

The Augustinian Nursing Sisters

The Augustinian Nursing Sisters Ince Blundell Hall

Inspection report

Ince Blundell Hall
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Augustinian Nursing Sisters Ince Blundell Hall, known as Ince Blundell Hall, is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one adapted building.

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

People received person-centred care and support based on their preferences and wishes. There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

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. Activities were organised around the wishes and aspirations of people living at Ince Blundell Hall. People's spiritual needs were supported with on-site clergy and a chapel within the home.

We received positive feedback about the quality of care and support people received from people and their relatives. There was no registered manager in place; however, the deputy manager was aware of their role and responsibilities. Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met. Staff knew how to keep people safe from harm.

Staff treated people with kindness and compassion. There was a very caring and friendly atmosphere in the home between staff and people using the service. People described staff as, "Lovely", "Kind" and "Absolutely fabulous".

Family members were complementary about the care their relatives received. People had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. The home provided facilities to enable relatives to stay overnight with their family member.

People's preferred method of communication was recorded to help people to express their wishes and communicate with staff.

People were supported to eat a varied and nutritious diet based on their individual preferences. People were complimentary about the food provided.

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

Rating at last inspection

The last rating for this service was Good (published 13 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Augustinian Nursing Sisters Ince Blundell Hall

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.

Inspection team

The inspection team consisted of an inspector, a Specialist Nursing Advisor (SPA) 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

Ince Blundell Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager at this inspection. The last manager had left in December 2019. The last registered manager resigned in February 2017; the provider had been unable to employ a permanent manager since that time. Recruitment for a new manager was underway.

Notice of inspection

This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted Healthwatch for any information; however, they had not visited the home or were aware of any concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of the information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, deputy manager, a nurse, a senior care worker, the activity coordinator and the cook.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People told us they felt safe living at Ince Blundell Hall. Comments included, "The beautiful thing about it here is its 100% safe", "I know Mums safe here".

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and risk assessments provided detailed information including guidance for staff to keep them safe. These were updated when required.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. People had individual emergency evacuation plans in place.
- People at Ince Blundell Hall were encouraged to be remain as mobile as possible around the home.

Staffing and recruitment

- Staff were recruited safely.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Agency nursing staff were used; however regular nurses were employed to provide consistency and help ensure they were familiar with people's needs.

Using medicines safely

- People received their medicines safely and on time. We found an issue for a person who was prescribed a transdermal patch in respect of recording and replacement of the patch. Issues arose as the patch often needed reapplying after bathing. Whilst current staff were fully aware of the process and there were no risks identified, we felt that more robust recording would be advisable. The nominated individual and deputy manager agreed to address the matter.
- Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- The deputy manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.

- We found the home to be clean and tidy throughout.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed, so any trends or patterns could be highlighted.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices.
- Mental health needs care plans showed good depth and clarity of being able to manage the needs of people living with dementia and complex mental health care plans showed evidence of regular monthly review.
- Staff knew people very well, and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- Staff told us they felt supported by the deputy manager and their colleagues.
- Most of the care staff had worked at the home for many years which provided a consistent staff team.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.
- One person received a pureed diet; however, we found records to be confusing as to if it was still required. We asked the provider to refer the person to the dietician for a new assessment.
- People told us they enjoyed the food provided; their comments included, "Its lovely, you can have what you want for breakfast, the lunch is really nice with homemade soup", "The staff come and ask me what I want for supper" and "I've no complaints about the food".

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

- Staff had good relationships with health and social care professionals who had contact with the service.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as, Optician, Speech and Language team and Dietician in a timely way, when required.
- Staff promoted good oral health care in line with recent guidance. People were registered with local services and many attended appointments at the dental practice.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- People had access to a patio area, large garden and extensive grounds.
- People's bedrooms were personalised with items they had bought and pictures.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. Signage on the doors identified these facilities, to enable people to find them without assistance.

