Ingleborough Nursing Home LLP

Ingleborough 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: Ingleborough Nursing Home provides both nursing and personal care for people who may be living with dementia, a physical disability or be terminally ill. At the time of our inspection there were 34 people living at the home. Ingleborough Nursing Home is in the centre of the dales village of Ingleton, local amenities are easily accessed.

People's experience of using this service: People did not always receive a service that provided them with safe, effective and high-quality care. The management of people's medicines was not safe. Risk management was ineffective and potentially placed people at risk of harm. Some infection control practices were not effective.

Staff had not completed all mandatory training and supervision was not conducted in line with the provider's policy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, some systems did not support this practice. The home had undergone some refurbishment, but other areas of the home were dated and did not fully provide a dementia friendly environment.

Care plans were mostly person-centred but they had not always been consistently updated and reviewed to ensure they reflected people's current needs. The service had a quality assurance system in place but this was not always effective. Accidents and incidents were not analysed and some people's records were not kept securely.

People had access to a comprehensive range of activities and the provider worked with other organisations, to meet people's needs. Staffing numbers were sufficient and the provider followed safe recruitment procedures. Staff understood how to identify and report any safeguarding concerns.

People told us staff were kind and caring and people's dignity and privacy were respected. People received enough to eat and drink and were supported to use and access other healthcare professionals.

The culture of the service was open and people felt able to raise any issues. People and relatives had the opportunity to provide feedback on the service received and there was a system to respond to any complaints. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

For more details, please see the full report below which is also on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Good. (report was published 6 September 2016). The rating has deteriorated to Requires Improvement at this inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. All services rated 'good' are currently re-inspected within 30 months of our prior inspection.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 namely safe care and treatment and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Ingleborough 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: On the first day of our inspection, the inspection team consisted of one 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. Our Expert by Experience had knowledge about people living in a nursing/residential environment. One inspector carried out the second day of the inspection.

Service and service type: Ingleborough 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 home had two managers registered with the Care Quality Commission. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided. One of the registered managers was due to cancel their registration with the Commission.

Notice of inspection: This inspection was unannounced on day one and announced on day two.

What we did: Before the inspection, we reviewed the information we held about the service and requested feedback from other stakeholders. These included the local authority safeguarding and commissioning teams and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are

required to send us which contains key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, both registered managers, a senior care staff member, two care assistants, two chefs, maintenance staff and the activities coordinator. We spoke with a visiting healthcare professional and spent time observing the environment and the dining experience.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care plans in detail, a further five care plans for specific information and a selection of people's medication administration records. We saw records relating to the management of the home and the recruitment, training and supervision of staff.

Following the inspection, we received the training matrix, blank copies of the thickener and 'as required' medicines protocols, the complaint policy and a staff list.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations had not been met.

Using medicines safely
• Whilst we found no evidence to suggest medicines were not administered safely, the records related to medicines management were not well maintained. Not all staff had received medicines training or had their competency assessed.
• Records relating to the management of medicines, were not always safe. These included, some medication administration records (MARs), which had not always been signed and information on MARs had not been transcribed accurately.
• Where people were prescribed 'as required' medicines there were no protocols to assist staff to understand when to administer such medicines.
• Creams were kept in people's bedrooms, with several containers of creams in use at any one time. Some creams had no prescription label or this was unreadable and the application of creams was not always recorded on the administration records. On the second day of our inspection, all the excess creams had been removed.
• The temperature was not recorded of where the medicines trolleys were stored. On the second day of our inspection, medicines were stored in the treatment room where daily temperatures were being recorded.

Records related to medicines management were not always well maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• People's safety was at risk as records were not robust and did not always provide guidance for staff. This included the settings for an air flow mattress used by one person.
• The provider completed assessments of people's needs. However, risk assessments had not been completed for some identified risks which would aid staff to reduce any risks when providing assistance. For example, where some people had been identified as at risk of choking, there was no risk assessment in place.
• 'Thickeners' for people who had a swallowing issue were not well managed. This included four people's drinks being thickened from one person's prescribed tub of thickener.
• The environment was not always safe. This included some radiators which were too hot to touch and a 'sharps' disposal box situated in the dining room.
• Where falls had been recorded there was no overview analysis to reduce the likelihood of a reoccurrence.
• Staff had received training in fire safety and checks on fire equipment were in place. However, some staff were not familiar with people's Personal Emergency Evacuation Plans. These provided guidance for staff in the event of an emergency such as a fire.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff had been trained effectively in moving and handling techniques. Service records and equipment were safe and well maintained.
• Evidence was available to show when something had gone wrong the registered manager responded appropriately. For example, one person's support had been reviewed following a number of falls.

Preventing and controlling infection
• People were not always protected from the associated risks of infection.
• Some areas of the home required a better system of monitoring infection control standards to avoid them being missed. For example, wheelchairs and seat pads were dirty.
• Overall the home was odour free and staff used protective equipment such as gloves and aprons. Staff received training in infection control.

