments and suggestions. The complaints records showed there had been one complaint since the last inspection and this had been dealt with in line with the provider’s procedures. People told us they would not hesitate to speak to the registered manager if they had any concerns and were confident their concerns would be dealt with. The registered manager also kept records of compliments and we saw a large file containing letters and cards in which people expressed their thanks and appreciation of the services provided.

Is the service well-led?

Our findings

We contacted the provider in August 2014 and asked them to complete a Provider Information Return (PIR). 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. The PIR was not returned and when we asked the registered manager about it during the inspection they said they had not received it. Following the inspection the provider told us they had changed their email address and the PIR had been sent to the old email address. The Commission received the notification about the change of email address on 01 May 2015.

The home had a registered manager who was visible in all areas of the home throughout the day. We saw the registered manager led by example and provided a good role model for the staff team.

There were systems and processes in place to monitor and assess the quality of the service. These included checks on the medication systems and infection control processes such as hand washing. However, the auditing systems were not always effective in identifying shortfalls, particularly in relation to record keeping. For example, when we looked at medication records we found the times of administration were not being recorded when people had Paracetamol. This had not been identified in the audit carried out by the provider. When we looked at the maintenance records we found the provider was not able to provide an electrical hard wiring certification to confirm the safety of the electrical installations. They addressed this as soon as we brought it to their attention but it had not been picked up by the provider's auditing systems before our inspection. In addition, we found the provider's auditing systems had not identified shortfalls in the records maintained in respect of staff employed by the service.

This was discussed with the registered manager who said they would deal with it.

The registered manager told us because they were always available in the home they had a lot of contact with people's relatives. They said they had started to hold meetings for people's relatives but were unsure if this was something that people wanted. They said two people had attended the first meeting, however, they intended to continue with quarterly meetings for the time being.

The registered manager sent surveys to people's relatives every year. We saw the results of the most recent survey had been discussed at a staff meeting in September 2014. There was a lot of positive feedback from people. One person commented, "Ghyll Court has personal touch and homely atmosphere" and another person wrote, "A lovely home, staff and residents, just like a family. Thank you."

The registered manager told us there had been a concern about the laundry, in particular, people's clothing being put in the wrong rooms. In response to this they had changed the system and the day staff took over responsibility for returning people's clothing from the laundry. They said this had resolved the matter. This was confirmed by a relative we spoke with. This showed the views of relatives were actively being sought to find out where they thought improvements could be made.

We saw there were regular staff meeting and the topics discussed included safeguarding, dignity training, preventing social isolation and changes to the regulation and inspection of care services.

We looked at the accident and incident records and saw action was taken to reduce the risk of the same thing happening again and if appropriate to investigate the cause. We saw the reporting of accidents/incident and near misses was discussed at staff meetings to make sure all staff were aware of the correct procedures. This showed the provider had systems in place to help identify, assess and manage risks to people's safety and well-being.