

Isle Care (Axholme) Ltd

# Nicholas House Care Home

## Inspection report

11 CHURCH STREET,  
HAXEY  
DN9 2HY

Tel: 01427 752862

Website: [www.nicholashousecarehome.net](http://www.nicholashousecarehome.net)

Date of inspection visit: 18 and 24 March 2015

Date of publication: 29/05/2015

### 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

We undertook this unannounced inspection over two days, on the 18 and 24 March 2015.

Nicholas House Care Home is registered to provide residential and personal care for up to 40 older people, some of whom may be living with dementia related conditions. The care home is situated within the village of Haxey and car parking is available.

At the time of our inspection there were 28 people living in the service. The service was last inspected on 24 October 2013 when the service was found to be compliant with the regulations inspected.

There was a registered manager in place. 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.

Staff training had been delivered about the protection of vulnerable adults to ensure people who used the service

# Summary of findings

were safeguarded from harm or abuse. Staff understood with their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service and staff.

A variety of staff training was provided to enable them to safely carry out their roles. Regular supervision and appraisals of staff skills were undertaken to enable their individual performance to be monitored and help them develop their careers.

Recruitment checks were carried out on new staff to ensure they were safe to work with vulnerable people and did not pose an identified risk to their wellbeing.

People who had difficulty with making informed decisions were supported by staff who had received training about the promotion of people's human rights to ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

Assessments about people's nutritional status and associated risks were monitored and people were able to make choices from a variety of nutritious and wholesome meals, with involvement of specialist health care professionals when required.

People received their medicines as prescribed and systems were in place to ensure medicines were managed safely.

A range of opportunities were provided to enable people to engage and participate in meaningful activities.

A complaints procedure was in place to enable people to raise concerns about the service.

People knew how to make a complaint and have these investigated and resolved wherever this was possible.

Regular management checks were carried out to enable the quality of the service people received to be assessed and enable the identification of any changes when this was needed.

# 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.

Training had been provided to staff on the protection of vulnerable adults to ensure they knew how recognise potential signs of abuse. Staff understood their responsibility to safeguard people from harm and report potential abuse they may witness or become aware of.

Recruitment procedures had been appropriately followed to ensure staff who worked with people were checked and did not pose a potential risk to them.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

People's care plans contained information and risk assessments to help staff support them safely. People's medication was handled safely.

Good



### Is the service effective?

The service was effective.

Staff had received training to help them support people who used the service which was updated on regular basis.

Assessments had been completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to make informed choices and decisions about their lives.

People who used the service were provided with a variety of wholesome meals and people's nutritional needs were monitored to ensure they were not placed at risk from malnutrition.

Good



### Is the service caring?

The service was caring.

A personalised approach was made for meeting people's needs and people were encouraged to maintain their independence.

People's right to make choices about their lives was respected.

Staff demonstrated compassion and consideration for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Good



### Is the service responsive?

The service was responsive.

A variety of opportunities were available for people to engage in meaningful social activities to enable their wellbeing to be promoted.

Good



# Summary of findings

People's care plans contained information about their personal likes and preferences which staff respected.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

People knew how to make a complaint and have these investigated and resolved wherever this was possible.

## Is the service well-led?

The service was well led.

People and their relatives were consulted about the service to enable them to influence how the service was run and were involved in decisions about the home.

A range of regular management checks were carried out to enable the quality of the service people received to be assessed and to identify where any changes were needed.

**Good**



# Nicholas House Care Home

## Detailed findings

### Background to this inspection

We carried out this unannounced 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 registered 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 was carried out by an adult social care inspector over two days and took place on 18 and 24 March 2015 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality performance teams were also contacted before the inspection took place, to ask them for their views about the service and whether they had any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were 28 people living at the home. During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, eight visiting relatives, three members of care staff, two senior care staff team leaders, catering and maintenance staff, the office administrator and the registered manager.

We looked at four care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service told us staff were very caring and that they trusted them to keep them safe from harm. A visiting relative of someone living with dementia told us care staff were, “Top notch.” They added, “Staff have strong relationships with people and know them well.” The relative also told us they visited regularly and felt reassured and had confidence their wife was being looked after. They said care staff adopted a personal approach with people to ensure their needs were looked after.

