

Eldercare (Halifax) Limited

Ingwood Nursing Home

Inspection report

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Date of inspection visit: 23 July 2014
Date of publication: 23/12/2014

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We inspected Ingwood Nursing Home on 23 July 2014 and the visit was unannounced. Our last inspection took place on 17 March 2013 and, at that time, we found the

service was not meeting the regulations relating to respecting and involving people who used the service, care and welfare, staffing and assessing and monitoring the quality of the service. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked and found improvements had been made.

Ingwood Nursing Home is registered to provide accommodation and nursing care for up to 34 older

Summary of findings

people who may be living with dementia. The accommodation for people who lived in the home is arranged over two floors linked by a passenger lift. On the day of inspection 19 people were living in the home.

The home had an acting manager who had been in post since April 2014. They had applied for registration with the Care Quality Commission and were in the final stages of this process. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Relatives and staff gave us positive comments about the management team. One relative told us, "My relative has been in other residential places before this, but this is the best place she's been. They've been getting on top of things. They've changed the carpets, chairs, the décor and that. They've brightened it up. It's a lot cleaner than it used to be." A member of staff told us, "I like working here

it's a good staff team." Staff we spoke with also told us they felt very positive about the changes that had been introduced and felt more included and motivated to make suggestions about how things could be improved.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We spoke with one health care professional who told us, "The nurses make appropriate referrals and provide any information we need. If I leave instructions these are always followed. I have no concerns."

We saw people who lived in the home were engaged in a variety of activities during our visit and were kept stimulated and occupied. People were able to choose where they spent their time for example in a quiet lounge, outside or in a busier lounge area.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Some people were able to tell us they felt safe. We saw people were relaxed in the company of staff and responded to them with positive gestures and facial expressions.

We saw the recruitment process for staff was robust to make sure staff at Ingwood Nursing Home were safe to work with vulnerable people.

There were enough staff on duty to meet people's needs. Agency staff were being used to cover and the same care staff were working on a regular basis so they got to know people who lived at the home.

Staff we spoke with knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks to people living in the home had been assessed and identified as part of the care planning process.

Medicines were managed safely and people received their medication at the right times.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. This is legislation that has been designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

Good



Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home. We saw staff actively encouraging people to choose their meals.

Records showed people had regular access to healthcare professionals, such as GPs, district nurses, community matrons and podiatrists.

Good



Is the service caring?

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked with them to see if they were in need of any assistance.

Care plans were easy to follow and staff were able to tell us in detail about what support people who lived in the home required.

One visitor told us, "The staff are nice, very attentive." One member of staff told us they had worked day and night shifts and the care delivered was consistently good across all of the shifts.

Good



Summary of findings

Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative. We saw people's care plans had been reviewed on a monthly basis.

We saw people engaging in a range of activities during our visit. Some were in small groups and others were spending time with staff on a one to one basis. People we spoke with told us the range of activities on offer was very good. One relative said, "My relative had never done any painting or art in their life previously, but has got involved in the painting activity and has really enjoyed it. They have done some nice paintings, and they are very proud of what they've done."

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint. One relative told us their complaint had been dealt with to their satisfaction.

Good



Is the service well-led?

The service was well-led. The relatives and staff we spoke with were very positive about the new manager and the changes that had been made. Staff told us they felt more included and motivated to make suggestions about how things could be improved.

Audits were carried out in relation to infection prevention and control, the environment and the medication systems. This helped the manager make sure the systems in place to keep people safe were working as they should be.

People who lived in the home, relatives and staff told us the manager was very approachable and responsive to requests.

Good



Ingwood Nursing Home

Detailed findings

Background to this inspection

The inspection team consisted of one inspector, a specialist advisor 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.

Before the inspection we reviewed all the information we held about the home. This included information from the provider, and speaking with the local authority contracts and safeguarding teams.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report. '

On the day of our inspection we spoke with three people who lived at Ingwood Nursing Home, three relatives who were visiting the home, eight members of staff, including agency staff who worked at the home, the manager and a visiting health care professional.

We spent time observing care in the dining room, and two lounges. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us. We looked around some areas of the building including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, five staff recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

The three people we spoke with told us they felt safe at the home. One visitor said, “My relative tells me in their own way how they feel, and I know they are ok.”

Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

Staff we spoke with told us they had received training in safeguarding vulnerable adults and were clear about how to recognise and report any suspicions of abuse. For example, an incident when an agency nurse failed to follow instructions about an individuals’ care and support was reported to safeguarding and the employing agency. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We looked at four care files and saw risk assessments had been completed in relation to moving and handling, falls, nutrition and tissue viability. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, where people had been assessed as being at risk of losing weight we saw they were receiving appropriate support to maintain healthy weights. We saw records were kept to enable staff to monitor people’s weights. Staff told us when people had lost weight they would contact the GP and request a referral to the dietician.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by nursing staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors’ instructions. We observed people being given their medication at the prescribed times during our visit.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the manager was able to explain the procedure for submitting an application to the local authority.