Systems and processes to safeguard people from the risk of abuse
• People were kept safe from the risk of abuse. Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm.
• People and relatives felt safe with the care provided. One person said, "I feel very safe here as they really do care, they do look after us and we have a call bell."
• Safeguarding matters had been appropriately reported to the local authority safeguarding team for assessment and possible investigation in line with set protocols.

Staffing and recruitment
• Overall, there were sufficient numbers of staff on shift to support people safely.
• There were mixed views from staff regarding staffing levels. One staff member said, "There should be more but it does not affect the care people receive." Another staff member said, "There is generally enough staff."
• Staff had been recruited safely to ensure they were suitable to support vulnerable people. Appropriate checks had been conducted prior to staff starting work.

Requires Improvement

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• Staff had received training in some mandatory subjects but not all staff had completed training in basic life support, person centred care, Dementia and nutrition and hydration.
• A visiting health care professional said the nurses were very knowledgeable about people's care needs.
• Staff completed an induction programme prior to starting work. Staff new to care completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
• Staff were given opportunities to review their individual work and development needs through supervision. However, the number of supervisions staff received was not in line with the provider's guidance. The new registered manager had plans in place to address shortfalls in staff supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain a healthy diet and their nutritional needs were met.
• People had access to food and drink throughout the day, which was in line with their dietary requirement; but choice was limited at lunch time on day one of the inspection. A person told us, "Odd days the food isn't so good and there seems to be less choice than there used to be." A new chef had just started at the home and they were in the process of reviewing people's dining experience. The chef said they had already spoken with people regarding the menus and meals they would like.
• Where people required support with their meal, we observed this was not always done in an inclusive way. For example, staff were either standing over the person, not explaining what they were eating or looking everywhere but at the person they were supporting.
• We heard staff discussing who they were going to 'do'. This was referring to which person they were going to support with lunch. We fed this back to the provider and registered managers who said they would address this use of language.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they began using the service to ensure the service could meet their needs.
• People's care and support needs were delivered in line with guidance such as Human Rights Act and the Equality Act.
• The provider used 'Skills for Care' and the 'Independent Care Group' to source training and obtain advice to improve the care and support people received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
• People had access to healthcare professional support when needed.
• Staff attended handover meetings at the start of each shift where relevant information was shared; this helped to ensure people received continuity of care. Staff worked well as a team, although, one staff member said teamwork could be improved.
• Where people required access to other health services, this was organised and staff followed guidance provided. This was confirmed by a healthcare professional we spoke with. A relative said, "They always phone me and let me know if [name of person] is poorly and reassure me they are doing everything to look after them and get the doctor."
• Information was recorded in people's care plans about healthcare professionals they had seen and advice followed.

Adapting service, design, decoration to meet people's needs
• The environment required development to ensure this supported people living with dementia. There was some signage displayed in the home but this was limited. There had been no assessments carried out to show what alterations and adaptations were required to assist people living with dementia. One of the registered managers said they were going to consider these requirements with future changes to the home.
• The provider had some systems and processes in place to maintain and improve the environment. For example, people were involved in decisions about what pattern of wallpaper they wanted for the lounge areas and how they wanted to garden to look.
• People's bedrooms were nicely decorated with photographs and pictures which reflected their personal preferences.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Some staff could give examples of when a DoLS would be required.
• Capacity assessments and best interest decisions were not consistently documented in place. The provider's training records showed staff had not completed Mental Capacity Act training.
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff told us they offered people choice. A staff member said, "I give people choice of what they would like to wear." A person said, "You can get up and go to bed at whatever time suits you."

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People provided consistently positive feedback about staff and living in the home. One person said, "The best thing about living here is the company of other people and everyone is so caring that looks after us." A relative said, "The staff are great and since [name of person] moved here it has given them a new lease of life, they get the stimulation here."
• Compliment cards had been received by the home. These included, 'a special thank you to all the staff for looking after dad. The care he received was exemplary so we were assured he was in the best possible place'.
• Interactions between people and staff were friendly and caring. The atmosphere in the home was relaxed and warm. Staff and the registered manager clearly knew people very well.
• People were tidy, well dressed and clean in their appearance and wearing appropriate footwear.
• A visiting healthcare professional said, "It is a really good home and people are very well cared for, the carers are lovely."
• People were supported to access religious services of their choice both in the home and to visit places of worship.
• Staff completed training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make day to day decisions about their care and they knew how people communicated their needs.
• Some care plans showed people and their relatives were involved in care review meetings and made decisions about the care provided. One person said, "[Name of staff member] has a file on me, and I think I get to talk about it at those meetings sometimes." However, not all care plans had been signed to evidence people's involvement in their creation and review. The provider said they would address this.
• Information about advocacy services was available to people. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. None of the people had needed to use an advocate recently.

