

Ackworth House Limited

# Ackworth House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Ackworth House is a care home providing nursing for up to 43 older people with a physical or sensory impairment. The main building is a converted hotel with four floors. At the rear of the home there is a newer extension over two floors. The home is situated along the beach front in the small seaside town of Filey. We carried out an inspection on 2 June 2015 and it was unannounced. At the time of our visit there were 20 people living at the service.

There was a registered manager working at this service. 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.

# Summary of findings

At our last comprehensive inspection on 19 August 2014 we identified continued breaches of the Health and Social Care Act 2008 regulations relating to care and welfare, the management of medicines and staffing levels which had been identified at an inspection carried out in January 2014. We also found additional areas of concern in relation to the environment, quality assurance and completion of records. This resulted in action being taken by the Care Quality Commission. We received an action plan from the provider telling us they would make improvements by 31 December 2014. We carried out focused inspections of the service on 5 February 2015 and 10 April 2015 to check the welfare of people who used the service and to check on any improvements made by the provider. Although we saw that the provider had made some improvements they had not completed their identified actions. At this inspection, carried out on 2 June 2015, we found that the provider had continued to make improvements. While further improvements are still required in some areas we found that all previous breaches of the regulations had now been met.

People's care plans reflected their care needs and risk assessments were in place. People we spoke with told us that they were well cared for. People's nutritional needs were met and they were supported at mealtimes when it was needed.

Medicines were now managed safely for people though areas for further improvement were identified.

The home was now clean and the environment had improved though there were areas within the service which still required refurbishment.

Staff had received an induction when they began working for the service and access to training had improved. Plans for supervision were in place but not yet implemented across the whole staff group. Care provided to people was now based on best practice guidance.

People told us that staff were kind to them and we observed that some staff had a good rapport with people.

People were involved in planning their own care and we found people's end of life wishes had been recorded. Reviews were carried out by the staff and people had been involved in any reviews their care. There had been no complaints since the last inspection.

We saw that there were still very few activities organised which meant that there was a risk of social isolation for some people.

People told us that they felt the leadership of the service had improved since the last inspection by CQC. Audits and other checks were now in place but needed further time to demonstrate impact on the safety and quality of the service.

# 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 not always safe.

We found staffing levels appeared good but how staff were managed on shifts needed reviewing.

Peoples care plans reflected their care needs and risk assessments were in place.

Medicines were managed safely for people.

There were areas within the service which required refurbishment.

**Requires improvement**



### Is the service effective?

The service was effective.

People we spoke with told us that they were able to make their own choices about the care they receive.

Staff had received an induction when they began working for the service but supervision though planned was not yet in place for the whole staff group.

People's nutritional needs were met and they were supported at mealtimes when it was appropriate.

The service was working within the principles of the Mental Capacity Act 2005.

**Good**



### Is the service caring?

The service was caring.

People told us that staff were kind to them.

We observed staff had a good rapport with people.

People were involved in planning their own care and we found people's end of life wishes had been recorded.

**Good**



### Is the service responsive?

The service was not always responsive.

Reviews were carried out by the staff and people had been involved in any reviews of their care.

There had been no complaints since the last inspection but there was a policy and procedure displayed clearly displayed and people told us they would be able to speak to staff if they had concerns.

We saw that there were some activities organised and carried out by care workers on an ad hoc basis but there was no activities coordinator to make sure that people were not socially isolated.

**Requires improvement**



# Summary of findings

## Is the service well-led?

This service was not consistently well led.

There was a registered manager at this service.

People told us that they felt the leadership of the service had improved since the last inspection by CQC but the service had not had time to show that they had sustained the improvements that had been made or that these had impacted on people's safety and welfare

Care provided to people was now guided by best practice but supervision and appraisal of staff was not up to date.

Audits had been carried out which were used to improve the service but these required further time to show that improvements were made and sustained.

**Requires improvement**



# Ackworth House Nursing Home

## 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. 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We inspected the home on 2 June 2015.

The inspection team was made up of an inspector, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service. The expert by experience had specific experience of health and social care service with particular expertise in palliative and end of life care.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all areas of the home including people's bedrooms with their permission, we looked at care records and associated risk assessments for four people, we observed medication being administered and inspected nine medicine administration records (MAR). We observed a lunchtime period in the dining room and observed people being helped with their meals in their bedrooms.

