

Isle Care (Axholme) Ltd

Nicholas House Care Home

Inspection report

11 Church Street
Haxey
Doncaster
South Yorkshire
DN9 2HY

Tel: 01427752862

Website: www.nicholashousecarehome.net

Date of inspection visit:

14 May 2019

16 May 2019

Date of publication:

12 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service.

Nicholas House Care Home is a residential care home that was providing personal care to 26 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 40 people.

The care home accommodates people in one adapted building that has been extended over the years and is on two floors. One area of the house on the ground floor is used to support people living with dementia. A second area on the upper floor is used to provide people with capacity and good mobility an increased level of independence. Bedrooms are mainly single occupancy, some with en-suite facilities. People share the lounges, dining rooms, activity rooms and gardens.

People's experience of using the service and what we found.

People did not always experience a well-run service. A new manager was in post just one week before our inspection. Prior to this there had been a year of inconsistency with a new registered manager running the service for ten months and the operations manager for two months. During this time the staff were inconsistently led, quality assurance systems were ineffectively used and records were not maintained. Failings in service provision and staff insight had not been properly monitored, identified or addressed. The provider was, therefore, in breach of the regulation on good governance, with ineffective quality monitoring systems and record keeping. The new manager had not yet been able to influence improvements at Nicholas House Care Home.

We identified failings in some of the support people received with their personal hygiene. The provider failed to ensure parts of the premises were safely maintained. They had not ensured all people's personal risks were reduced. There was inconsistency in assessing people's needs. Staff supervision was ineffective. All of these were a potential risk to people's health and wellbeing. We made five recommendations about these failings.

People were safely supported and protected from harm or abuse. Safeguarding systems in place supported this. Staffing levels were safe and new staff were recruited using robust procedures. Management of medicines were safe. Staff learnt lessons after dealing with problems.

Staff were trained to support people with mobility, nutrition and health care, as well as any diagnosed conditions, but were not always able to apply their learning. The premises were designed to meet the needs of the people that used the service.

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. People were respected with regard to privacy and dignity and staff encouraged their independence. Staff were caring and followed support plans to meet people's needs. People communicated in their own way and staff learned

about these. People's concerns were addressed and compassion shown to them at the end of their life.

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

Rating at last inspection.

At the last inspection the service was rated good (published 8 June 2017).

Why we inspected.

This inspection was prompted by information of concern.

Enforcement.

We have identified a breach in relation to quality monitoring and recording systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. The provider already sent us a pre-action plan based on information in our initial inspection feedback form. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Nicholas House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by information of concern we received about the care provided to one person who became ill and needed treatment in hospital and later died. This is subject to a safeguarding investigation and as a result this inspection did not examine the circumstances of the incident.

Inspection team:

Two inspectors and an assistant inspector carried out this inspection.

Service and service type:

The service is a 'care home' that provides personal care and support to a maximum of xx older people who may be living with dementia.

The service did not have a manager registered with the Care Quality Commission. There was a manager in post who was yet to submit their application to register. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We looked at information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service, such as details about important events that happened there, which

the service is required to send us by law. We received feedback from the local authority contract monitoring and safeguarding teams prior to our visit.

During the inspection:

We spoke with five people who used the service and three relatives. We spoke with the manager, the operations manager, two senior care staff members, two care staff, an activities coordinator and a cook. We spoke with one visiting healthcare professional.

We looked at a range of documents and records related to people's care and the management of the service. We viewed seven people's care records, medication records, three staff recruitment and induction files, training and supervision information and a selection of records used to monitor the quality and safety of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection the manager sent us a copy of the staffing tool used, which is based on people's dependencies and an interim action plan based on our initial inspection feedback sheet.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that some people could be harmed.

Preventing and controlling infection.

- People were not always protected from infection. Staff were not vigilant with people's nail care, as some of them had dirty finger nails. Some people's bed sheets were dirty and had not been changed. These put people at risk of spreading infections.
- There had been a recent outbreak of scabies.

We recommend the provider ensures there are robust staff monitoring systems in place to improve staff practice around prevention and control of infection.

- The premises were clean and personal protective equipment was available to staff who had been trained in prevention and control of infection. Notices were up around the service to remind staff of good hand hygiene.

