Parkcare Homes (No.2) Limited

Ghyllside

Inspection report

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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?	Good

Overall summary

This inspection took place on 7 January 2016 and was unannounced.

At the last inspection on 12 November 2013 we found the service was meeting the regulations.

Ghyllside provides accommodation and personal care for up to 4 males with enduring mental health needs. There were 4 people living at the home when we visited. Ghyllside is closely linked to The Priory Hospital Keighley nearby and the people who reside at Ghyllside have been transferred directly from The Priory Hospital

The accommodation consists of four single bedrooms, one of which has ensuite facilities and there is a communal bathroom. On the ground floor there is a toilet, lounge, kitchen, dining room and games room. There are gardens to the rear of the property.

The home has a registered manager who has been in post since 2013. 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 told us they liked living at the home and felt safe. We saw people's care had been planned and agreed with them with input from other health care professionals involved in their care. Risks were managed well and there were risk management strategies in place to keep people safe, while at the same time optimising their freedom.

Staff had a good understanding of safeguarding, could describe the symptoms of abuse and knew the reporting systems if any allegations of abuse were raised. There were sufficient numbers of staff deployed to ensure safe care and support. Staff recruitment processes ensured staff were suitable and safe to work in the care home.

Medicines were managed safely and systems were in place which supported people to administer their own medicines.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

We saw people were encouraged and supported to be independent and to be part of the local community. For example, two people carried out volunteer work in local charity shops. People followed their interests, attending local churches, community groups and social clubs as well as travelling to see friends and relatives.

Staff knew people well and supported people in accordance with their individual preferences and needs. Staff received the training and support they needed to carry out their roles.

People's privacy and dignity was respected and maintained. People praised the staff who they described as 'good'. We saw people were comfortable around staff and observed positive relationships.

People decided what food they were going to eat, who was going to cook and planned their meals accordingly. People were supported with cooking and shopping by staff as and when required. People's nutritional needs were monitored and they were supported with healthy eating programmes.

People were supported by staff to access healthcare services such as the GP, dentist, podiatrist and to attend clinic and hospital appointments. The Care Programme Approach (CPA) was used to develop care plans and risk assessments and ensured people's mental health needs were met.

People and staff told us the home was well led and we saw satisfaction surveys and monthly 'Your Voice' meetings ensured people views were heard. There was a range of quality audits in place, although we found these were hospital focussed, which meant some sections were not relevant to the care home. The registered manager agreed to review these documents.

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.

People were kept safe as risks were well managed and there were sufficient staff to meet people's needs.

Robust recruitment processes ensured staff were suitable to work with people who used the service.

People were encouraged and supported to manage their own medicines safely.

Good

Is the service effective?
The service was effective.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the induction, support and training they required to support people and meet their needs.

People were involved in planning and managing their own nutritional needs with support given by staff as and when needed.

People's healthcare needs were assessed and staff supported people in accessing health professionals which ensured people's needs were met.

Good

Is the service caring?
The service was caring.

People said the staff were good and provided them with the support they needed.

People's privacy and dignity was respected. People's views were sought and acted upon.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and making decisions about their care and support as tailored to meet their individual needs.

People were supported to pursue activities of their choice and were encouraged to integrate into the community.

People knew how to raise any concerns and felt confident these would be dealt with.

Good

Is the service well-led?
The service was well led.

People and staff spoke positively about how the service was run. People's views were sought about the service.

Quality audit systems were in place to ensure service improvement.

Good

Ghyllside

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 7 January 2016 and was unannounced. The inspection was carried out by one inspector as due to the size of the service a larger team was not considered appropriate.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted commissioners from the local authority and the local authority safeguarding team.

Before the inspection, the provider completed 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.

We spoke with three people who were living in the home, a senior support worker, the community house deputy manager and the community house manager. Following the inspection we spoke with three health and social care professionals who visit people who live in the home

We looked at two people's care records, one staff file, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw two people's bedrooms with their permission and communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person when asked if they felt safe said. "I do yes, they're good here." People who live in the home are encouraged and supported to go out in the community. We saw people were able to come and go freely from the home with staff ensuring they were safe before they went out. For example, checking they had enough money and confirming travel arrangements.

Detailed risk assessments were in place which identified potential hazards for people such as, the risk of abuse, as well as risks associated with any physical and mental health conditions such as diabetes and schizophrenia. We saw risk assessments were developed in partnership with people through Care Programme Approach (CPA) meetings which included staff from the home and other healthcare professionals involved in the person's care. The Care Programme Approach (CPA) is a national framework for the assessment and management of people with mental health needs, both in hospital and in the community. This ensured both staff and people who used the service were clear about the management strategies in place to keep people safe.

