

Tancred Hall Care Centre Ltd

# Tancred Hall Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Tancred Hall Nursing Home provides residential and nursing care for younger adults and older people who may be living with a physical disability, sensory impairment, mental health needs or dementia. The service is split into two areas. The 'Hall' provides residential and nursing care for people who may also be living with dementia. The 'Cottage' provides support for people with more advanced dementia or complex mental health needs. The service is registered to support up to 49 people, and 28 people were using the service when we inspected.

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

People benefited from a more welcoming and homely environment, but further improvements were needed to make sure all areas of the service were thoroughly and regularly cleaned.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We made a recommendation about record keeping in relation to the Mental Capacity Act 2005.

People's care plans were being reviewed and updated to make sure they consistently contained person-centred information about their needs, preferences and any risks to their safety.

People were supported to eat and drink enough, but their dietary requirements were not always clearly recorded to guide staff and help make sure they received consistent support. We spoke with the manager about the importance of reviewing records to make sure actions were recorded and handed over where people had not had a lot to drink.

The manager had made significant and widespread improvements to the quality and safety of the service. Whilst this work was ongoing and further improvements were needed in some areas, they were aware of what was needed and work was ongoing to deliver the planned improvements. Systems had been put in place and were being embedded to help deliver sustained improvements. The provider had appointed a new nominated individual and arranged for audits to help monitor progress and support improvements.

Improvements had been made to the way medicines were managed and administered. People received safe support to take their prescribed medicines.

The provider had improved their recruitment process. Safe systems were in place to make sure enough suitable staff were deployed. People benefited from patient and unrushed support when they needed it.

People were supported to stay safe by staff trained to identify and report any safeguarding concerns. Risks relating to the environment and fire safety had been addressed and the provider continued to make significant improvements to the quality and safety of the service.

People benefited from a more comfortable, stimulating and homely environment. Work was ongoing to continue redecorating and renovating the service.

Improvements had been made to help make sure suitably trained and supervised staff were deployed. New staff received an induction to the service. Existing staff, including nurses, completed a range of training and received supervisions to monitor their performance and support them to develop in the role. Plans were in place to complete annual appraisals.

Staff worked with professionals to make sure people's complex needs were met and they received medical attention if required.

Improvements had been made to the range of activities on offer. People benefited from more regular and meaningful activities to help avoid social isolation. There was a relaxed, happy and friendly atmosphere within the service and people shared friendly interactions with staff throughout our visit.

Staff were kind and caring. Interactions were more person-centred and less task orientated. People's personal care needs were met and they were supported to have regular baths or showers. People were supported to maintain their privacy and dignity.

People felt able to speak with staff or management if they were unhappy or needed to complain. The manager was approachable and responsive to feedback. They took consistently positive steps to listen and respond to feedback to improve the service.

Staff and professionals praised the management of the service and the significant improvements being made.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (report published 17 October 2019) and there were six breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since October 2019. During this inspection the provider demonstrated improvements have been made. The service is no longer rated inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection significant improvements had been made to meet five of the six breaches of regulation identified during our last inspection. However, further improvements were needed to meet the breach of regulation relating to the cleanliness of the environment. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Tancred Hall Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors, a pharmacy inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Tancred Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been in post since December 2019 and they had applied to become the registered manager. They were also the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

The first day of our inspection was unannounced; we told the provider we would be visiting on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service, two visitors who were their relatives or friends and received feedback from five health or social care professionals who worked with the service. We spoke with the director, manager (who was also the provider's nominated individual) and six members of staff including nurses, care workers, an activities coordinator and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care records and checked a range of records relating to the management of people's medicines. We looked at two staff's recruitment, induction, training and supervision records, records relating to agency staff, audits, as well as other records relating to the management of the service.

#### After the inspection

We continued to review evidence from the inspection and seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection this key question had improved to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk people could be harmed.

### Preventing and controlling infection

At our last inspection the service was unclean and staff had not followed good infection prevention and control practices. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- People were at risk of developing healthcare related infections. Overall cleanliness had improved, but some areas of the service still needed to be more thoroughly and regularly cleaned. Detailed cleaning schedules were in place, but staff had not always followed these to maintain standards of hygiene throughout the service.
- More robust training and checks were needed to make sure all areas of the service were thoroughly cleaned. The provider had still not fully complied with Criterion 2 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

We found no evidence people had been harmed, however, further improvements were needed to make sure people were not at risk. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the first day of our inspection, the manager took immediate action to clean the service. They arranged for additional training to be completed and organised more detailed and regular checks to identify issues with the standard of cleaning.

### Staffing and recruitment

At our last inspection the provider had not safely recruited staff or followed a robust process to make sure agency staff were safe and suitable to work in the service. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.



