

Isle Care (Axholme) Ltd

# Nicholas House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Nicholas House Care Home is a residential care home that was providing care for 17 people aged 65 and over at the time of inspection, some of whom were living with dementia. The service can support up to 40 people. The care home accommodates people in one adapted building over two floors. One area of the home is used to support people living with dementia.

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

Medicines were managed safely although improvements were needed to improve standards of record keeping. We have made a recommendation about this.

Since the last inspection, the provider had improved safety and risk management within the service. Improvements had been made to ensure high standards of cleanliness of the environment were maintained. New flooring had been laid in communal areas and bedrooms and old items of furniture had been replaced. New windows and window restrictors had been fitted on the top floor of the service which met health and safety regulations. Fire safety issues had been addressed and regular fire drills were carried out.

The quality of record keeping in relation to people's care and safety had improved. Care records contained up to date information about people's needs and risks. People's preferences and choices were considered and reflected within records.

People and relatives said they felt the service was safe and that people were well supported and received good quality care. Good systems were in place to protect people from abuse. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made.

Staff cared for people with compassion and kindness and treated them with dignity and respect, their independence was promoted. People were involved in the provision of activities available for them to take part in. There was a wide range of opportunities for people to engage in activities and follow hobbies and interests. People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

Staff were recruited safely and received the training and support they needed to undertake their role. Staff spoke positively about the support they received from the registered manager and the team.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed. People and their relatives said they felt the service had improved under the new registered manager who was responsive to feedback and committed to improving the service. Meetings were held with people, their relatives and staff to exchange information and gather feedback.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. 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.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 8 September 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

The provider has taken action to effectively mitigate the risks identified in the previous inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nicholas House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Nicholas House Care 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 team consisted of three inspectors.

#### Service and service type

Nicholas House Care 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 inspection was unannounced.

#### What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals involved with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, three relatives, one carer, one cook, one team leader, the maintenance worker, the activities coordinator and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and several staff supervisions. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 inadequate (published 8 September 2020). At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider failed to adequately manage robust medicine systems and practice. This was breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely. However, monthly medication audits did not always contain information relating to any actions required.
- Guidance for staff to safely and consistently administer medicines prescribed 'as and when required' (PRN) needed updating. The registered manager updated these during inspection.

We recommend the provider review record keeping in relation to medicines.

- Staff completed training to administer medicines and their competency was regularly checked.
- Oversight and management of stock levels of medication and storage of medication had improved since our last inspection. Robust arrangements were now in place to ensure all surplus stock was returned to the pharmacy in a timely way.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems and processes were in place to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were protected from the risk of abuse. People told us they felt safe. One person said, "I feel very safe now, the new manager is like a breath of fresh air."

- Relatives told us that they were satisfied that their relatives were safe and well cared for.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the registered manager would address any concerns reported to them and make the required referrals to the local authority.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of analysis of incidents.

#### Assessing risk, safety monitoring and management

At our last inspection the provider failed to adequately assess, monitor and reduce risks to people's health and safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had made improvements within the service. Windows which had been found to be unsafe at last two inspections had been replaced. The provider had ensured that window restrictors were fitted to ensure people's safety, and that all windows met the recommended health and safety guidance.
- Robust fire safety systems were in place to ensure people's safety in the event of a fire emergency. Each person had a personal emergency evacuation plan (PEEP) to describe the support they would need in the event of a fire emergency situation. These were up to date and reflective of people's support needs.
- Regular fire drills were carried out and fire scenarios discussed to ensure staff had the knowledge and skills to safely evacuate in an emergency.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or choking.
- Staff were knowledgeable about risks associated with people's care. They knew when people required support and use of equipment to aid their mobility.

#### Staffing and recruitment

At our last inspection the provider failed to provide adequate staffing levels to support people's care needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Staff told us they felt there were enough staff to meet people's needs.
- People told us that they did not have to wait for support from staff. We observed staff assisting people and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

#### Preventing and controlling infection



At our last inspection the provider failed to prevent and control the risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People were protected from risk of infection.
- The provider had made improvements since the last inspection. The environment was visibly clean. The registered manager carried out daily checks of the environment to ensure the cleanliness of the environment was maintained. One person said, "Lots of improvements have been made since last year, everything is nice and clean now."
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about good practice relating to COVID-19.
- We observed staff using personal, protective equipment (PPE) safely.
- Improvement works continued to be made regarding the redecoration of the environment. The registered manager advised remaining works were included in the action plan to be completed as soon as possible.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement (published 8 September 2020). At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- Improvements were made since the last inspection, staff completed an induction prior to working independently and were supported to complete appropriate training.
- Staff received regular supervision and appraisal of their work performance in line with the provider's policy.
- Daily handovers were carried out and regular emails sent to staff to ensure they had knowledge of any changes within the service including changes with people's care needs.
- Staff training was up to date and staff now had their competency checked thoroughly by the registered manager. One member of staff said, "The medicine training is very thorough and my practice is regularly observed."

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's nutrition and hydration needs were effectively met.
- Snacks and drinks were offered to people throughout the day and a drinks station was set up for people to help themselves.
- People told us, "The food is nice; you can choose what you would like to eat" and "The food is lovely; there is always lots of drinks and snacks."
- The cook had a good understanding of people's dietary needs, such as those who needed a softer diet due to swallowing difficulties.
- Information about people's needs were clearly recorded.
- Staff assessed people's care needs and ensured that records were kept updated with any changes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made appropriate referrals to other agencies when required such as the falls team and general practitioner (GP). Referrals were made promptly, and advice was incorporated into the way people were supported.
- People told us they were well supported by staff one person said, "I can tell the staff if I am in pain and they will get me my pain killers." A relative said, "Staff are lovely and the manager is very approachable, they always rings me if they has needed to get the doctor or anything."