The community house manager told us there had been no safeguarding incidents since the last inspection. The community house manager and community house deputy manager were the nominated safeguarding officers for the home and as safeguarding trainers provided training to staff. Safeguarding procedures were displayed in the office and staff we spoke with had a good understanding of how to identify and act upon allegations of abuse. They were aware of the risks to individuals and knew the actions that had been agreed with people to reduce these risks. For example, they told us about budgeting plans which had been agreed with individuals to protect them from financial abuse and we saw evidence of this in the care records we reviewed. We saw information about abuse and the safeguarding procedures was available to people who used the service and the community house manager told us safeguarding was discussed with people at their monthly meetings.

People told us there were enough staff to provide them with the care and support they needed and no concerns were raised. The community house manager told us the usual staffing levels comprised of one senior support worker throughout the day and night. They told us the four people who lived at the home at the time of the inspection were independently mobile and managed their own personal care needs with prompting from staff. This was confirmed by our observations and the care records we reviewed. The community house manager said extra staff were provided if people required support or assistance and this was confirmed in our discussions with staff. For example, they told us additional staff had been brought in when one person required additional support following discharge from hospital. An 'on call' rota showed management staff were available at all times and staff told us they responded promptly to any calls.

Safe recruitment procedures were in place. We checked the recruitment file of one recently appointed staff member. An application form had been completed detailing their previous employment and qualifications. Interview records showed how the applicant's suitability had been assessed for the staff role. Recruitment checks included a criminal record check through the Disclosure and Baring Service (DBS) and references were obtained.

We found medicines were managed safely and saw people were encouraged and supported to manage their own medicines. The community house deputy manager explained a hospital pharmacy assessment tool was used to assess people's suitability for self-medication. Support was provided to enable people to progress through different stages which ensured adequate controls were in place to manage any risks. As a result of support given by staff, three people were self-medicating and taking responsibility for the storage and administration of their medicines. One person showed us where they kept their medicines and described how they collected their medicines from the pharmacy. The community house deputy manager told us another person was being supported to self-administer their medicines under staff supervision and it was hoped in future they would be able to manage their own medicines fully.

We found medicines were stored safely and medicine administration records (MAR) were well completed. Although two hand written entries had not been double signed by staff as recommended in the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes. Some prescription

Good

Is the service safe?

medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. The community house deputy manager advised no one was prescribed controlled drugs.

Protocols were in place for 'as required' medicines which provided staff with guidance about the circumstances in which these medicines should be administered. We found safe systems in place for the ordering of medicines. We found excess medicine stock had accumulated for some people and a range of different stock levels sheets made auditing more complex than it needed to be. The community house manager told us this had been identified during an inspection at another of their services and they were taking action to remove the excess stock and make the recording of stock levels simpler. We checked the stock levels of one medicine and found the number of tablets tallied with the stock records.

We saw one person's blood sugars were being monitored twice weekly by staff. There was guidance displayed to show what blood sugars levels should be, however, when we asked staff what action they would take if the blood sugar levels were out of this range they did not know. This information was not included in the person's care plan, which stated the person attended a clinic twice weekly for blood sugar tests. The community house manager acknowledged this information needed to be clearer and said they would address this straightaway.

The home was clean and well maintained. Systems were in place to check and ensure the safety of the premises including areas such as gas safety, legionella risk assessment, water temperatures and fire safety.

Good

Is the service effective?

Our findings

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 to 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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

There were no DoLS authorisations in place and no applications had been made. Our conversations with staff and the managers showed a good understanding of the principles of the MCA and DoLS. We saw mental capacity assessments had been completed to assess if people had capacity to make specific decisions such as consenting to care and treatment. The community housing manager told us people had capacity and this was confirmed in the assessments we reviewed.

The community house manager told us new staff completed a full induction programme which included a period of shadowing until all mandatory training and medication training had been completed and the staff member had been assessed as competent to work alone. We saw evidence of induction training in the staff file we reviewed.

Information submitted in the provider information return (PIR) showed staff received training in key areas such as medication awareness, safeguarding, MCA and DoLS, infection control and fire safety. We looked at the provider's training matrix which showed staff were up-to-date in the majority of training listed with just a small percentage of staff requiring updates in moving and handling and basic life support. Specialist training was provided to ensure staff had the skills and knowledge to support people appropriately, such as breakaway training and crisis management, which the matrix showed all staff had completed. The community house deputy manager was a trainer in Non-Violent Crisis Intervention (NVCI) and provided training in house to staff. Staff we spoke with praised the training they received. They said, "We get a lot of training and it's very good. Mine's all up to date, they are very keen on that and have systems in place that highlight when updates are due".