Respecting and promoting people's privacy, dignity and independence
• People's dignity and privacy was respected. Staff understood the importance of respecting people's privacy and dignity. For example, knocking on people's bedroom doors before entering and making sure people were covered when providing personal care.
• People were supported to maintain relationships with those close to them.
• Staff encouraged people to remain independent. One staff member said, "I encourage people to walk if they can and support people to eat independently."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People were cared for by staff who knew their likes, dislikes and preferences.
• Care plans were mostly person centred, but some areas would benefit from further detail or an update. For example, one person's care plan had not been updated following a change to their medications. However, staff were familiar with people's needs, despite their care plans not being consistently updated. One staff member said, "We are encouraged to read the care plans, they are good and tell you about the person."
• People had access to a comprehensive programme of activities. The activity coordinator had created positive community links, which supported activities in the home. They explained their role as "Creative engagement speaking to everyone every day to create activities they need and would like."
• People's diverse needs were detailed in their care plans and met in practice. This included cultural needs and religious requirements.
• Staff knew how to communicate with people and information was provided in ways which people could access and understand. Care plans contained information about people's communication needs and any sensory support or adaptations they required. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
• Documents could be produced in any format or language that was required. The chef said new pictorial menus were being developed and these were to help support people with their menu choices. One person also used a communication aid to make their wishes known.

Improving care quality in response to complaints or concerns
• People and relatives knew how to make a complaint. A relative said, "I expressed my concern over the hearing aid and two other things via email and the owner spoke with me directly and reassured me things would be rectified and I feel she resolved it well."
• The provider acted upon concerns in an open and transparent way, and used them as an opportunity to improve the service.
• There was a process and policy in place to manage complaints.

End of life care and support
• Care plans contained a record of people's end of life preferences. However, not all the care plans had not been fully completed.
• Not all staff had received end of life care training, but staff we spoke with were aware of good practice in end of life care and respected people's religious beliefs and preferences.
• At the time of inspection there was no one receiving end of life care. 'Thank you' cards had been sent by relatives of those who had received end of life care thanking staff for their 'care, compassion and patience'.

Requires Improvement

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Audits had not consistently identified areas of practice which were unsafe and required development. For example, the medication audit had not identified the concerns raised during this inspection with record keeping. Also, documentation had not being consistently kept up to date.
• Trends or patterns were not analysed when accidents and incidents occurred to prevent further reoccurrence. Staff had completed associated paperwork.
• The management team were aware of their role and responsibilities and usually submitted notifications to CQC as required. Although, a safeguarding notification had not been submitted due to a misunderstanding by the registered manager. This had been reported to local authority safeguarding team and the provider had taken appropriate action. The notification was retrospectively submitted to CQC.
• Information related to people who used service was not stored securely to ensure the integrity of confidential information. For example, care plans were stored in a cupboard in the treatment room where both the room and cupboard were unlocked and at times the doors were left open.
• Training records showed gaps in staff training, although, there was no evidence of impact to people's health or well-being.

The registered provider did not have effective systems in place to assess, monitor and improve the quality of service provided. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances.
• The registered manager and staff understood their roles, there was a clear structure in place. Staff were clear about responsibilities and when to escalate any concerns for further investigation.
• The provider had policies and procedures in place that provided staff with clear instructions.
• Staff and people provided positive feedback about the management of the home and said they were approachable. A person told us, "I don't think there is anything I can see to improve on, you can't improve excellence." One staff member said, "I feel valued by management."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The provider and registered managers were committed to providing good quality care to people and promoted a positive person-centred culture.

• The management team had a visible presence in the home and knew people, their needs and their relatives well.
• During our inspection the management team interacted in a relaxed and caring way with people and relatives and they provided support and assistance when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider had sought feedback to help maintain and improve standards at the home.
• The provider demonstrated a commitment to continual improvement of the service. A person said, "They are constantly speaking to us regarding their plans for the décor changes and I think they are trying to improve the look of it."
• There was a range of ways for people, relatives and staff to be able to provide feedback to the management team. These included residents and relative's meetings, staff team meetings, satisfaction surveys and a complaints procedure. The provider said the residents and relatives meeting had not happened recently and these were going to be reinstated.
• Staff told us and we saw some records to show team meetings were held. This gave staff the opportunity to contribute to the running of the service.

Working in partnership with others
• The provider had good links with the local community and worked in partnership to improve people's wellbeing. For example, community groups and the local primary school attended the home to provide entertainment. One staff member said, "[Name of provider] does things that is important for the residents."
• The registered managers worked closely with healthcare professionals and feedback we received from the healthcare professional we spoke with was positive.
• The provider shared best practice and information with another local care home.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems in place to assess and monitor risks relating to health, safety and welfare of people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records did not consistently show medicines were provided in a safe way. The registered provider did not have effective systems in place to assess, monitor and improve the quality of service provided.