We used the Short Observational Framework for Inspection (SOFI) because there were six people living at the service who were living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the course of our inspection we spoke with eight people who lived at the service, one relative, eight staff, the registered manager, the two directors and two health care professionals who visited people on the day of our inspection. We also inspected three staff recruitment files and staff training files.

The inspection team consisted of an adult social care inspector, a pharmacy inspector, a specialist professional advisor, whose specialism was in occupational therapy, and an expert by experience who had experience of palliative and end of life care. 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 our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group (CCG) and we had attended regular meetings arranged by the local authority to discuss the progress made by the provider in making improvements to the service. The service had admissions suspended by the local authority and the CCG because of the breaches of regulation found at previous inspections which meant that the service had not met their contractual obligations. The service had also made a voluntary agreement with the Care Quality Commission not to admit people.

# Is the service safe?

## Our findings

When we inspected this service on 19 August, 5 February and 10 April 2015 we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage people's medicines. At this visit people told us they received all their prescribed medicines on time and when they needed it. Detailed supporting information on how people preferred to be given their medicines was available with their medicine administration records.

Appropriate arrangements were in place for recording of medicines. Records had been completed fully, indicating that people had received their medicines as prescribed. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded. Staff carried out regular checks of medicines records to make sure they were completed properly.

Medicines kept at the home were stored safely. Appropriate checks had taken place looking at the storage, disposal and receipt of medication. This included daily recording of the temperature of the rooms and refrigerators which stored medicines. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people however for two people we found this was not kept up to date and information was missing for some medicines.

**We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required.'**

Several people were prescribed creams and ointments. Many of these were applied by care staff when people first got up or went to bed. At our last inspection a system was in place to record the application of creams and ointments by staff when they had applied them however it was not sufficiently detailed and the records were not fully completed. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them. At this visit the system

had been improved to include a body map which described to staff where and how these preparations should be applied. We saw examples of these records at this inspection which were fully completed. This helped to ensure that people's prescribed creams and ointments were used appropriately. Staff told us they were still working on improving these records and ensuring they were always completed.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found these checks helped to identify any issues quickly in order to learn and prevent the errors happening again but the actions taken had not always been made clear.

We found that staffing levels were sufficient to meet the needs of people who used the service and were planned in line with the needs of people living at the service. Everyone we spoke with said they felt very safe in the service. One person said, "I feel safer now that I have two carers to help me when I use the hoist." A member of staff was asked if they felt that people were safe at this service and answered, "Definitely."

The registered manager used a needs analysis to determine the staffing needs of the service each day. We looked at the staff rotas for the last six weeks and saw that staffing had been consistent. The existing care workers provided cover if their colleagues were absent and the service used agency staff to provide nurse cover. Staff told us, "Staffing levels could be improved" but we observed staff had time to chat with people and appeared relaxed throughout the day of the inspection. The atmosphere throughout the day was calm.

On the day we visited there was a registered manager, two nurses and four care workers on duty. In addition there was a chef, a kitchen assistant, a person working in the laundry, a person who gave out drinks and helped when people needed support to eat and drink and two housekeeping staff. During the inspection staff were visible in the communal rooms throughout the day.

We inspected staff recruitment files and saw that staff had been recruited safely. Two references had been sought and prospective staff had been checked by the Disclosure and Barring Service (DBS) to ensure they were suitable to work in this environment. The DBS replaced the criminal records bureau.

## Is the service safe?

When we spoke with staff they were able to tell us how they would recognise and report any abuse at the service. We saw that staff had received training in safeguarding or were booked to attend training. There had been no safeguarding alerts made by or about the service since our last inspection on 10 April 2015. Staff followed the North Yorkshire and York Safeguarding policy and procedure to comply with local arrangements around safeguarding.

However people who used the service told us, “It all goes quiet after lunch when the staff have their breaks” and, “There aren't enough staff - they're tired out from working long hours covering shifts of those who take sick time.” This indicated to us that although the registered manager was ensuring that sufficient staff were on duty they were not always managed appropriately. A member of staff said, “Staffing levels could be improved sometimes but it is not always managements fault.”