The manager told us that in response to the recent supreme court judgement in respect of DoLS they would be making DoLS applications for people who lived at Ingwood Nursing Home because the front door was kept locked. The manager told us where necessary best interest meetings would be arranged. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation.

We looked at the recruitment records for four staff members. We found that recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We spoke with a new member of staff who confirmed a Disclosure and Barring Service check and references had been completed before they started work in the home. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work in a nursing home.

We asked the manager how they decided on staffing levels. They told us staffing was based on the dependency levels of people who lived in the home and was under constant review. As people’s needs changed or when people moved into the home staffing would be adjusted. We looked at a random selection of staff rotas for three months prior to the inspection and saw staffing levels were consistent. The home was using agency staff to cover some shifts and we saw from the rota the same agency staff were being used to provide consistency for people who lived at the home.

One relative told us, “They do use a few agency workers, but I suppose it's the holiday period. They do tend to use the same agency people though, so we get to know them, and they get to know my relative.”

Disciplinary procedures were in place and we discussed with the manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

Is the service effective?

Our findings

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. One person said, “Even though I have worked as a carer before I had to do the induction training. I spent a week at head office and the trainers were really good, there were lots of practical sessions which I enjoyed.” One of the nurses told us various courses were available so they could keep themselves up to date. Another member of staff told us, “There is always training on offer so we can keep up to date.” We looked at the home’s training matrix/records which confirmed what staff had told us.

Staff also confirmed they received supervision where they could discuss any issues on a one to one basis. The manager told us staff appraisals had been planned for later on in the year and these would then be reviewed after six months.

We looked at four care plans and saw people’s preferences in relation to food and drink had been recorded, together with any special dietary requirements. When we spoke with the cook they confirmed staff kept them up to date about people’s dietary needs and preferences. They also explained they could order any food they needed and could change the menus to accommodate people’s preferences.

At breakfast time we saw staff taking a variety of small boxes of cereal to people to help them make a choice. Where people didn’t express any preference staff used their knowledge of the individual’s preference and provided them with something they liked. For example, porridge, toast or cooked breakfast.

It was very hot on the day of our visit and we saw staff offering people drinks very regularly and jugs of squash

were freely available throughout. One visitor told us, “The staff are nice – very attentive. Our relative’s weight is good and their mouth is always clean and they are well hydrated. They had ice lollies yesterday in the heat, and plenty of drinks at all times. They always look looked after and well fed.”

At lunchtime we saw people were given a choice between fish cake and vegetables or cottage pie and vegetables, and either chocolate mousse or apple pie and cream for pudding (with a diabetic alternative). During lunch we saw there was at least one member of staff assisting on each table. The food looked appetising and people were offered sauces and gravy. We saw one person who required a soft diet was given pureed food that had been separated out and looked attractive on the plate. People were allowed to eat at their own pace and there was no sense of rushing people through the meal.

In the four care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, specialist nurses, community matrons and podiatrists. Care staff we spoke with told us the nursing staff were quick to respond if people’s needs changed. We spoke with a visiting community matron and they told us staff made appropriate and timely referrals to make sure people’s health care needs were being met.

Ingwood Nursing Home was taking part in a new initiative called ‘Quest for Quality.’ This is a service provided by Calderdale and Kirklees NHS Foundation Trust to provide an increased level of support to people living in care homes. Staff have been provided with new technology and training which allows, for example, someone’s blood pressure to be taken and the results sent automatically to a clinical team. If anything untoward was identified a healthcare professional would be alerted.

Is the service caring?

Our findings

We looked at the care plans for four people who lived at the home. They all contained some information about people's personal preferences and likes and dislikes but not all of them contained a life history. We spoke with the manager about this. They told us they had picked this issue up when the care plans had been audited and were trying to get families to help them to gather this information.

Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. Staff we spoke with were able to tell us about people's care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people's preferences and routines.

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. One person told us, "I feel I am treated with respect. The staff all treat me nicely; they all know me by name. I feel like they know what they're doing. They're helpful and they come quickly if I press my buzzer, even at night."