A range of policies and procedures were available about the protection of vulnerable adults to enable staff to be guided when reporting potential safeguarding concerns, which were

aligned with the local authority’s guidance for reporting concerns or possible abuse. Care staff told us about safeguarding training they had completed, which we saw was refreshed on a regular basis to ensure they were familiar with their professional roles and responsibilities in this regard. Care staff demonstrated a positive understanding of the different forms of abuse and confirmed they were aware of their duty to report potential concerns and ‘blow the whistle’ if this was needed. Care staff told us they were confident that management would take appropriate action to follow up issues and concerns when this was required. We spoke with the local authority safeguarding team as part of our inspection process, who told us the service co-operated with them well to resolve safeguarding issues when this was needed and had no concerns about the service.

We saw evidence in staff files that new employees were checked before they were allowed to start work in the home, to ensure they did not pose a potential risk to people who used the service. We saw this included recruitment checks and clearance from the Disclosure and Barring Service (DBS) to ensure job applicants were not included on an official list that barred them from working with vulnerable adults. We found references were appropriately followed up by the registered provider before an offer of employment was made, together with checks of their personal identity and previous employment experience, to enable gaps in employment history to be explored.

We observed care staff engaging positively with people and involving them in day to day decisions and choices about their care and support, to ensure their wishes and feelings were respected and their human rights were promoted. We observed care staff monitored the behaviours of people who may challenge the service in a sensitive and friendly way and acted promptly when this was required, with the provision of reassurance and support to ensure people’s wellbeing was safety managed.

Care staff were enthusiastic about their work and told us that overall staffing levels were satisfactory and sufficient to enable them to carry out their roles. We found staffing levels were assessed according to the individual needs and dependencies of the people who used the service, to ensure there were enough staff available deployed to different areas and at times of greatest need. We found there were currently a minimum of a senior member of staff and three carers in the mornings and afternoons, together with two additional dedicated care staff to cover the dementia unit, where eight people lived. We observed staff were struggling somewhat to manage at key times of the day, such as tea times, due to them covering for kitchen staff who had completed their shift. We spoke to the registered manager about this and they subsequently arranged for additional care staff to be available to cover this shortfall, whilst a permanent tea time cook was employed.

We saw evidence in people’s personal care files of completed assessments about known risks to them, together with guidance for staff on how these were managed to enable people to be supported and their safety to be promoted. We saw evidence that people’s risk assessments were updated and reviewed on a regular basis to ensure accidents and incidents were managed and action was taken to minimise future occurrences.

People who used the service told us they received their medication when this was prescribed. We observed staff talking patiently with people whilst carrying out medication rounds. We saw people were provided with explanations about their medication and not hurried when taking their medicines. We found staff responsible for providing medication to people had completed training on this element of their work. We saw medication was stored securely. Accurate and up to date records were maintained

## Is the service safe?

of medication that had been received, reconciled and provided to people who used the service, together with good practice information in relation to their specialist medical needs.

We saw evidence that regular checks of equipment and the building were carried out to ensure people's health and

safety was promoted and that a member of maintenance staff was employed by the home. We saw copies of individual evacuation plans were contained within people's personal care files and that a contingency plan was available for use in emergency situations with fire training provided and fire drills carried out when this was required.

# Is the service effective?

## Our findings

People who used the service and their relatives were very positive about the care and attention that was delivered. One person said, “Carers and management are all very helpful, I have great respect for the home” and “The food we get is always excellent.” Two visitors told us they had made a positive choice about using the service for their relative. They told us, “Staff are brilliant” whilst their family member said, “Staff do anything for me.” Visiting relatives told us staff communicated with them well to ensure they were kept informed about changes in people’s conditions and that prompt action was taken when required. One told us, “I don’t worry, I know they will always inform me....they always do.”

People told us the quality of the food was good and we observed a variety of nourishing home cooked meals were provided with the days choices of these on display. We found people were able to choose from a range of alternatives, if they did not want what was on offer. We saw this included regular delivery of fresh fish, meat, fruit and vegetables. The registered manager told us they were introducing a range of finger foods such as small pieces of cheese, fruit and light snacks to encourage people living with dementia to have additional sources of nourishment and nutrition, which we saw were available throughout the day.

We observed individual support was provided to people who required assistance with their meals and drinks. We saw this was carried out at people’s own pace, with staff providing support and encouragement in friendly and respectful way, to ensure their individual wishes and choices were met. We saw evidence in people’s care files of nutritional assessments of their needs and regular monitoring and recording of their weight, with involvement from community professionals, such as speech and language therapists and dieticians when required. A visiting relative told us they had previously been concerned about apparent weight loss for their family member following a recent medical condition, but staff had involved specialist support about this.