### **We recommend that the service look at guidance around working time regulations.**

We found that care plans and risk assessments reflected the needs of people who used the service and ensured their welfare and safety. We saw that the current risks to people's health had been identified using appropriate risk assessments. We saw that one person had a risk assessment to identify whether or not they were at risk of skin damage because of their reduced mobility. Another person had a risk assessment completed which identified that they were at risk of choking and needed to have their food served in a pureed form. This meant that staff were recognising when someone was at risk and identifying the particular risks. They had also formulated suitable management plans for those risks making staff aware of the risks to people and giving them information on how to manage the risk resulting in safe care for people who used the service.

We inspected the environment and found it to be clean throughout. Improvements had been made and following their last visit in March 2015 the NHS Infection prevention and control nurse had commented, “It was evident that there has been a marked improvement in the environmental cleanliness and tidiness of the home.” There were still some areas identified in the report as needing attention such as carpets that needed replacing in

communal areas but we could see that although worn and marked these were now being cleaned regularly. There were no odours and we could see that although the providers were making some efforts to improve the décor there was a need for decoration throughout the service.

The housekeeping staff had cleaning schedules which meant that all areas of the service were being cleaned throughout the week. We found that people were protected against the risk of infection because there were effective systems in the service.

There was a fire risk assessment in place which had been updated in March 2015 and people had personal evacuation plans in their care files. The individual moving and handling plans for service users gave them a colour coding (red, amber, green) which indicated how much support they required for their mobility. They also had this colour displayed on the service user's doors to inform staff what assistance each person required in order of priority in the event of an emergency evacuation; several doors were looked at and we could see the colour coded dots which meant that the risk assessment and plan was consistent with the service policy and procedure.

We saw that most of the staff had received fire safety training in January 2014 and that one of the directors and a nurse had recently completed fire marshal training. We saw certificates which verified that staff were trained. The person who carried out the training had also demonstrated to staff how the fire fighting equipment in the service should be used. Staff confirmed that they had received fire safety training.

Fire fighting equipment had been serviced in November 2014 and weekly fire alarm checks were carried out which meant that all safety precautions were in place in the event of a fire. There was evidence that the portable hoists and other items of equipment used for lifting people had been inspected and serviced. There was an inventory of the hoists and slings in the home and the slings had been safety checked. Electrical wiring checks had been completed and portable appliances had been tested according to Health and Safety guidance. This meant that people who used the service could be confident that the provider had taken all reasonable steps to ensure the safety of the equipment.



# Is the service effective?

## Our findings

This service was effective. The service was made up of a converted hotel and a new extension. The older part of the service was not ideal for the needs of people living with dementia but the provider was only able to make cosmetic changes. However the newer extension, which was purpose built, was brighter with wider corridors making it more easily accessible. The provider had made some changes in order to work towards becoming a dementia friendly environment. There was more pictorial and worded signage and handrails had been installed to assist people with cognitive and sight impairment find their way around the service.

Communal rooms had dated furniture and all the chairs had chair pads which gave the rooms an institutionalised feel but people told us that they were happy living at this service. Some attempts had been made to make bedrooms look homely. Some people's bedrooms had been personalised with the use of people's own furniture and personal items.

The dining room was set up with cutlery and flowers on the tables. Condiments were available for people. People who used the service were able to choose where they sat. There was sufficient staff at lunchtime to provide assistance with meals. We observed that people were supported to eat and drink appropriately and witnessed some positive interactions. One person told us, "It couldn't be better. I can always get something I like even if it's not on the menu."

One person spoke about how staff assisted their relative, who was living with dementia, when they did not wish to eat. They said, "(Relative) won't eat her dinner at the moment. I've tempted her with some strawberries which I know she'll always eat but I'll take this dinner back to the kitchen and the staff will keep trying to get her to eat. When she's in the right mood she eats really well and they'll keep coming back until they get her in the right mood." This demonstrated that staff knew how to support people living with dementia with eating and drinking.

Six people were living with dementia at this service and we saw that their specific needs around eating and drinking had been considered. There were pictures of food or picture signage to indicate that this was a dining room. We saw plate guards and adapted cutlery in use for some people.