We saw people looked well cared for. People were dressed in clean, well-fitting clothes. People's hair had been combed although some looked as if they would benefit

from a visit to the hairdresser. The manager told us they were waiting for a new hairdresser to visit as the previous one had stopped coming to the home. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

We saw staff were patient; they approached people with respect and worked in a way that maintained people's dignity. For example; where staff were assisting people they explained what they were doing and why, toilet doors were closed when in use and staff knocked on doors before entering. We saw where staff were offering assistance they worked at the person's own pace and did not rush people. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This showed staff were sensitive to people's needs and welfare.

At breakfast time a staff member brought one individual into the dining room in a wheelchair. They asked another member of staff to get a pressure relieving cushion. The second staff member pointed out the person was already sitting on one. The two members of staff then involved the person in the joke, making sure they understood why they were laughing.

One member of staff told us they had worked on day and night shifts and the care delivered was consistently good across all of the shifts. Another member of staff told us, "It's a family environment the staff are good and pull each other up if they are not doing things the right way."

Is the service responsive?

Our findings

The manager told an assessment was completed before people move into the home to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also in the care plan and provided staff with additional information about the person. We saw assessment information in the four care files we looked at.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered.

The home employed an activities co-ordinator who worked from 10am-2pm during the week. During our visit we saw people taking part in a variety of activities. People were involved in looking at magazines, playing dominoes, sitting outside talking to staff, colouring, engaging with various objects or just watching what was going on around them. We saw people were awake and alert throughout our visit. Staff spent time with people on a one to one basis and we saw people were enjoying this.

In the garden area we saw a mural that a visiting artist had painted with people who lived at the home. They visited the home on a regular basis to provide art sessions. One visitor told us, "My relative had never done any painting or art in their life previously, but has got involved in the painting activity and has really enjoyed it. They have done some nice paintings, and they are very proud of what they've done."

The monthly visit from members of a local church took place during our visit which included the vicar. A member of staff told us, "Even those who aren't religious seem to enjoy the singing."

The activities co-ordinator showed us the record of activities people had attended and we saw a notice board displaying some of the art work people had produced.

The manager told us relatives and friends were welcome to visit at any time. One relative told us, "I visit at different times, because it's easier for me and this has never been a problem." One member of staff told us, "Regrettably, many of the residents don't have much or any contact from their family. Some people find it difficult to see their loved one deep in dementia." We spoke with the manager about this and they told us advocacy services could be accessed if needed to make sure people had someone independent of the home to offer support with decision making.

We saw the complaints procedure was on display in the entrance hall. One person we spoke with told us, "If I felt worried about anything, I'd talk to any member of staff or the manager. I can talk to them." A relative told us they had made a complaint and staff had taken appropriate action to resolve the problem.

We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. This meant staff were recognising complaints and taking action to resolve them to the complainant's satisfaction.

The manager told us the two members of staff who were the homes 'dignity champions' were arranging a residents and relatives meeting in August 2014. This was being arranged to get people's views about life in the home and what changes or improvements they would like to see.

Is the service well-led?

Our findings

The home had a manager who had been in post since April 2014. They had applied for registration with the Care Quality Commission and were in the final stages of this process.

The staff we spoke with told us they felt the manager was approachable and listened to what they had to say. For example, staff had asked for some new equipment, the manager had got them to select what they needed and then ordered it. One staff member said, “It was just like Christmas.”

Staff meetings were held and gave staff the opportunity to feedback on the quality of the service. Three members of staff told us they were very positive about the changes that had been introduced. They also said they felt more included and motivated to make suggestions about how things could be improved. We saw minutes from the meeting held in June 2014 and saw staff had been given positive feedback about the contracts monitoring visit that had taken place. We also saw staff spending time talking with people had been discussed and staff had been reassured that this was an important part of their role.

One member of staff told us the home was more organised now and staff morale had improved. The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff received supervision which ensured they could express any views about the service in a private and formal

manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or organisation. One member told us both the home manager and the area manager spent time observing staff practice to make sure staff were working in the correct way.

We saw an audit had been completed against The Care Quality Commissions ‘Essential Standards of Quality and Safety’ in June 2014. Where an issue had been identified the action to be taken and the person responsible for completing the task had been identified. For example, repair tasks had been assigned to the handyperson. Once actions had been completed the action plan had been updated to reflect this. This audit was very detailed and thorough, to make sure the home was meeting the required standards.

There was a system of audits that included; the kitchen, environment, medication, infection control and equipment. We saw care plans and risk assessments were reviewed and amended to reflect people’s changing care needs.

We saw there were systems in place to maintain, for example, the gas safety certificate, electrical wiring, hot water temperatures, legionella checks and testing of small electrical appliances.

Accidents and incident reports were recorded and securely stored in the office and audited by the manager. This meant any trends or would be identified and appropriate action would be taken to reduce any risks to people who lived in the home. We saw there had been very few accidents or incidents.