There was evidence a variety of training and development was available to ensure staff were equipped with the skills needed to carry out their roles. We saw this included an induction to the service and range of courses linked to a nationally recognised scheme. These included

safeguarding vulnerable adults, moving and handling, health and fire safety, first aid, infection control, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We saw evidence staff uptake of training was monitored by the registered manager to ensure their skills were refreshed when required and that a programme was in place to encourage staff to undertake nationally recognised qualifications, such as the Qualifications and Credit Framework (QCF). We saw evidence in staff files of training certificates for completed courses that had been successfully achieved, together with regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised.

Care staff we spoke with were positive about the training they received and appeared knowledgeable and confident in their skills. A senior team leader told us their recent appraisal had resulted in them being encouraged to undertake a QCF level 3 qualification, to enable them to develop their career. They told us the registered manager was very approachable and they received good support from them.

We saw evidence that training about the Mental Capacity Act 2005 (MCA) had been provided to ensure people’s human rights were upheld and respected and staff were aware of their professional responsibilities in this regard. Staff were clear about the need for obtaining consent from people and demonstrated a good understanding of the principles of how MCA was used in practice, together with the use of Deprivation of Liberty Safeguards (DoLS) when this was required.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests. We saw evidence of DoLS applications the registered manager had submitted to the local authority for approval, but were told they were still awaiting a formal decision about these. There was evidence in people’s personal care files about the promotion of their human rights and support with making anticipatory decisions about the end of their lives where



## Is the service effective?

this was appropriate. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in their files.

People's personal care files contained assessments and care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses when required. Visiting relatives confirmed staff communicated with them well to ensure they were kept aware of changes in people's conditions and involved community professionals when required.

Throughout our inspection we observed staff engaging with people in a friendly and considerate manner to ensure their needs were effectively met. There was evidence the registered manager had thought about the specialist needs of people living with dementia when planning the design and adaption of the environment for them. We saw this was based around a set from a popular television programme [Coronation Street] that had been personalised with use of favourite objects and pictures of their pets to them to help stimulate and evoke happy memories.

# Is the service caring?

## Our findings

We found a personalised approach was made for meeting people's needs and that people were encouraged to maintain their independence where possible and that good links with the local community were maintained. One person told us, "I go out for a pint at The Duke and we went to a local school concert at Christmas and they came to visit us here." A person who had recently moved in to the home told us staff consulted and involved them well about choices for things like clothes they wished to wear, meals and times for getting up and going to bed. They confirmed staff treated them with respect to ensure their dignity was maintained and stated, "Staff always talk and say what they are going to do, I buzz staff when I'm ready for bed and they come straight away."

We observed care staff involved people in making decisions and choices about their support to ensure their wishes and feelings were appropriately met. People told us staff listened and showed kindness and consideration for their needs. Staff demonstrated compassion for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected. One person said, "Staff are lovely, they are all very nice, there's always someone around."

We saw that a 'nail bar' had been established in one of the rooms and people told us they were regularly asked whether they wanted a manicure or hair to be done to enable their personal wellbeing to be meaningfully promoted. One person said they had developed a strong relationship with the staff and that their views were always listened to and taken on board. We saw evidence people who used the service were regularly asked about the service and whether improvements could be made to the home. We saw people were able to participate and contribute to regular quality groups on different aspects of

the home, such as dining experience, menu's, staffing and activities on offer. Regular surveys were issued to people who used the service and their various supporters to enable them to provide feedback about the home.

We observed staff demonstrated a professional manner and showed consideration for the maintenance of people's confidentiality and wishes for privacy where this was required. People told us they were able to bring items of furniture and favourite possessions with them in order help them to personalise their rooms. People's relatives told us they were encouraged to visit and take part in the life of the home.

We saw evidence in people's personal care files of details about a range of their individual needs to enable staff to support them appropriately. We saw this included information about their personal histories, likes and dislikes and a 'This is me' profile was kept in their rooms to help promote their individual wishes and aspirations and help staff to provide support.

We saw evidence of training staff had completed on privacy, dignity and confidentiality and staff told us about a code of conduct on this that they signed. A senior team leader told us various staff had key responsibilities for the promotion of various aspects of service, such as dignity, infection control, health and safety to enable the service to be effectively managed.

We saw evidence that staff had attended training on end of life care and the registered manager told us people's wishes for this were considered and assessed when required. The registered manager told us this aspect of care was dealt with sensitively and in a respectful way that was dependent on people's individual wishes. We were told people entered the home to enable their quality of life to be maintained and promoted and help them to live and enjoy the rest of their lives.