Because people who used the service were living with dementia we looked at care plans to ensure that their mental capacity had been properly assessed and any decisions made in their best interests. We saw that the service was working within the principles of the Mental Capacity Act (MCA) 2005 because they had assessed people's capacity and made decisions in their best interests. We also saw that the service had made applications to deprive people of their liberty lawfully to the local authority because those people could not leave the service without support and did not have the capacity to make their own decision about whether or not they wished to go out. They had not yet had the results of those applications.

The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people's liberties and freedoms lawfully when they are unable to make their own decisions.

People were able to see their GP whenever they needed to and the nursing staff made referrals to other healthcare professionals in a timely manner. We saw that people had been seen by opticians, podiatrists, consultant physicians and specialist nurses. We spoke with a GP from the local surgery during our inspection who told us that they had no concerns about the service at that time. People who used the service told us that staff arranged for them to access healthcare professionals if they were needed.

On the day of our inspection we spoke with a healthcare professional who was visiting the service. They told us that they saw several people at the service and when they reviewed those people they could see that staff had followed their recommendations about eating and drinking. They told us that, "Staff know people really well, how they manage and what is usual for that person." They told us that they were confident that people were getting the correct help and support with eating and drinking.

We looked at the most recent staff training files and saw that staff had received induction training. They told us that they worked with more experienced staff when they first started working at the service. One member of staff told us, "Inductions for new staff have improved." We saw that new staff had a dedicated period of time set aside for induction.



## Is the service effective?

where they were able to get to know the service.. We spoke to one care worker who had started work within the last year and they told us that they felt supported by the registered manager and nursing staff.

The training matrix showed us that all the staff had some training in areas such as infection control, safeguarding, Mental Capacity Act 2005 and first aid. The training was not up to date but we could see that courses had been booked for staff. We saw that the hospice at home team had been training staff in palliative and end of life care in small groups at the service and there were other training opportunities for staff advertised in the staff room. Staff told us they were free to attend any training if it benefitted the service.

Supervision and appraisals had been started for some staff but the registered manager had not yet managed to see everyone. This was in progress. One care worker told us they had supervision two months ago, another said that their supervision and appraisal had not been done. We saw supervision contracts in new staff files. When we spoke with the registered manager they told us that they had plans in place to ensure that all staff would be receiving supervision and would have an appraisal. This meant that staff were beginning to be supported by the registered manager.

# Is the service caring?

## Our findings

We found that this service was caring. One person told us, “Yes, I do feel cared for and I am supported in making my decisions. We discuss things and then I decide. I feel they meet my needs, it feels personal to me.” Another told us, “I do think the staff are caring. I don't need anyone to make decisions for me; I make all the decisions about everything.”

We observed that staff spoke to people kindly and showed a caring attitude towards people. A visitor told us, “The staff take a caring approach that tries to create a family atmosphere. Staff go out of their way to make me feel welcome and feel that I can do what I need to do in caring for mum. I'm fully involved in her care.”

We observed that staff knew people well and heard positive interactions between them and people who used the service. We also saw people who used the service communicating with each other. People's communication needs had been recorded in care plans. Where people

required assistance with communicating it was recorded in the care plan. This meant that staff were able to access information about people's communication needs. We did not see that anyone needed an advocate as people had friends or family to advocate for them. However there were no displays advertising advocacy services for people who may wish to access those services for themselves or for their family.

We saw staff maintained people's dignity and privacy by knocking on doors before entering and making sure that people were assisted to their rooms or to a bathroom if they required support with any personal care. Staff were discreet when people asked for support.

People had life journey documents completed which assisted staff in getting to know people's histories and gave them information which would help them to develop a relationship with people

Although there was no one who required end of life care when we inspected the service we saw that people's wishes had been incorporated into their care plans.

# Is the service responsive?

## Our findings

A relative of a person who used the service said, “I have no concerns. (Relative) has been here (number) years and I come (number) days a week. If it wasn't right she wouldn't be here. Care is focussed on (relatives) needs and staff appreciate my assistance as much as I appreciate theirs.” People we spoke with who used the service said they always received care and support in a timely manner.