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the decoration of the service.
- People's rooms were personalised and reflected their preferences and choices.
- The area of the service which accommodated people who were living with dementia had been decorated with signage and pictures which were stimulating and interesting for people to look at. For example, in the main building there was a mural of a bakery and in the Coach House there was a mural of a post office with a fully working post box for people to use.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority, where restrictions were in place, had been made and notifications were sent to the CQC.
- Assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others. One relative told us, "I have lasting power of attorney (LPA) for my loved one and am always contacted if any decisions or changes need to be made."
- Staff understood the principles of the MCA and DoLS and supported people to make their own choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good (published 12 July 2019). At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs were met by caring, patient and considerate staff. One person said, "The manager is a good bloke and all the staff are lovely." One relative said, "The staff are amazing, and the manager has brought the happiness back in to the home, you can really tell he cares."
- The staff were friendly and approachable and had a good knowledge of people's diverse needs.
- Staff were attentive to people's needs. The atmosphere was relaxed and calm and people were happy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect.
- People were encouraged and supported to be independent. We saw staff giving people choice and supporting people to walk, doing so at the person's own pace.
- People's privacy and dignity were well respected, staff always knocked before entering people's rooms.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager had a high level of visibility within the service. They had developed good relationships with people using the service and prioritised ensuring people were comfortable and had the opportunity to discuss any ways to improve their experience of the service.
- People and their relatives were involved and supported in making decisions about their care. A relative told us, "The manager always contacts me with any decisions that need to be made, I feel really involved in (family member's) care."
- Staff understood people's communication needs and offered them emotional support. We observed staff engaging with people and acting on their wishes.

# 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 (published 12 July 2019). At this inspection this key question has now 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

- People received person-centred care from staff who knew them well and were responsive to their needs.
- People's preferences regarding the delivery of care were clearly recorded. For example, one person had requested personal care to be carried out by female staff only. This was clearly included in their care plan.
- Improvements had been made to the quality of information contained in people's care plans. They contained detailed, person-centred information which provided clear guidance for staff on how to support people.
- People had choice and control of their care and were supported to spend their time as they wished. One person said, "We can go to bed and get up whenever we want."

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.

- People's communication needs were met. Staff understood how people communicated and supported people appropriately.

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

- People were supported to maintain relationships with relatives and friends.
- The registered manager had promoted the use of technology to enable families to keep in contact with their loved ones during the COVID-19 pandemic. This included the use of social media and video calls. One relative said, "The video of Christmas day was so special, I felt I was still with my loved one in person."
- The activities coordinator ensured people had access to stimulating activities. People's hobbies and interests were considered along with social inclusion when planning activities. For example, for Valentine's day, people made love hearts and displayed them in the windows of the service.
- The service had close links with the local community. The local church choir attended the service at Christmas and sang carols to people from outside the service due to COVID-19 restrictions.

#### Improving care quality in response to complaints or concerns

- Complaints were responded to and records showed that concerns raised were fully investigated.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately. One relative said, "I have gone to the registered manager with concerns and they have made changes straight away, I feel listened to."

#### End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.
- Staff understood the importance of providing good end of life care. They liaised with healthcare professionals and ensured people were well supported and comforted when they needed it.

# 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 inadequate (published 8 September 2020). At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- Improvements had been made to the provider's quality assurance system since our last inspection. Robust oversight of the safety and quality of the service was now in place.
- The provider and the registered manager were both committed to driving the necessary improvements within the service.
- The registered manager told us they felt supported within their role. They described how they had worked alongside the staff team to make changes within the service which directly impacted on people's experience of the service. This included updating the environment and ensuring that a personalised programme of activities was available for people to engage in.
- Standards of record keeping had improved and were now audited regularly to ensure they were up to date and reflected people's needs. Evidence of reviews and updates were seen and there was clear information to show that learning from incidents took place and was shared.
- The provider and registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the service had benefitted from improvements made by the provider and the registered manager. The experiences of staff and people using the service that were shared with us demonstrated that the changes made had a positive impact on the wellbeing of all who worked at and used the service.

- People told us the service was well run and said, "It is organised, the new registered manager is very good."
- The registered manager had an open-door policy. Everyone we spoke with praised their open and supportive way of working.

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

- The registered manager engaged well with people and their relatives to understand from their perspective how improvements could be made within the service. One relative said, "The manager is very approachable and always has time for you."
- Staff meetings were held regularly, and staff felt they were listened to. One member of staff said, "I feel I can make suggestions and as long as they are safe we can try them out."
- People and relative's meetings were carried out regularly, where relatives meetings were unable to be held due to COVID-19 restrictions relatives were contacted via video call and email. We saw changes being made from feedback. For example, people had requested different foods to be added to the menu and this was actioned immediately.

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff worked closely to build good working relationships with other agencies. They had established good relationships with local healthcare services and worked with them to achieve best outcomes for people.
- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights. Staff told us that any changes in care were communicated to them via email, handover or in team meetings. This ensured staff had the knowledge to enable them to improve care when needed.