

The Augustinian Nursing Sisters

The Augustinian Nursing Sisters Ince Blundell Hall

Inspection report

Ince Blundell Hall
Ince Blundell
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28 November 2016

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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 responsive?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 November 2016 and was unannounced.

Ince Blundell Hall provides accommodation, support and nursing care for up to 22 people. The service is owned and managed by the Augustinian Nursing Sisters, several of whom have lived and worked in the service for many years. The service admits people for long term care but also offers short term support for people who require respite care. The home is a Catholic service although is open to people outside this faith. The home is a listed building, set within 55 acres of well-maintained grounds and has many features within it, such as a private chapel.

During the inspection, there were 12 people living in the home.

During the last inspection in June 2016, we found the provider was not meeting legal requirements in relation to safe care and treatment and person centred care and we issued warning notices in relation to these areas. The provider was also not meeting legal requirements in relation to protecting people from abuse and improper treatment and we issued a requirement notice regarding this. During this focused inspection we checked to see whether improvements had been made in these areas and to ensure legal requirements were being met. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Augustinian Nursing Sisters Ince Blundell Hall on our website at www.cqc.org.uk.

A manager was in post and had begun the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we carried out the last unannounced comprehensive inspection in June 2016, we identified concerns in relation to the management of medicines and risk management. During this inspection we looked to see if the provider had made improvements and to ensure they were compliant with legislation and found that improvements had been made.

We found that drugs to be disposed of were recorded appropriately and signed by two staff members in line with best practice. Controlled medicines administered were signed electronically by two staff and times of administration were recorded on the system.

The medicine policy viewed during the last inspection was not reflective of the system in use within the home as an electronic medicine management system had been implemented but was not reflected within the policy. The policy we viewed during this inspection had been updated and provided clear guidance to staff on how medicines were to be managed within the home.

We found that the provider had made improvements with regards to medicines management and legal requirements were now being met.

In June 2016 we identified concerns regarding identified risks to people not being safely managed. During this inspection, we found that improvements had been made and when risk reduction measures were recorded within people's care plans, there was evidence that these were implemented and legal requirements were now being met.

During the last inspection in March 2016, we identified concerns regarding the application procedures in use to deprive people of their liberty to receive care or treatment. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we found that improvements had been made and appropriate DoLS applications had been made to the local authority for those people who required them. The manager told us they would continue to assess people and make further applications when necessary.

We found that the provider had made improvements with regards to Deprivation of Liberty Safeguards procedures and legal requirements were now being met.

When we carried out the last unannounced comprehensive inspection of The Augustinian Nursing Sisters Ince Blundell Hall on 23 and 24 June 2016, we identified concerns in relation to provision of person centred care and activities. During this inspection we looked to see if the provider had made improvements to ensure they were compliant with legislation and found that improvements had been made.

There was a 'This is me' document which provided information on people's previous jobs, family members, important places, significant events in the person's life and their preferences in relation to activities, foods, beliefs and preferred daily routines. We found that this information had been transferred to relevant care plans within each person's care file. Care plans contained appropriate information regarding people's medical needs and planned care was evidenced as provided.

Care plans we viewed were detailed and provided clear information regarding people's care needs. This helped to ensure that people received care based on their needs and preferences when they needed it by staff that knew them well.

We found that the provider had made improvements with regards to person centred care and legal requirements were now being met.

At the last inspection we found that there were no activities available for people to participate in. During this inspection, the manager told us that an activity co-ordinator had been employed and were in the process of completing activity preference checklists with people living in the home. The manager told us they would use these to ensure appropriate activities were available, based on people's preferences. Most people we spoke with told us they were satisfied with the activities available to them and enjoyed the relaxed atmosphere within the home.

We found that the provider had made improvements with regards to activities and legal requirements were now being met. Although improvements had been made we have not revised the overall rating for the service; to improve the rating to 'Good' would require a longer term track record of consistent good practice'

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.

Medicines were managed safely within the home and a new medicine policy had been created to ensure staff had clear guidance with regards to medicines management.

When risk reduction measures were recorded within people's care plans, there was evidence that these were implemented and legal requirements were now being met.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective.

DoLS applications had been made appropriately to the local authority for those people who required them. The manager told us they would continue to assess people and make further applications when necessary.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was responsive.

Care plans we viewed were detailed and provided clear information regarding people's care needs based on their needs and preferences.

An activity co-ordinator had been employed and was in the process of completing activity preference checklists with people living in the home. The manager told us they would use these to ensure appropriate activities were available, based on people's preferences.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

The Augustinian Nursing Sisters Ince Blundell Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The last inspection was undertaken in May 2016. During that inspection, the home was rated 'requires improvement' overall and we found that legal requirements were not being met in relation to safe care and treatment and person centred care and we issued warning notices in relation to these areas. We issued a requirement notice regarding protecting people from abuse and improper treatment as this legal requirement was not being met. This inspection was planned to check whether the provider had made necessary improvements to ensure they are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating under the Care Act 2014.

We inspected the service against three of the five questions we ask about the service; Is the service safe; is the service effective and is the service responsive? This was because at the last inspection in June 2016, the service was not meeting legal requirements in relation to these questions.

This inspection took place on 28 November 2016 and was unannounced. The inspection was completed by an adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the chief executive officer, the manager and three people living in the home. We also spoke briefly with one member of the care team.

We looked at the care files of three people receiving support from the service, medicine administration

charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

When we carried out the last unannounced comprehensive inspection in June 2016, we identified concerns in relation to the management of medicines and risk management. During this inspection we looked to see if the provider had made improvements and to ensure they were compliant with legislation and found that improvements had been made.

At the last inspection we reviewed how medicines were managed and identified concerns in relation to recording of controlled drugs and disposal of drugs, medicine audits, medicine policy, recording of expiry dates and assessment of staff competency in relation to administration of medicines.

