

Ghyll Royd Nursing Home Limited

Ghyll Royd Nursing Home

Inspection report

New Ghyll Royd
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Date of inspection visit:

26 November 2020

27 November 2020

30 November 2020

07 January 2021

12 January 2021

14 January 2021

18 January 2021

19 January 2021

26 January 2021

Date of publication:

24 February 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ghyll Royd Nursing Home is a care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The home is divided into four units; Yew, Rowan and Maple 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 possible safeguarding concerns. People and their relatives told us they or their family member were safe at the service. People received their medicines as prescribed because medicines were managed safely.

There were systems in place to identify, manage and reduce risks for people. Completion of some charts to support risk management needed to be improved.

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

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 and relatives told us the service was provided by staff who were caring and supportive and knew their needs. We did, however, find some care plans were not always detailed enough to support people and ensure their needs were understood.

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.

People and their relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns. People and staff felt the service was well led. Staff told us the management team were, very approachable and always available for advice and support.

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 4 January 2018).

Why we inspected

This was a planned inspection in line with our inspection programme. The inspection was also prompted in

part due to concerns about potential risks around falls, medicines, management, response to Covid-19 and leadership we had identified as part of CQC intelligence gathering and monitoring. We therefore carried out a focused inspection to review the key questions of safe, responsive and 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, responsive 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 re-inspection 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ghyll Royd Nursing Home

Detailed findings

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, an inspection manager, a medicines inspector, a specialist advisor in governance 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 provider and registered manager are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, there was an interim manager in post, and they had not applied to become registered with the Care Quality Commission. This meant the provider had sole legal responsibility for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the manager, staff and people who used the service.

Inspection activity started on 26 November 2020 and ended on 26 January 2021. We visited the service on 26 November 2020.

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, local safeguarding team 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 face to face with four people who used the service and by telephone with one person who used the service and eight relatives about their experience of the care provided. We observed the delivery of care and support in communal areas to help us understand the experience of people who were unable to talk with us. We spoke face to face with the provider, manager, deputy manager, two unit managers, four members of care staff, two housekeepers and an agency staff member. We spoke by telephone with five members of care staff. We received feedback by email from a health professional. We spent time observing the care and support people received. We reviewed 15 people's medicines records. We looked at staff records in relation to recruitment and supervision.

After the inspection

We reviewed a range of records. We reviewed most of the documentation remotely by asking the manager to send us key information before and after our site visit. This included seven people's care records and the staff training overview. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

We continued to seek clarification by telephone from the manager to validate evidence found.

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. At this inspection 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

- People's care records contained risk assessments which provided guidance for staff on how to manage and mitigate any identified risks to people. For example, people who were at risk of falls had equipment in place to reduce falls.
- However, charts to support risk management such as change of position, fluid intake and personal care delivered were not always completed in full. The manager addressed this during the inspection.
- Checks to monitor the safety and quality of the environment were in place. Appropriate action was taken to address issues when identified.
- Accidents and incidents were analysed on a monthly basis to see if improvements could be made to keep people safe. These included new equipment or referrals to health practitioners.

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, overall, assured that the provider was using PPE effectively and safely. However, we noted staff did not fully follow government guidance on the wearing of gloves. This was addressed during the inspection.
- 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.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. Policies and procedures were in place to identify and record any safeguarding concerns and to reduce the risk of reoccurrence and promote people's safety and experience.
- Without exception, all people and relatives we spoke with told us they or their family members were safe and well cared for. Comments we received included; "I feel perfectly safe here especially regarding Covid; they are careful. They are very good with my dignity" and "The level of care and the way they adapt to change makes us feel our relative is absolutely safe."

- Staff interactions were positive, and kind. Staff took their time with people and did not rush them.
- Staff received appropriate training in safeguarding. They understood how to recognise, report and safeguard people from abuse. Staff said they felt confident their concerns, if reported were addressed. One member of staff said, "I feel I can whistle blow in to good hands."

Staffing and recruitment

- Recruitment procedures ensured staff were safe to work with vulnerable people.
- There were enough staff to meet people's care and support needs. Staff were deployed in such a way to ensure people's needs were met in a timely manner.
- People and their relatives spoke positively about staffing levels in the service. They had no concerns and said staff answered their call bells promptly.

