

Ingleborough Nursing Home LLP

Ingleborough Nursing Home

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Ingleborough Nursing Home is a care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection.

The service accommodates up to 55 people in one adapted building. Accommodation and communal spaces are spread out over four floors.

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

People said their rooms were clean and well maintained. There were some odours in the service and the cleaning of equipment and furniture needed attention. We have made a recommendation in the report about this.

The environment of the service looked 'tired and worn' with some areas in need of refurbishment. We have made a recommendation in the report about this.

Medicines were managed safely. Medicine records had improved with the introduction of a new electronic recording system. People said they received their medicines on time and as needed.

Risks to people's health and safety were being monitored and action taken to reduce risk where possible. There remained some minor issues with staff not always following protocol around storage and administration of people's thickeners, but these were dealt with by the manager straight away. There was no evidence of harm to anyone using the service.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were recruited safely and there were enough staff on duty to make sure people's needs were met. We observed kind and caring interactions taking place between staff and people using the service.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a range of activities and enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

There were improvements to the management and running of the service. The manager had introduced a new system for assessing and monitoring the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was 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. 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

One inspector and an Expert by Experience carried out the first day of inspection. One inspector completed the inspection on day two.

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

Ingleborough Nursing Home 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 had a manager who was new in post and had applied to be registered with the Care Quality Commission. We have referred to them as 'the manager' in this report. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day of inspection. The provider and manager were aware of our return for the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, seven relatives and a visiting health care professional about their experience of the care provided. We spoke with six members of staff including the nominated individual, the manager, senior care workers and the activity person. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, induction and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have effective systems in place to assess and monitor risks relating to health, safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager had put instruction sheets in place for staff to follow when they administered thickener to fluids for people with swallowing problems. They had also given staff training. However, we found staff were not always following the regimes. We found no one had suffered any harm but there was a potential risk of choking. The manager took immediate action to speak with staff once this was brought to their attention. We were assured further training would be carried out straight away.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. For example, assessments for risk of choking.
- Improvements had been made to risk management. Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The manager was monitoring these to look at trends and patterns and help reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire. Staff were booked onto fire safety and fire evacuation refresher training from an external company.

Using medicines safely

At our last inspection the provider had failed to ensure that records relating to medicine management were well maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. A new electronic system was in place to ensure the safe management and supply of medicines was effective and did not place people at risk of harm.
- A health professional told us, "The health care is improving here, including the giving of medicines. These

are being administered as prescribed."

Preventing and controlling infection

- There were odours in some areas of the service, which were being addressed by staff.
- The manager carried out a mattress and pressure cushion audit during the inspection and condemned a number of items. These were replaced with new stock held in the service.
- Cleaning schedules were in place and we were told by the manager these were followed by the staff. However, some bathrooms were found to be dirty even after cleaning staff had been through the area. The manager took immediate action and all areas were clean and tidy by the following day. We were assured by the manager that daily checks would be carried out by senior staff.

We recommend the provider review their infection prevention and control practices in line with current guidance and ensure levels of cleanliness in the service meet best practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from abuse or harm. A person told us, "Yes, I am safe. Staff respond quickly if we need help."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and attend medical appointments. People told us they received care in a timely way. One relative said, "There has been a big staff turnover in the last year, but they seem to have got it right now; [Name] is well looked after."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment was in need of refurbishment and redecoration as a number of communal areas looked 'tired and worn'. The nominated individual said this would be a priority for the provider over the next year.
- The environment was not specifically designed to be dementia friendly. For example, signage within the service and the colour schemes of carpets did not aid people with memory and sensory loss to orientate themselves around the building easily. The nominated individual said this would be considered as the service was redecorated.
- People were pleased with their bedrooms. Those we saw were nicely decorated and people were able to bring small items with them when they came in to stay.

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

- Assessments of people's needs were completed, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A relative said, "There has been a massive improvement in [Name] since they came into the service. Their health and appearance is so much better and they are eating and drinking well."

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. The manager reviewed this and had an action plan for refresher training as it became due.
- Staff were supported through regular supervision and annual appraisals. One member of staff told us, "There is a strong, supportive team of staff working here, who have guidance from the management team."
- We observed appropriate and positive interactions between staff and people. Staff were confident when using equipment and people were at ease when staff assisted them with moving around the service.

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

- People's nutritional needs were met, and choice was provided. Information on people's dietary needs and preferences was obtained on admission. Staff offered people appropriate support with eating and drinking and different options of meals.
- People said they enjoyed the meals on offer. A relative told us, "Staff have been wonderful. They offer [Name] different types of food and different textures to tempt them to eat."

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

healthier lives, access healthcare services and support

- People had good access to health care professionals. Records of visits were kept and people had documents in place, to provide key information should they need to go into hospital.
- A health care professional gave positive feedback about the service. They said, "The manager is making a positive difference to the service. The staff are organised, and information is readily available if I need it. Staff are responsive to any advice given."
- Care files contained information about each person's health needs and support they required to remain as independent as possible.

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.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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

- People appeared comfortable and well looked after. Staff demonstrated a friendly approach which showed consideration for their individual needs. One person told us, "Living here is like being with family. I am really happy."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People appeared well looked after and well groomed. Relatives told us, "Staff are very good at responding to requests for help."
- People's bedrooms were clean, tidy and personalised and all had space within which staff could deliver care.
- Personal information about people was securely stored and staff understood the need for confidentiality.

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

- People were able to make choices and decisions about their care and support.
- The manager had introduced a key worker system which people and relatives were positive about.
- Communication between families and staff was good. A relative told us, " Our family are involved in [Name's] care and we are able to speak with the manager or staff about [Name's] care and support whenever we need to."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences.
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible.

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 received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- Care records were up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

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

- The manager was aware of the need to make information for people available in formats they could understand. They said this was 'a work in progress'.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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 a range of activities on offer, which provided people with stimulation and the opportunity to socialise with others. Activities were based on what people wanted on the day, although there were also weekly planned activities.
- The activities person carried out one-to-one interactions with people such as nail care, putting music and films on, where people needed assistance, and ensuring everyone had quality time spent with them.
- Relatives were made welcome when they visited. One said, "Staff always greet me with a friendly smile and offer me a drink when I visit."
- People had access to weekly church services and said their religious needs were met.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us, "Our family are listened to by the manager and concerns are taken seriously."
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Discussion with the manager indicated they were working through an action plan to ensure all areas of concern from the last inspection were addressed and improvements made.
- Since our last inspection the manager had come into post and had submitted an application to register with CQC.
- People and relatives spoke highly of the new manager and felt they were making positive changes. They told us, "The new manager seems to get things done" and, "This manager is working hard to improve things. It is getting better."
- Regular checks were completed by the manager to make sure people were safe and happy with the service they received. All issues found had been used to improve the service.
- The manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The service was welcoming and friendly. Staff morale was high, and they had created a warm, happy and supportive environment for people to live in. A relative said, "It's a lovely atmosphere, it's homely, welcoming and I find everyone is treated as an individual, they know everyone's likes and dislikes."
- Staff told us they felt listened to and that the manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussions were used to gather feedback. This was analysed and followed up by the manager.
- The manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure people received good quality care.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.