During the last inspection we found that records regarding drugs to be disposed of and administration of controlled drugs were often only signed by one staff member. During this inspection we found that drugs to be disposed of were recorded appropriately and signed by two staff members in line with best practice. We looked at how controlled drugs were recorded when they were administered. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We found that improvements had been made and controlled medicines administered were signed electronically by two staff and times of administration were recorded on the system. The paper records also showed that most administrations of controlled medicines were recorded appropriately. Only one administration since the last inspection had no record of the time it was given on the paper record.

In June 2016 we found that medicines which had a specific safe usage time after opening, did not always have the date they were opened recorded. This meant that people were at risk of receiving medicines that had been open for longer than they should have been. During this inspection we viewed the medicine trolley and could see that these dates were clearly recorded on medicines when necessary.

The medicine policy viewed during the last inspection was not reflective of the system in use within the home as an electronic medicine management system had been implemented but was not reflected within the policy. The policy we viewed during this inspection had been updated and provided clear guidance to staff on how medicines were to be managed within the home. The policy covered areas such as safe administration, controlled medicines, actions to take in the event of an error, covert administration (hidden in food and drink) and medicines administered through a percutaneous endoscopic gastrostomy (PEG).

The medicine audits viewed at the last inspection only recorded issues identified during the audit. They did not identify what areas had been reviewed and found to be compliant. During this inspection we found that new audits had been developed and were completed weekly by the manager. The audits now reflect all areas reviewed as well as any areas that require further improvement.

At the last inspection we identified that staff did not have their competency assessed in relation to administration of medicines. We discussed this with the manager who told us they had not yet been completed but would be within the next few days. Since the inspection the manager has provided evidence to show that competency assessments have been completed for most staff that administer medicines

within the home.

We found that the provider had made improvements with regards to medicines management and legal requirements were now being met.

In June 2016 we identified concerns regarding identified risks to people not being safely managed. For instance, when people were assessed as at risk of developing a pressure sore, and their care plan stated that they required support to reposition; this support was not always evidenced as provided. During this inspection, we found that improvements had been made and when risk reduction measures were recorded within people's care plans, there was evidence that these were implemented. For instance, when one person was identified as being at risk of falling from bed, bed rails were recommended and we could see these were in place. Another person required their weight to be monitored regularly and records we viewed showed this was completed and recorded in line with the plan of care.

During the last inspection we found that people were not always able to call for staff support when spending time in communal rooms. During this inspection the manager told us there is now a bell kept in the communal lounge at all times should anybody require immediate assistance. They also told us that staff would usually be present when people were in the communal rooms. People we spoke with told us they were able to get support when they required it wherever they were in the home.

We found that the provider had made improvements with regards to risk management and legal requirements were now being met. Although improvements had been made we have not revised the overall rating for the service; to improve the rating to 'Good' would require a longer term track record of consistent good practice'

Is the service effective?

Our findings

During the last inspection in March 2016, we identified concerns regarding the application procedures in use to deprive people of their liberty to receive care or treatment. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we found that improvements had been made and appropriate DoLS applications had been made to the local authority for those people who required them. The manager told us they would continue to assess people and make further applications when necessary.

We found that the provider had made improvements with regards to Deprivation of Liberty Safeguards procedures and legal requirements were now being met. Although improvements had been made we have not revised the overall rating for the service; to improve the rating to 'Good' would require a longer term track record of consistent good practice'

Is the service responsive?

Our findings

When we carried out the last unannounced comprehensive inspection of The Augustinian Nursing Sisters Ince Blundell Hall on 23 and 24 June 2016, we identified concerns in relation to provision of person centred care and activities. During this inspection we looked to see if the provider had made improvements to ensure they were compliant with legislation and found that improvements had been made.

There was a 'This is me' document within each care file we viewed, which provided information on people's previous jobs, family members, important places, significant events in the person's life and their preferences in relation to activities, foods, beliefs and preferred daily routines. We found that this information had been transferred to relevant care plans within each person's care file. For example, one person's nutrition plan reflected their favourite foods, meals they did not like, that they liked regular snacks rather than three large meals. It was clear the staff member who wrote the care plan knew the person well as it also stated, "Sweet pleasures give [resident] great comfort."

Care plans contained appropriate information regarding people's medical needs. For instance, one person's file we viewed had a catheter and there was a care plan in place to inform staff how to manage it, when it required changing and actions to take should it not be working properly. We also found that planned care was evidenced as provided. For example, one person's care plan reflected that they required support to reposition every four hours and records showed that this support was provided and recorded.

Care plans we viewed were detailed and provided clear information regarding people's care needs. One person's file explained that they were not always able to express their needs and provided staff with clear non-verbal signs to look for which would indicate the person required certain care. This helped to ensure that people received care based on their needs and preferences when they needed it by staff that knew them well.

We found that the provider had made improvements with regards to person centred care and legal requirements were now being met.

At the last inspection we found that there were no activities available for people to participate in. During this inspection, the manager told us that an activity co-ordinator had been employed and worked two days per week at present. They were in the process of completing activity preference checklists with people living in the home. The manager told us they would use these to ensure appropriate activities were available, based on people's preferences.

People we spoke with were aware of the new activity co-ordinator and told us that they had started to provide film afternoons which they enjoyed. People continued to enjoy attending mass each day and one person's care file showed that they went to the community room after mass each day to spend time with a group of friends within the home. Most people we spoke with told us they were satisfied with the activities available to them and enjoyed the relaxed atmosphere within the home.

We found that the provider had made improvements with regards to activities and legal requirements were now being met. Although improvements had been made we have not revised the overall rating for the service; to improve the rating to 'Good' would require a longer term track record of consistent good practice'