Using medicines safely

- The home had effective medicines policies which were regularly reviewed.
- Medicines were stored securely.
- Medicines which are controlled drugs were managed appropriately.
- Medicine audits were effective in ensuring medicines were used safely.
- Records showed that people were given their medicines in the right way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were not always fully documented in a way that supported a person-centred approach. The use of terms such as 'full support' and 'full assistance' in care plans could lead to people's needs being missed or overlooked. The manager had identified the need for care plans to improve and had plans to introduce an electronic system.
- Despite this lack of personalisation in some care plans, people and their relatives felt staff knew them well and provided support in a personalised way. People's comments included; "The care staff are very nice and kind. Staff help me to get dressed" and "I still try to be independent. I choose when to get up and when to go to bed."
- Staff told us that they knew people well and had a good understanding of their needs. They described people as individuals and spoke of people's life histories.
- The service supported people with end of life care and staff received appropriate training. Staff were positive about the training they had received and told us that they felt confident to support people in their final days of life.
- Relatives told us they were involved in planning their family member's care and this included end of life wishes. Work was also on-going with some people and relatives to encourage everyone to discuss their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service could produce information in different formats and languages if needed.
- Picture cards and IPADs were used to aid some people's communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were opportunities for people to participate in activities which were planned to suit people's needs and based on current good practice initiatives such as the Pool Activity Level instrument. Which allows care staff to engage people living with dementia in meaningful activity.
- People choose whether to participate in activities and staff respected their decision.
- People and relatives gave positive feedback about activities. Comments included; "I get enough attention, particularly from the crafts lady. I have made things like a decorated box and Christmas decorations, I also

like reading" and "They have new sensory lights with music which they can move to. The activity ladies are very nice, and they sit with my relative and try to converse."

Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately. There was a complaints log with actions recorded and signed off when completed.
- Complaints were used to identify any areas of learning, so action could be taken to reduce the risk of reoccurrence.
- People and their relatives knew how to raise concerns. One person told us, "I have never had to make a complaint, but if I did, I would do it via the staff."

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. At this inspection 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

- The provider's systems made sure people received person-centred care to meet their needs and preferences. However, care records needed to improve to fully reflect this, as they lacked detail and contained inconsistencies at times.
- Staff demonstrated commitment to their roles, and they had built positive and caring relationships with people. They spoke with warmth about people and it was clear they understood people's individual needs well. People and relatives told us, "Everyone is very caring" and "My relative is happy at the home and gets on with the staff."
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

Continuous learning and improving care

- Service audits were, in place and used to develop the service by reflecting good practice and ensuring actions to improve the service. However, there were some inconsistencies with recording completion dates and associated confirmation of sign off from actions completed. The manager agreed to review these.
- The service was planning to introduce a new electronic care planning system as they had identified care records needed to improve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of this inspection the service did not have a registered manager. The provider had ensured an interim manager was in post and a new manager had been recruited. The new manager commenced during the inspection. They were in the process of completing their application to the CQC to become registered.
- Systems were in place to ensure that quality and risks were monitored at the service.
- Staff told us they were supported by the management team at the service and felt they could raise any issues or concerns if they needed to. They said they felt respected and valued and were treated fairly. Staff's comments included; "[Name of manager] is lovely and listens" and "The home is really well managed now, [Name of manager] is doing a great job."
- The management team informed staff of important information about changes in people's care needs and matters regarding the running of the service via regular communications held between them.

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

- The provider and manager understood their responsibilities under the duty of candour. For example, the service informed people and their families of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider and manager had notified CQC of any incidents in line with regulations.
- Staff were encouraged to raise any concerns through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were regularly asked for feedback on the service's performance. Feedback from recent surveys was overall, positive. Comments included; 'The home is a well-run ship' and 'All who are here to care for us in so many different ways, do so with comforting smiles and care, thank you all.'
- Staff had regular one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service.
- The manager and staff had a good understanding of equality issues and valued and respected people's diversity.

Working in partnership with others

- The management team and staff worked effectively with partners to ensure people's care needs were met. They made appropriate referrals to professionals, and guidance provided acted upon. A health professional told us, "The nursing team are all very knowledgeable, accommodating and aware of the patients' needs and current happenings. I have no concerns about the service from the liaison I have had so far."