# Is the service responsive?

## Our findings

People who used the service told us that overall they were very happy with the service they received. One person told us, “We get entertainers once a month and went to a museum in York and the theatre in Grimsby at Christmas.” People told us they knew how to make a complaint if this was required and had confidence that action would be taken to resolve issues. One person told us, “If anything’s wrong it can be righted.” Whilst a visiting relative said, “Never had a reason to complain, whenever I have had to ask, they have always been very helpful.”

We found staff had key worker responsibilities for meeting particular people’s needs and spent time with them to ensure their individual wishes and feelings were positively promoted. We saw photos of people’s key workers on display in their rooms to help identify and remind them and their relatives of who was their responsible member of staff. A person who had recently moved in told us a member of staff was consulting with them to enable a care plan to be developed about how staff should help support them.

We saw evidence in people’s personal care files of participation and involvement in decisions about their support to ensure their wishes and feelings were met. We found this included assessments about known risks to people, that were kept up to date, on issues such as falls, risk of infections, skin integrity and nutrition. This enabled staff to have accurate information about how to keep people safe from potential harm. People who used the service and their relatives told us about their involvement

in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people’s needs when required.

Staff demonstrated a good understanding of working with people’s individual personal strengths and needs. We observed staff had developed positive relationships with people to enable their personal wellbeing to be enhanced. An activity worker told us about their involvement with people both on a group and individual basis. We saw this included opportunities to participate in a range of general knowledge quizzes, group exercises, individual one to one sessions, spelling games, dominoes, skittles, trips out and various fund raising events. On the afternoons of one of our visits, a musical entertainer provided a regular session of old time music hall favourite songs, which we saw was thoroughly enjoyed by all and with much hilarity. We observed people spontaneously singing along, with animated expressions and gentle assistance from staff to support those who wanted to dance.

A complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was displayed in the home. People who used the service and their relatives told us they knew how to raise a complaint and were satisfied with the service provided and confident any concerns would be addressed and resolved wherever possible. We saw evidence in the complaints book that concerns had been followed up by the registered provider and that people were kept informed of the outcome of issues that had been raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service that was delivered.

# Is the service well-led?

## Our findings

People who used the service and their visiting relatives told us they had confidence in the home and were happy with the service that was provided. People told us the registered manager was approachable and accessible and maintained an open door and welcomed feedback about the home.

We found the registered manager had a wealth of knowledge and experience to manage the home and took their role very seriously. We saw evidence the service maintained close links with the local community and welcomed the involvement of relatives. People who used the service and their relatives told us there were regular meetings they were invited to attend in order to raise issues or make suggestions about the home. We were told the service maintained active links with local care home improvement and infection control groups, together with locality networking and the local authority quality review and performance teams.

We found administrative systems were well organised and closely maintained to support the running of the home. We saw evidence of governance systems that were used to enable the registered manager to monitor the service together with action that was taken to resolve issues when required. The local authority told us they had no concerns about the home and that the registered manager maintained close working relationships with them.

We saw notifications about incidents affecting the health and welfare of people who used the service had been submitted to the Care Quality Commission as required to enable the service to be monitored and take action when required.

There was evidence the registered manager took an active role in the supervision and delivery of people's support and knew people who used the service well. We saw the registered manager was visible throughout our inspection visits, providing guidance and support when this was

needed. Care staff told us the registered manager was supportive and fair. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service.

There was evidence the ethos of the service placed an importance on delivering a personalised approach and that the registered manager understood the need for involving people, their relatives and staff to help the service to learn and develop. We saw evidence of systems and procedures to enable the quality of the service to be monitored and assessed. We saw these included the use of 'quality circle' groups involving staff, people who used the service and their relatives, which focussed on different aspects of the service delivered, such as meals, entertainments on offer and the environment. We saw use of regular surveys that were used to enable feedback of people's views to be obtained. We saw minutes of resident and relatives meetings and quality circle groups, together with action plans developed to address issues that had been raised. This meant that people were able to participate and influence the way the service was managed.

We reviewed audits of care plans, medicines management, accident and incidents, infection prevention and control (IPC), respect and dignity and the environment and saw that action plans had been developed to address identified shortfalls. We found an annual maintenance programme was in place and saw evidence of regular checks that were made of the building and equipment, such as fire extinguishers, fire doors, emergency lighting and water temperatures to ensure people's health and safety was promoted and maintained.

There was evidence of regular staff meetings to enable clear direction and leadership to be provided. This ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues that were discussed to make sure people who used the service were receiving appropriate support and treatment.