When we looked at people's care records we saw that their needs had been assessed and information had been incorporated into their care plan from a number of sources such as the person or health care professionals. The care plans had been rewritten recently and were person centred with plenty of detail. We saw that reviews of care plans had been completed and updated to reflect changing needs.

There were no organised activity taking place on the morning of the inspection but in the afternoon we saw a care worker begin to setup and play a game with people in the lounge. This did not correspond with what was advertised on the activities programme but when we asked, the care worker told us that people had not wanted to do that activity.

There was a programme of activities for each afternoon but no specific person to deliver them. Care workers were allocated the task until an activities coordinator was recruited. There were activity and hobby props such as books, jigsaws, DVDs, puzzles, painting and drawing, knitting, rummage boxes for people to access throughout the day and there were guinea pigs in the lounge areas. There were also some activities in the dining room. We saw that care workers had been engaging with people who were nursed in bed or were in their rooms and the conversations or subject had been recorded. The risk of social isolation was now reduced for those people.

There was a complaints policy and procedure which was displayed in the entrance hall. There had been no complaints since the last inspection. One person who used the service told us, “You feel you can always say what you think about things.” Staff told us that they would be able to tell the nurses or registered manager if they had any concerns. Relatives told us they were aware of a complaints procedure and would have no hesitation in approaching the manager or provider if they felt they needed to.

# Is the service well-led?

## Our findings

We found that this service was not consistently well led. At the last comprehensive inspection the provider did not identify assess and manage risks relating to health, welfare and safety of service users or the quality of the service. This had improved at this inspection and we saw that the provider had a more effective system of assuring the quality of the service.

We asked the provider to show us any audits that had been carried out. We saw audits had been developed for all areas of the service such as call bells, infection control, moving and handling equipment and care plans. This meant that the provider was now identifying areas that required improvement, learning from them and using this information to improve the service. However this has not yet been in place for sufficient time to evidence real impact on the service provided.

There had been audits by other healthcare professionals such as a pharmacist and an infection prevention and control nurse. Actions resulting from these audits had been taken by the provider but not all areas for improvement identified had been completed. The provider had a five year plan between 2010-2015 which had incorporated some of the environmental improvements that were identified in the infection control audit. This meant that the provider was beginning to plan for some continuous improvements.

There were records of accidents and incidents and the audit tool looked at trends. Incident forms were cross referenced in care plans to provide a clear audit trail which in turn gave a clear indication of the actions taken by the provider.

Servicing of safety equipment was up to date and we saw documents confirming visits by service engineers. Equipment was clearly logged and we could see that visual checks by staff were recorded which ensured peoples safety and wellbeing.

The registered manager had been in post since September 2014 and had been registered with CQC in March 2015. Staff

told us that they had confidence in the registered manager and the nursing team that was in place. The majority of nurses had been recruited in the last eight months but all those appointed were experienced nurses with a range of expertise. However the registered manager had not yet completed the planned programme of supervision and appraisal of staff. This meant that staff were not always provided with one to one support and the development needs of some staff had not yet been identified or addressed.

At the inspection of August 2014 we had identified that the service had not got strong values and none of the staff we asked could define the company values. At this inspection staff wanted to come and talk to us and tell us about their role and how the culture at this service had changed in recent months. They said, "The nurses are all on the same page and work as a team" and, "Management listen to us and help us out. We seem to be getting more support."

People told us when asked about the leadership of this service, ""They have improved", and said, "The manager and nurses are very good." Care was guided by best practice guidelines with the registered manager using National Institute for Health and Care Excellence (NICE) and other guidance to inform their work. For example, we saw that the management of medicines was now guided by NICE standards. Staff had used the NICE audit to identify the improvements needed.

Communication was good with regular staff meetings now taking place. Resident and relative meetings had also been organised by the registered manager but no one had attended these. They told us that they were going to look at different times to hold such meetings to try to encourage involvement. When any specific issues were identified meetings were arranged with the appropriate people to find a solution. For example, the registered manager had recently arranged a meeting with the local GP practice in order to discuss identified issues with them. This showed that the registered manager was proactive in dealing with matters relating to the service.