- The provider had improved their recruitment process; appropriate checks had been completed to help make sure suitable staff were employed.
- Checks and an induction were used to make sure agency staff were suitable and safe to work at the service.
- People's needs were met in a timely way; they received patient and unrushed support throughout our inspection.
- The manager made sure enough staff were deployed. They used agency staff when needed to cover gaps in the rota and maintain safe staffing levels.
- There had been a significant reduction in the use of agency staff. A member of staff explained, "It has improved a lot. We have a new manager and they are recruiting more staff."

#### Using medicines safely

At our last inspection people's medicines were not managed and administered safely. 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 received safe support to take their prescribed medicines. There were effective systems in place to ensure the safe management, storage and supply of people's medicines.
- Issues identified at our last inspection had been acted upon and significant, widespread improvements had been made. For example, guidance had been updated on when to administer medicines prescribed to be taken "when needed".

#### Assessing risk, safety monitoring and management

- People felt safe with the care and support provided; they responded positively to staff and were relaxed and at ease in their company.
- Staff were attentive and provided calming reassurance when people became anxious or distressed. A relative told us, "If someone is shouting, the staff are there straightaway. We can't praise them enough." A professional said, "The staff do amazingly well with a difficult and challenging client group. They look at managing behaviours and are very considered and measured about administering medicines."
- Significant improvements had been made to reduce and manage the risks associated with a fire occurring.
- Environmental risks had been assessed and regular checks and ongoing maintenance helped to reduce risks and keep people safe.
- The provider was more proactive in identifying and addressing issues or concerns to keep people safe.
- Improvements were being made to make sure care plans and risk assessments contained consistently detailed guidance about risks and to guide staff on how to keep people safe.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had been trained and understood their responsibility to identify and report any safeguarding concerns.
- The manager worked closely with the local authority safeguarding team and other professionals to investigate and respond to any safeguarding concerns.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to make sure staff responded appropriately when things went wrong.
- The manager had introduced new records to more clearly record the outcomes following an accident or

incident and the actions taken.

- Accidents and incidents were analysed to identify patterns or trends and action taken to help prevent a similar thing happening again.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was not always guaranteed.

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 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. In care homes, 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.

- Staff explored issues around people's mental capacity to make decisions, but clear and complete records were not yet in place to show people had consented to their care or evidence how their mental capacity had been assessed or best interest decisions made.
- The manager understood this was an area which required more work and had plans in place to address this.

We recommend the provider review and implement good practice guidance in relation to the Mental Capacity Act 2005.

- Applications had been made when needed to deprive people of their liberty.

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

At our last inspection the provider had failed to make sure the environment was suitable and met people's needs. This was a breach of Regulation 15 (Premises and equipment) 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 15.

- People benefited from a more welcoming and homely environment. Steps had been taken to make the

environment more comfortable, stimulating and suitable for people's needs. A professional told us, "The home is unrecognisable. They have done a lot of work and the feel of the home is very different now, it feels more welcoming."

- Ongoing redecoration and renovation work continued to improve the standard of people's accommodation. For example, work was in progress to provide people with a safe outside smoking area.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff were suitably trained and supervised. 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.

- New staff received an induction to the service and were supported to complete a range of training. There was a system in place to identify gaps in staff's training and when their training needed to be updated.
- Nurses received additional training to help maintain their clinical skills. The manager was working to offer further courses and develop the training provided to all staff with a focus on more face to face learning.
- Supervisions were used to engage staff, monitor their wellbeing, and support them in their role. Plans were in place to make sure all staff received an annual appraisal of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements were not always clearly recorded to help make sure they received consistent support to meet their needs. The manager immediately responded to these concerns and arranged additional training for staff.
- Staff monitored what people ate and drank and regularly weighed them to identify anyone at risk. We spoke with the manager about making sure this information was regularly checked and actions recorded where people had not had much to drink. They introduced a new handover record to address this issue and make sure people's needs were met.
- People received patient support from staff with meals and drinks. A person told us, "The food is good and I get plenty of drinks throughout the day. There's always juice, water or hot drinks available."
- A four weekly menu was in place with different choices available each day. Surveys had been used to gather people's feedback on this and to identify where improvements could be made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed and care plans contained more detailed information to guide staff about the care and support they required.
- People looked well cared for; they were supported to attend routine appointments and receive emergency medical attention when needed.
- Staff and management had worked hard to build links with professionals and regularly sought their advice, guidance and support on how best to meet people's needs.
- Professionals told us staff were quick to consult them and followed their recommendations. A professional commented, "They work with us, they are not afraid to ask for help."