Assessing risk, safety monitoring and management.

- The provider and manager assessed, monitored and reduced risk, but people were not always protected.
- Some windows were not safe and were wedged open. The handy man was carrying out some minor repairs, but the main house was a Grade II listed building, so it was difficult to complete any major structural work.
- Glass in windows in the main house was not of a safety standard with kite marks. This was a potential risk of harm to people falling against windows.

We recommend the provider assesses and carries out work needed to make sure people are safe.

- The provider's maintenance certificates showed gas, electric and fire systems were safe for use.
- People's risk assessments did not cover all areas of risk. Nutritional risk assessments were not completed.

We recommend the provider reviews all risk areas and completes risk assessments where they are needed, to ensure people are not at risk of harm.

- The risk assessments in place were reviewed monthly or when required.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from abuse. They said, "Of course I feel safe living here" and "Staff make sure we

are all safe." Relatives told us they felt people were safe from harm, but one relative who contacted us before the inspection told us about a safeguarding incident that was still on-going and had yet to be concluded.

- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding procedures. This was confirmed by conversations with staff and records seen.
- Staff demonstrated awareness of their safeguarding responsibilities to report to the manager, but they were not clear about referring incidents to the local authority safeguarding team. They were unsure of the safeguarding team's role and responsibilities, so training had either been ineffective or not fully understood.

Using medicines safely.

- There were safe systems for the management of medicines.
- Staff safely ordered, stored, administered and recorded medicines when they gave these to people. The medicine administration records showed that people had received the medication they were prescribed.

Staffing and recruitment

- Staffing levels were safe and new staff were recruited according to robust systems.
- Four care staff during the daytime and three throughout the night were on duty. One new staff member was 'shadowing' on the first day we inspected.
- Recruitment systems were satisfactory and protected people from being supported by inappropriate staff.

Learning lessons when things go wrong

- The provider learnt lessons from experiences in the service.
- Accidents and incidents were recorded. Investigations into these were completed or reviewed in a timely manner. Appropriate and responsive action was taken to reduce the risk of recurrence. For example, times of falls were connected to staff breaks and so breaks were now staggered.
- Opportunities were used to learn from incidents that occurred. For example, following safeguarding investigations, action plans were set up and implemented.

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.

The effectiveness of people's care, treatment and support was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- People's needs were not always appropriately assessed. Everyone had assessments of need in the form of the provider's own documents, but not all of the information was obtained on them. Several types had been used over the last few years, which did not help with consistency. The manager said she would be asking for copies of assessments completed by placing local authorities.

We recommend the provider achieves some consistency across the service with assessments of need and completing the forms, so that people's needs are fully assessed.

- Assessments were used to determine the staffing required to meet people's needs.
- Systems to assess people's needs and choices were used to help people move between services. Information was shared with other providers when required. This was in line with legislation and best practice to maintain an effective service during transition.

Staff support: induction, training, skills and experience.

- Staff told us they had received poor supervision recently and one said they'd had no supervision in the months they worked at Nicholas House Care Home. Records showed while supervision had been carried out regularly, there was a recent period when it had lapsed.
- The training records showed staff achievement rates for course completion were high.
- Some staff found it difficult to express their understanding of the content on courses they'd completed. For example, on least restrictive practice and consent. One staff member said about mental capacity, "I can't remember much" and another said, "Some people don't have capacity, so we act in their best interest." This staff member couldn't explain what this meant for their practice or the impact on people. Learning had sometimes not been discussed or tested.

We recommend the provider improves staff training and understanding through regular and better use of supervision systems.

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

- People's nutrition and hydration needs were effectively met. Their needs were assessed and monitored and information about dietary requirements and preferences was included in people's support plans. It was also available in the kitchen for catering staff.
- People were offered a choice of meals and the mealtime experience was calm, organised and seen as a social event. Our observations at lunch time showed people were effectively supported in a respectful way.

- We received positive feedback about the food. Comments included, "The food is very good", "I like most foods they give me" and "We get some good meals. There is always plenty of food."
- Specialist support was sourced for anyone who experienced problems with their diet, eating or swallowing.