Staff received regular supervision and annual appraisal and told us they felt well supported in their role.

People's food preferences were recorded in their care records. People who lived in the home decided together what they were going to have to eat in the week ahead and who was doing the various tasks such as cooking, laying the table and clearing up afterwards. This information was included on a menu planner displayed in the kitchen. One person told us, "We have a meeting every Sunday where we choose what meals we're going to have." Another person said, "We all help with the cooking and shopping. We can have what we want." Although meals were planned for the week ahead we saw there was flexibility in the menu. For example, salad had been planned for lunch on the day of our inspection but after a discussion with one another and staff, people decided they would prefer a hot meal. People told us they went out most days and often had their meals out and sometimes had takeaways during the week. We saw staff supported people with the cooking and shopping when needed.

People's weight was monitored and we saw where there had been fluctuations in weight, care plans reflected the action to be taken. For example, one person had recently gained weight which had implications for their health condition. The care records showed staff had held discussions with the person about the weight gain, involved health care practitioners and a healthy eating plan had been agreed. We saw monthly discussions between the person and their keyworker reinforced the healthy eating plan and the records showed the person had recently lost weight.

Health care plans were in place which detailed people's health conditions. These contained clear actions and responsibilities to ensure people's health was effectively maintained. We saw staff supported people in accessing health care services. For example, we saw staff reminded one person of a healthcare appointment they had and the actions they had to take prior to the appointment. Constant reminders and encouragement from staff ensured

Good

Is the service effective?

the person attended their appointment and received the treatment they needed. We saw staff supported another person to access their GP when they were feeling unwell. The care records showed people had accessed a range of healthcare which included dentist, podiatry, GP and various hospital and clinic appointments.

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital.

Care Programme Approach (CPA) meetings were documented and ensured people were involved in planning their care in conjunction with staff from the home and mental healthcare professionals. Mental healthcare professionals we spoke with told us staff ensured CPA meetings were arranged and that all the necessary people attended. One mental healthcare professional said, "They keep me updated about any changes in (name of person's) condition and are very supportive. I am very happy with how people's needs are being met."

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home. One person said, "I can go out and about as I want. Staff are good." Another person said, "Staff here are good. They help you. You can talk to them." A further person said, "Staff help me if I need it."

We observed staff had developed good relationships with people and knew them well. We saw people were comfortable around staff. A small and stable staff team meant staff understood people's preferences and needs and ensured support was tailored to meet individual requirements. People told us staff treated them with respect and we saw this in practice. For example, we saw staff did not enter people's rooms without their permission and always knocked and asked if they could come in. When one person had not attended to their hygiene needs we saw staff spoke with them discreetly and with encouragement persuaded them to have a shower. We saw staff reinforced positive behaviour, for example praising a person when they had managed to lose weight. People had keys for their rooms which meant they could keep their room secure and ensured their privacy.

People's independence was constantly promoted in all aspects of daily living. We saw staff enabled people to be as independent as possible by prompting and supporting. People got up when they wanted throughout the morning and had breakfast. We saw staff supported people in decision making. For example, before one person went out for the day staff checked where they were going and travel arrangements, that they had everything they needed including money and clarified when they were likely to be back. We saw these prompts helped the person by ensuring they had everything they needed before they left the home. Where people needed more support we saw this was provided. For example, one person was accompanied by staff to an appointment. We saw staff had time to spend with people and adopted a flexible approach determined by people's needs.

People were encouraged to express their views through monthly 'Your Voice' meetings. These meetings were attended by everyone who lived in the home and staff. We saw minutes from recent meetings which showed a wide range of topics had been discussed such as health and safety, activities and maintenance. We saw actions had been taken to address the issues raised and these were communicated to people through posters entitled "Your voice – We listen", which showed suggestions made by people and the action taken to address these. For example, at one meeting people had said they would like to be involved in the health and safety checks carried out by staff such as water temperature and fire safety checks and this was being done. People we spoke with told us about the 'Your Voice' meetings and said they thought they were good as it meant they could decide what they wanted to do and it happened.

Arrangements were in place for people to maintain contact with family and friends. One person told us about regular visits they made to a relative. Information about advocacy services was displayed in the home and we saw people's care plans reminded staff to inform people that advocacy services were available if required. Staff told us people could access the advocacy service at Priory Hospital whenever they needed this support.

Care plans contained detailed information about people's likes, dislikes and how they wanted their support to be delivered. This included what people wanted to happen if they became very sick or they were in a situation where they might die. We saw people had signed their care plans and had been involved in monthly reviews with staff to discuss any changes. This showed a person centred and inclusive approach to care.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care they received and said they liked living at the home. This was reinforced in our discussions with healthcare professionals who told us the people they visited said they were happy in the home and the professionals observed people's needs were managed effectively by staff. One health care professional told us the person they supported had made progress since they had been in the home. Another healthcare professional told us they felt the person they were involved with was not making as much progress as they had hoped but acknowledged the improvements they had made since they had been admitted to the home.