# 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 requires improvement. At this inspection this key question has improved to good. 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; Supporting people to express their views and be involved in making decisions about their care

At our last inspection, people's personal care needs had not always been met. They were not always offered choices and interactions were brief and task orientated. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People were supported to meet their personal care needs; they looked clean, appropriately dressed and well cared for. Records evidenced people were supported to have regular baths or showers.
- Staff were more attentive in how they interacted with and supported people. A person said, "The staff are very good and look after me well."
- People responded positively to staff and there were kind, friendly and caring interactions throughout our inspection. A relative said, "The staff are wonderful, they are really good. They are just so caring and they always have a bit of banter with them."
- Staff were compassionate and kind when people became anxious or upset. For example, a member of staff knelt by a person who was becoming visibly distressed. They spoke quietly with them and got a toy dog for them to hold, which helped comfort them and provided reassurance.
- Staff were more proactive in offering people choices and encouraging them to make decisions. For example, offering options about what to eat and drink or whether to take part in the activities arranged.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff spoke with people in a polite and respectful way. A professional said, "Whenever I have observed staff's interactions, they have always been appropriate with the residents. They are doing their best."
- People were guided to their bedroom or a bathroom to be supported with personal care and staff made sure doors were shut to maintain their privacy.
- People's privacy was respected; staff knocked on people's bedroom doors before entering their rooms.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection people were socially isolated and there were not regular or meaningful activities. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People were supported to engage in more regular and meaningful activities. A relative said, "The activities are involving more people and there are more activities happening. There are a lot of things going on here now."
- People enjoyed the range of activities on offer and the meaningful stimulation provided. They played with balloons, parachute games, sang songs, made bread, and played with jigsaws and boardgames. Staff supported people to go outside for a walk to get some fresh air.
- The provider had employed another activities coordinator since the last inspection and developed the range of activities on offer for people. Staff were more proactive encouraging and supporting people with one to one and group activities.
- There was a relaxed, happy and friendly atmosphere within the service and staff spent time interacting with people and engaging them in conversation.
- Visitors were welcomed to the home and people were supported and encouraged to maintain relationships that were important to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs and provided person-centred support. A relative said, "The staff are very good and attentive to my relative's complex needs."
- The manager was in the process of reviewing and updating people's care plans to make sure they contained more detailed and person-centred information about their needs and preferences.
- Steps had been taken to include people and their families in this process to make sure staff understood what was important to people and the care provided reflected their needs.

End of life care and support

- People did not need support with end of life care at the time of our inspection.

- Care plans recorded some information about people's wishes and views approaching the end of their life, including when they had refused to be resuscitated if the need arose.
- Nurses had completed training in end of life care and how to administer medicines people would need to remain comfortable and pain free approaching the end of their life.

#### Meeting people's communication needs

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

- The manager understood their responsibility to provide accessible information to help people make decisions.
- Care plans recorded guidance for staff about how best to communicate and share information in a way people could understand.

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

- People felt comfortable speaking with staff or management if they were unhappy about the service or needed to complain. A relative said, "We could speak with them if something is not quite right and it is sorted out."
- The provider had a policy and procedure governing how they would investigate and respond to any complaints about the service.
- The new manager had responded positively to complaints; they had apologised when things went wrong and acted to make improvements.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership had improved, but leaders and the culture they created did not yet guarantee the delivery of high-quality, person-centred care across the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the service had not been well-led and people received inconsistent and unsafe care. 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.

- The manager had made significant and widespread changes to improve the quality and safety of the service. For example, improvements had been made to recruitment practices, to improve fire safety and address issues with the environment. A relative told us, "It has changed a lot in a year. Every time we come in there are things changing for the better."
- Whilst there were some areas that required further improvement, for example, in relation to cleanliness and to improve record keeping, system had been put in place, there was an awareness of what was needed, and work was ongoing to deliver the planned improvements.
- The manager was committed to continually improving the service. They had made consistent and systematic improvements and continued to work hard to make planned changes in response to feedback. A professional said, "I've been impressed with how they have improved."
- The provider had appointed a new nominated individual and arranged for external auditors to visit and support with checking the quality and safety of the service.
- Audits had started to identify areas of the service that required improvement, but work was still in progress to address some of these issues. We spoke with the provider about developing audits and checks to help maintain standards of hygiene and cleanliness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a more positive, calm and friendly atmosphere within the service. A professional said, "Things seem better organised with the new manager and the staff seem more welcoming now. They are not guarded and are happy to have visitors."
- Staff felt supported and encouraged by the manager to provide person-centred care. A member of staff



said, "[Manager's name] is really hands on and wanting to see improvements. They always support the staff and want to support people to improve. They are a calming presence on the floor."

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 manager understood their responsibility to be open and transparent, and apologise to people if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was committed to working in partnership with people and visitors to improve the service. For example, they were engaging people in consultations about proposed changes to improve the food provided.
- The manager had worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service.
- The manager had introduced surveys to gather feedback from people, visitors and staff and to help identify where further improvements could be made. The results had been analysed and there was a system in place to help track when suggestions or improvements had been made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>The provider had not done all that was reasonably practicable to prevent the spread of infections. Regulation 12(1)(2)(h).</b>