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

- People's preferences and needs were reflected in adaptations within the environment. The garden was well maintained and offered a relaxing outlook for people. There was a separate unit designed for those living with dementia, but some features were inappropriate. The manager was already aware of these. The unit had its own secure garden and dining / living space.
- People had personalised their bedrooms. They occupied communal areas with ease and considered the building as their home.
- The service supported people's independence using technology and equipment, where extensive supervision was needed.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to health care professionals, and staff sought specialist advice where required.
- Information about people's health needs was recorded in their care plan.
- A visiting healthcare professional provided positive feedback about the service and told us staff acted on their advice and guidance.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected. Capacity assessments were completed. Best interest decisions were processed.
- Staff were trained in but struggled to understand MCA and DoLS in relation to their roles. Staff spoke about making decisions for people in their best interest but were not clear about the process needed before decisions could be made.
- DoLS applications were made and there were authorisations in place. The manager understood about legislation requirements and was aware of the DoLS replacement (Liberty Protection Safeguards) to be implemented in 2020.

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.

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 were treated with care and compassion. People told us, "Staff look after me okay. The home is suitable" and "I find the staff very caring." Relatives said, "Staff are very caring and pleasant. They do well" and "Staff are really nice."
- We observed people being treated well during meal times and in the lounge. Staff were supportive, helpful and knew about people's needs. We heard people and staff talking to each other and saw people were interested. Staff used conversation with people to check out their satisfaction with the service.

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

- People were encouraged to make decisions for themselves and exercise choice wherever possible. People told us, "I make my own decisions about things and have control of my finances" and "I decide what goes but family and staff help me with the practical things."
- Where people were unable to express their views staff showed patience, offered choices and responded to facial expressions and gestures.

Respecting and promoting people's privacy, dignity and independence.

- People were respected. They were encouraged to be independent whenever possible, with daily living needs and decisions about their care and activities. They told us, "Staff respect my privacy and they are patient" and "I find staff are discreet about things, in the main, and so I can't say they don't respect my privacy."
- Staff understood their responsibilities to promote people's difference while maintaining the delivery of a service that was equal for all. Staff respected people's religion, culture and any disabilities they had. One relative said, "[Name] is allocated care staff of the preferred gender, which is more dignified for them."
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care.

Is the service responsive?

Our findings

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

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 and support with their personal and social needs. Staff involved people and their families in devising their support plans.
- Some people's care plans contained conflicting information and lacked detail when changes in circumstances arose.
- None of the shortfalls had affected people but staff might not have been clear on meeting their needs. However, we found staff were knowledgeable about how to meet people's needs and their changes in circumstance. The problems were with inconsistent record keeping, which we have dealt with in the section below on 'Is the service well-led?'
- People's care and support plans contained information on their health care needs and medication requirements.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs appropriately assessed and met. Strategies were used to enable people to receive information in a format they understood. People used hearing aids and visual prompts and staff explained information in ways people could process. Information could be issued to people, for example, in large print, on coloured paper or in specific languages if required.
- Communication passports informed staff and healthcare professionals about people's needs should they attend health appointments.

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.

- People were supported to be included in community events, establish relationships and avoid isolation. Staff assisted people to access local services when they wished, with visits from family and friends and helped them remember relatives' birthdays.
- The activities coordinator encouraged people to join in with activities, pastimes and occupation of their choice. These changed as people's circumstances and preferences changed.
- Activities were appropriately tailored to people's interest and needs. They included group social events as well as individual activities with the activity coordinator. They were time limited according to people's levels

of concentration and involvement.

Improving care quality in response to complaints or concerns.

- The provider improved quality of care wherever possible following receipt of complaints. We found where complaints had been voiced or put in written format, these had been addressed to prevent the same issues happening again. Apologies were issued, changes were made to avoid repeat issues and records included details of any action taken.
- Where the service could not resolve a complaint, it was referred to the local authority complaint's department. A serious complaint being investigated by North Lincolnshire Council was still on-going and was linked to a safeguarding allegation of harm to a person that had used the service.
- People who used the service told us they knew how to complain if they needed to. They said, "I'd speak with the manager", "I've seen the procedure and know what to do" and "I don't remember making a complaint, but might have done." A complaint policy and forms to complete helped strengthen the complaint process.