People who lived at Ghyllside had been there since the home opened. The service user guide showed that admissions to the home would usually be people who had transferred from the Priory Hospital in Keighley. This was confirmed by the community house manager who explained pre-admissions assessments would be carried out by a multi-disciplinary team at the hospital which included the registered manager. We saw evidence of detailed admission assessment information in the care records we reviewed.

People told us they were involved in decisions about their care and support and this was evidenced in the care records we reviewed. Through the Care Programme Approach (CPA) people were involved in discussions about all aspects of their care and were party to agreements made about how risks were managed, for example, managing compulsive and addictive behaviours. We saw up-to-date risk assessments and care plans, signed by the individual, reflected the decisions made at CPA meetings and provided clear information about the support required from staff. One to one sessions with keyworkers ensured people had an opportunity to discuss their care and support, review progress and determine if any changes were needed. We saw these sessions focussed on the needs of the individual and gave them time to explore and discuss any issues. For example, records showed how a staff member had discussed with an individual the consequences of the action they wanted to take which was a pattern of behaviour identified in their risk assessment. The record showed the staff member fully explored the proposed action with the person, making sure they fully understood and then gave them time to consider their decision. This showed staff fully engaged with people, listened to their opinions and respected their choices, while at the same time reminded them of the agreements in place.

Each person had an individualised weekly activity programme designed to meet their preferences and help them integrate into the community. People we spoke with told us they went out most days and used public transport to access a variety of interests in the community. For example, one person told us about the charity work they did two days a week; another said they regularly took the train to visit family. We saw people attended the local church services, car boot sales, five a side football, the golf driving range, social clubs and other community groups. Three people were interested in gardening and were involved in a gardening club with one of the organisation's other homes and grew their own vegetables which were used for their meals. All three people had attended Shipley college and had achieved a diploma in horticulture.

People told us they had been on trips to Blackpool and regularly went to local areas such as Keighley and Skipton for days out. Staff told us over the summer people had been to Bridlington, Blackpool, the Yorkshire wildlife park and fishing at Kilnsey Trout Farm.

People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. The complaints procedure was displayed in the home. The community house manager told us there had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

The community house manager told us there had been a recent internal management re-structure which had resulted in changes affecting Ghyllside. The registered manager for Ghyllside is also the hospital director at the Priory Hospital and is based at the hospital. They were not present at this inspection. The community house manager said the re-structure meant they were now managing the home and they would be applying for registration with the Commission.

We found the home was well organised and well managed. Staff told us they felt well supported in their roles and people told us the home was well run. We found learning from the organisation's other services was shared so that improvements were made across the board. For example, an inspection at another service a few days prior to this inspection had identified improvements were needed in the recording of medication stock and the community house manager had started to put arrangements in place to make these changes in all of the care homes.

The PIR stated quality and governance systems were in place and were supported and driven by the Priory Hospital. We found the home had a range of systems in place to assess and monitor the quality of the service. Audits were undertaken which included medication, infection control, care documentation and health and safety. However, although audits were completed we found those we reviewed lacked detail, were hospital focussed and included areas which were not applicable to care homes. For example, the infection control audit we reviewed was undated and referred to examination couches and dressing trolleys. The medication audit dated November 2015 referred to nurses, yet there were no nurses employed at Ghyllside. The medicine policy did not refer to the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes and when we asked the community house manager and community house deputy manager they were unaware of this guidance.

The care plan audit dated November 2015 noted many of the questions asked on the audit form were not applicable as the service was not a hospital service. For example, one part of the audit asked questions about the level and frequency of observations, which was not relevant to Ghyllside.

We also saw reports of external compliance audits completed by an inspection team from Priory Hospital in May and December 2015 which assessed the service against CQC quality standards. These audits rated the service as good in all areas, yet there was no information on either of these reports to show how these judgements had been reached. Following the inspection the registered manager agreed the audits would be reviewed to ensure the areas looked at were relevant to the care home.

The community house manager told us incidents and accidents were recorded electronically and were reviewed at clinical governance meetings. There had been only one incident recorded since the last inspection.

People's views of the service were sought through annual satisfaction surveys. We saw evidence of these in two people care records. The surveys had been completed in March 2015 and showed both service users were satisfied with all aspects of the service. There was a section on the form which asked if there was anything the service could do better and one person had said, 'Just to continue helping like you do now everything is good here'.