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

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

- The deputy manager had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Applications for DoLS authorisations had been made when needed.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- People or their legal representatives had given their consent to care. Best interests' meetings with professionals and relatives had taken place when a person was unable to consent or make a decision.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them.
- There was a very caring and friendly atmosphere in the home between staff and people using the service. Positive and caring relationships had been developed between people and staff.
- Visitors were encouraged to visit their relatives at any time and were always offered tea or coffee.
- People spoke positively about the staff; comments included, "Very caring staff, the nurses are great", "They're lovely with [relative], they're kind to him", "They got me fit again after my operations", "I wouldn't have [relative] anywhere else, me " and "We can't speak highly enough about the staff here"

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

- People and their family members were encouraged to share their views about the care provided.
- The activity coordinator spent time with people individually or in small groups to gather their views and wishes. Changes to activities had been made as a result of this.
- People told us they were able to choose how and where they spent their day. Our observations evidenced this.

Respecting and promoting people's privacy, dignity and independence

- Staff provided support in private to maintain people's privacy and dignity.
- Staff were observed knocking on bedroom doors before entering.
- People's personal information was stored securely at the office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle.
- People's routines were clearly recorded, which afforded them the opportunity to, for example, have a lie in or retire to be at a specific time.
- People's comments included, "The care is very individual regarding likes and dislikes" and "The care here is exceptional".

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.

- Care records clearly recorded people's preferred method of communication and any impairments to their hearing or eye sight that could affect effective communication with others.
- Staff were guided to support people with a calm and pleasant manner or to ensure they faced the person to facilitate effective communication with them.

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

- There was an activity coordinator who worked three days a week and provided a variety of activities to included everyone; some activities were carried out on a one to one basis to enable people to enjoy their particular interest and go out.
- People's spiritual needs were supported with on-site clergy and a chapel within the home.
- A monthly newsletter was compiled for people, typed in large print, giving news of past and future activities. The activity coordinator also emailed family members details of activities their relatives had taken part in.
- A visitor told us, "The activity coordinator is absolutely fabulous."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was displayed in communal areas in the home.
- No complaints had been made since the last inspection.
- People said they were very happy with the care they received and very happy with the staff at the home.

- People told us they had never had to make a complaint about anything at all regarding their relative's wellbeing.

End of life care and support

- People receiving end of life care had very clear documentation on wishes and pain relief using the Gold Standards Framework (GSF). GSF gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. People had "Do Not Attempt Cardio-pulmonary Resuscitation" (DNACPR) decisions in place and instructions were clear with reviews taking place.
- Staff had attended training courses at the local hospice.
- The home provided facilities to enable relatives to stay overnight with their family member.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service has not had a registered manager in post since 2017. Managers have been appointed but they have not remained in their post long enough to make their application to the Care Quality Commission (CQC). The last manager left their post in December 2019.
- The deputy manager was currently managing the home and was clear, from previous experience, about their role, and understood quality performance, risks and regulatory requirements. Notifications had been submitted to CQC and the local authority contacted as required when risks were identified. The deputy manager was supported daily by the nurse on duty, a senior carer and the nominated individual who lived on the premises and was a daily presence in the home.
- The nominated individual was open and honest with us regarding the difficulties in recruiting a suitable home manager. They had kept CQC informed throughout the time they had not had a manager in post.
- The post of home manager had been advertised and the nominated individual informed us they would be shortlisting for the post shortly.

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

- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- The service involved people and family members in discussions about the quality of care provided.
- Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment. Some family members visited at meal times to assist their relative.

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

- People living at the service met with staff regularly to discuss their care; this included any activities they wanted to do and different meals they wanted to try. Staff ensured people who needed them wore spectacles and hearing aids.
- Formal feedback in the form of questionnaires was sought from people living at Ince Blundell Hall, relatives and staff each year.

Continuous learning and improving care

- Quality assurance systems were in place and continued to be used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team to identify areas of improvement.
- Staff meetings and daily handover meetings were opportunities to discuss any incidents or ways to improve the care people received.

Working in partnership with others

- The deputy manager and nominated individual had developed good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, to improve the quality and safety of care people received.
- The deputy manager kept up to date with developments in practice by attending at the local registered manager's forum.