End of life care and support.

- People's end of life care was responsive to needs. It was sensitive and drew on healthcare professional's support. People's families had sent cards and letters of thanks for the care their relatives had received at this time.
- Anticipatory medicines to be given by health care professionals were put in place where required.
- Information about people's different spiritual, religious and cultural needs, requirements and preferences, including their preferred place of care, was recorded in their support plans.

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.

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Quality of the service had declined and auditing systems were ineffective at recognising this. Support plans and capacity documents did not always contain the relevant information following changes in people's circumstances to help staff meet people's needs. Some people did not have risk assessment documents in place.
- Records were ineffectively maintained at times. Staff hand-wrote changes made to people's prescribed medicines and signed the new information, but these were not checked and countersigned by a second staff member to avoid errors. Staff did not keep medicine stock records for people using the service in the short-term; one person had unrecorded extra medicines in stock. Staff maintained an inaccurate record of unused medicines, so a check could not be maintained of items for return to the pharmacy.
- One person's hygiene record for April 2019 showed they had no personal care interventions on two consecutive days, but their diary notes stated they had. This was inconsistent.
- Monitoring and hygiene charts were not always completed, dated or signed. In January 2019, while further investigating a complaint, North Lincolnshire County Council identified similar poor record keeping. The provider had not improved record keeping since then.

We found no evidence that people had been harmed by ineffective audits or poorly maintained records. However, systems were not robust enough to demonstrate certain areas of care were being monitored and properly recorded. This was a breach of regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Leadership had been inconsistent. The manager understood their responsibilities, but staff were not always clear about their roles, as they had been without clear leadership and guidance from the previous registered manager for some time. No registered manager and the newly appointed manager yet to submit a registration application was a ratings limiter for the well-led key question.
- The manager and staff met the requirements of the provider's registration. They sent us information about events that happened in the service in a timely manner.

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

- The manager and staff promoted a friendly, homely and caring culture where people experienced appropriate outcomes. A healthcare professional said, "I believe the staff work well together to promote people's care. They listen to advice we offer, always assist us when we visit people and help us achieve

results. Staff know about people's needs."

- People were supported with their needs, taking into consideration their age and any disability they had. Staff were practical in their approach and recognised people's changing needs, for example, because of age, illness or desire. Staff knew when to reduce the pace or change the approach.
- Staff told us they enjoyed working at Nicholas House Care Home and looked for ways to improve people's quality of life. They said each person had their own routines and preferences, which were always taken into consideration.

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

- The provider demonstrated good understanding of their responsibilities of the 'duty of candour' regulation: to act in an open and honest way when shortfalls in providing the service were identified. They knew about being required to make apologies when problems arose. The manager and operations manager were willing to discuss areas for improvement.
- The provider issued surveys to people, relatives and professionals connected to the service.
- Satisfaction surveys were issued to people, relatives and staff, but this had not taken place in the past year. This meant people had not been given the opportunity to state their satisfaction or otherwise through surveys. Evidence of some satisfaction was found in thank you cards and compliments from people, but it was not clear when some of these were received.

Continuous learning and improving care; Working in partnership with others.

- The provider was unable to show that learning and improvement was taking place. This was due to two changes in management over the last year, a two-month period with no manager at all and therefore an inconsistency in management of the service.
- The new manager was still getting to know the service and people that used it. They were learning about staff and their practice and while there'd been a lapse in new learning and improvement of the service, they aimed to work on this area. The manager had initially identified areas for improvement but did not have a written plan to show this.
- Staff working relationships with other organisations and professionals were being developed to ensure people received the right support. Staff worked with visiting district and community nurses as well as doctors. A professional we spoke with said staff understood people and the manager was establishing a leadership that staff respected. The manager assured us they were determined to make a difference to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Ineffectively operated systems did not ensure compliance with the regulation. Regulation 17(1).</p> <p>Systems and processes were ineffective in certain areas to demonstrate the service people received was being assessed and monitored to improve it. Regulation 17(2)(a).</p> <p>Poor record keeping meant that records were not fit for purpose. Regulation 17(2)(c)(d)</p>