

Landona House Limited

# Tollesby Hall Nursing Home

## Inspection report

Slip In Bank  
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TS8 9EJ

Tel: 01642300690

Date of inspection visit:  
16 February 2023  
20 February 2023  
15 March 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Tollesby Hall Nursing Home is a residential care home providing personal and nursing care to up to 55 people. Over the period of our inspection there were between 53 and 47 people using the service.

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

People and relatives gave mixed feedback about the care and support received. Some people remarked that staff supported them as requested. Whilst others told us they had lack of choices especially about personal care.

Care records were not always complete and accurate. Daily records did not always document actions taken to address gaps within people's personal care and catheter care. Elements of the poor record keeping had been identified by the registered manager, who had started to address the failings. However, issues were still evident during the inspection. CCTV control measures were not effective. The provider's annual review of the systems had not identified the issues we found.

Permanent staff were recruited safely. Staffing levels were calculated using a dependency tool which looked at the needs of each person. People and relatives gave mixed comments about how responsive staff were. Some people told us staff were readily available whilst others told us they had to wait. The registered manager advised that staffing levels were regularly reviewed, and staff were allocated duties daily, dependent on people's current needs.

The home had a system to investigate and record safeguarding incidents. Staff had completed safeguarding training.

Information gathered from accidents and incidents was analysed to identify trends or patterns with actions put in place to minimise risk of further incidents.

The home was clean and tidy. Staff had completed training in infection control and followed protocols to reduce the risk of infection.

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.

The registered manager and staff were passionate about providing quality end of life care. The home had achieved the Gold Standards Framework (GSF) Accreditation Quality Hallmark Award. GSF provides effective end of life care training for the care team and promotes better working with external healthcare professionals.

The provider and registered manager understood their duty of candour. The home had developed strong partnerships with health and social care professionals to ensure people received joined up care. Feedback from healthcare professionals spoke positively about the care provided especially about end-of-life care.

For more details, please see the full report which is on the 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 good (published 1 December 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

#### Enforcement and Recommendations

We have identified a breach in relation to the failure to maintain accurate and complete records in relation to the service and people's care.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good 

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Tollesby 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. 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

Three inspectors and an Expert by Experience carried out this inspection. 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

Tollesby Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tollesby Hall Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Inspection activity started on 16 February 2023 and ended on 27 March 2023. We visited the home on 16, 20

February and 15 March 2023.

#### 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 17 people and 3 relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, the registered manager, the deputy manager, 2 nurses, an administrator, cook and 6 care staff. We made telephone calls and emailed a further 8 staff with 2 staff offering feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records of people, a sample of medicines records and other records related to the management of the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual and environmental risks had been identified and managed. Risk assessments were in place to support staff to keep people safe.
- A plan was in place to ensure people had continuity of care in the event of an emergency.
- Health and safety checks were regularly completed. However clear signage for oxygen was not present on a person's room and where oxygen was stored. The deputy manager addressed this matter during the inspection.
- Accidents and incidents were reviewed and where necessary, changes were made to reduce the impact on people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

Staffing and recruitment

- Staffing levels were determined by people's needs. People expressed mixed comments about the response received to their requests for support. Some people told us staff were present when required whilst others told us they had to wait. The registered manager advised that staffing levels were regularly reviewed and staff were allocated duties daily dependent on people's current needs.
- Permanent staff were recruited safely. Pre employment checks were completed including obtaining references from previous employers and Disclosure and Barring Service checks.
- The home had effective systems in place to validate the introduction of new agency staff, however, storage

and review of agency staff information could be improved.

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

- The home was working within the principles of the MCA. Best interests decisions were recorded and DoLS were monitored.

Using medicines safely

- Medicines were managed safely. Competent trained staff followed guidance for the management, storage, administration, and disposal of medicines.
- People received their medicines as prescribed. Staff supported people to receive their medicine as they preferred.
- Medicines audits were effective. Errors were investigated and learning points were cascaded to staff.

Systems and processes to safeguard people from the risk of abuse

- The home had systems to record and investigate safeguarding issues. The registered manager investigated concerns and made referrals to the appropriate authorities.
- Staff told us they had completed safeguarding training and were confident about identifying and raising concerns.



# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant some people did not always feel well-supported, cared for or treated with dignity and respect

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were not always supported in line with their choices. People and relatives gave mixed feedback about the care and support received. One person told us, "I haven't been offered a bath or shower." A relative said, "It takes two people to get [person] out of bed, I pressed the buzzer no one came." However, other people told us they were happy with the support received. One person told us, "There's always staff about when you press the buzzer."
- Records relating to people's support with personal care, fluid intake, and safety checks were not always complete. Daily records did not document if gaps had been addressed. For example, records showed 1 person had only been offered a bath or shower within a 20-day period. The registered manager assured us that people's support needs were being met and the issue was with the recording of information. They had introduced guidance and documentation to support for staff. However, we found the failures were still evident when we visited.
- Staff interaction was kind and caring. We observed staff speaking with people respectfully. One staff member said, "We give people time to tell us how they want to be supported."
- People had access to a large outdoor area, they were supported to access trips out in the home's minibus, this had an impact on their well-being.
- External healthcare professionals gave positive feedback about staff. One healthcare professional remarked, "How professional and helpful staff are." Another commented, "Really proactive about identifying residents who require palliative care" and "How staff are proactive in implementing pressure care strategies before referral to the District Nurse team."
- Equality and diversity were captured during assessment process and was reflected in people's care plans. Care plans referenced people's life stories including family, and religion.
- People's privacy was protected. Doors were closed when people were supported with personal care.

# 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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service had not recognised the failings within the quality assurance systems and this impacted on the quality of care and support given.

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

- Records were not always accurate and completed. The 'resident at a glance' document did not reflect the current situation. The recording of administration of thickener was not consistent and did not reflect people's fluid intake. Records did not report action taken to address gaps within people's care and support records. Elements of the poor record keeping had been identified by the registered manager, who had started to address the failings. However, issues were still evident during the inspection.
- CCTV control measures were not effective. Appropriate signage warning of the use of recording equipment were not present, and equipment displaying the images was not always secured. An annual review of the checklist contained in the Code of Practice had not identified these issues. We discussed this with the registered manager and provider and were told signage had been improved following our visit.'

The provider did not have effective systems to maintain accurate and complete records in relation to the service and people's care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their legal requirement to notify the CQC of certain accidents, incidents and events. The home had submitted the required statutory notifications to CQC.

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

- The home was passionate about providing quality end of life care. The registered manager told us proudly the home had achieved the Gold Standards Framework (GSF) Accreditation Quality Hallmark Award. GSF provides effective end of life care training for the care team and promotes better working with external healthcare professionals.
- Feedback from healthcare professionals spoke positively about the care provided especially about end-of-life care. One healthcare professional reported, "With Tollesby I find that they go the extra mile to make sure that the palliative resident they care for are treated appropriately to their condition and with dignity and respect."
- Staff were positive about the registered manager and leadership in the home. One staff member told us, "We can ask any of the nurses questions they are very supportive."

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

characteristics; 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

- People and relatives were encouraged to give feedback. Feedback gathered was used to improve the home. This was displayed so people could see what action the home had taken.
- Staff had opportunities to share their views in supervisions and staff meetings. The management team also worked alongside staff in their nursing capacity.
- The provider and registered manager understood their responsibility in relation to the duty of candour.

Working in partnership with others

- The home worked with external healthcare professionals to ensure people had positive outcomes. A visiting healthcare professional remarked how the home was responsive to changes in people's needs.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have effective systems to maintain accurate and complete records in relation to the service and people's care.</p> <p>Regulation 17</p>