

Tancred Hall Care Centre Ltd

Tancred Hall 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 

Summary of findings

Overall summary

About the service: Tancred Hall Nursing Home provides support for up to 49 older people and younger adults who may be living with dementia, mental health needs, a physical disability or sensory impairment. Accommodation is provided in one adapted building separated into two areas. The 'Hall' supports people with nursing needs who may be living with dementia. The 'Cottage' supports people with nursing and mental health needs. Twenty-seven people were receiving a service at the time of this inspection.

People's experience of using this service: The provider and registered manager had made significant improvements since our last inspection. The environment was cleaner and more welcoming. Staff were more attentive and engaged, and there were more effective systems to monitor and make sure people's needs were met. The provider was now compliant with all legal requirements.

Although there had been significant improvements, progress was needed to show improvements could be sustained. Work was ongoing in other areas to develop and improve the service. For example, a more robust system was needed to make sure agency staff were suitably trained; progress was needed to develop a fully dementia friendly environment, and to maintain consistently high standards of cleanliness. The range of activities on offer had improved, but further improvements were needed as people were not always meaningfully engaged.

We recommend opportunities for regular, meaningful stimulation should be further explored and developed.

We recommend the provider implement a business continuity plan to help keep people safe in an emergency.

Staff were safely recruited and enough staff were deployed to meet people's needs. Staff had been trained to respond to safeguarding concerns. The registered manager was proactive investigating and responding to concerns to keep people safe.

People received care from staff who were kind and caring. Staff worked closely with healthcare professionals and sought their advice, guidance and support on how to best meet people's needs. Staff had completed a range of training. The registered manager was looking to source and deliver more comprehensive training for staff working with people with mental health needs and behaviours that may challenge.

People were supported to meet their personal care needs and dress according to their personal preferences. Staff supported people when needed to make sure they ate and drank enough.

People gave very positive feedback about the new registered manager and deputy manager (who was also the clinical lead) and the changes and improvements they had made. The registered manager was approachable, responsive to feedback and clearly dedicated to developing and improving the service. They

used a range of audits to check quality and safety. They put in place action plans to make sure improvements were made when needed.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: At the last inspection service was rated Inadequate (report published 11 July 2018). This is the second consecutive time the service has not achieved a Good rating overall.

Why we inspected: At the last inspection, there were seven breaches of regulation. Following the inspection, we asked the provider to take action to make improvements. They sent us a plan to show what they would do and by when to improve the service. This inspection was planned to check the provider had acted to improve the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We will work alongside the provider, local authority and clinical commissioning group to monitor progress. 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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Tancred Hall 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. 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.

Inspection team: The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They specialised in dementia care.

Service and service type: This service is a care home. People in care homes receive accommodation and nursing or personal care as 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 registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of our inspection was unannounced. We told the provider we would be visiting on the second day.

What we did: Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share.

The provider completed the required Provider Information Return. This is information providers must send us to give us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with five people who used the service, two people's relatives and five

professionals. We spoke with the registered manager, two team leaders, and six other members of staff including nurses, care workers, the activities coordinator and the cook.

We reviewed documents and records that related to the management of the service. This included four people's care plans, risk assessments, daily notes and medication administration records. We reviewed three staff's recruitment records, as well as induction, training and supervision records for the staff team. We looked at meeting minutes, quality assurance audits and a selection of other records.

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. There was an increased risk people could be harmed.

Preventing and controlling infection.

At our last inspection the provider had not taken adequate steps to prevent the risk of spreading infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvement had been made and the provider was no longer in breach of Regulation 12.

- The home environment was significantly cleaner, but further improvements were needed to continually maintain the required standards and reduce the risk of spreading infections.
- The registered manager acted to address the issues found during the inspection and explained plans to redevelop cleaning schedules and protocols.

Staffing and recruitment.

- New staff had been safely recruited.
- Robust procedures were not in place to make sure agency staff were suitably trained to safely care for people. The registered manager agreed to address this concern.
- All nurses employed had an active professional registration to practice.
- The registered manager monitored staffing levels and enough staff were deployed to meet people's needs.

Assessing risk, safety monitoring and management.

At our last inspection the provider had not taken adequate steps to assess and manage risks to people's safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- Significant progress had been made to improve the safety of the service, but further improvements were needed to make sure risks were consistently managed. For example, people were at risk of burning themselves, because the use of portable electric heaters had not been risk assessed. Some care plans needed more detailed instructions to guide care staff and agency workers about how certain tasks should be completed.

We recommend the provider develop a business continuity plan for how they would meet people's needs in an emergency such as a fire.

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

- Staff understood how to recognise and respond to safeguarding concerns. They were confident the registered manager would investigate any concerns they raised.
- The registered manager worked closely with the local authority to investigate safeguarding concerns and to prevent abuse happening.

Using medicines safely.

- Medicines were managed and administered safely.
- Staff had been trained and their competency checked to make sure they were providing safe support for people to take their prescribed medicines.

Learning lessons when things go wrong.

- Accidents and incidents were recorded; staff responses were monitored, which ensured appropriate action was taken to prevent similar incidents.

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.

People's outcomes were good, and people's feedback confirmed this.

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

At our last inspection the environment was not suitable for people living with dementia or with complex needs. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 15.

- Significant improvements and renovation work had taken place since our last inspection.
- Work to adapt the environment for people living with dementia was ongoing. For example, to install dementia friendly signage to help people find their bedrooms.

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

- Staff assessed and recorded people's needs; individual care plans and risk assessments described how their needs would be met.
- Staff had consulted with healthcare professionals for their advice, guidance and input with planning and delivering people's care.

Staff support: induction, training, skills and experience.

At our last inspection staff had not received appropriate training and supervision to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- New staff were supported to learn and develop in the role.
- Staff completed practical training and a range of online courses. Work was ongoing to update gaps in staff training.
- The registered manager planned to source and deliver specialist training in dementia care, mental health and behaviours that may challenge the staff.
- Staff were supported through supervisions and appraisals of their performance; any issues with their learning or practice were addressed.

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

- Staff offered choices at mealtimes and prompted and supported people with their meals and drinks. One

person said, "The food is very good and there is plenty of it. They change it if I don't like it and there are snacks and drinks available too."

- Staff monitored people's weight and sought medical advice when concerns over weight loss were identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People received timely medical attention. Staff acted on advice from professionals to help meet people's health needs.
- People's medical care was coordinated by a new clinical lead nurse; professionals gave positive feedback about how this was working.

Ensuring consent to care and treatment in line with law and guidance.

At our last inspection people had been unlawfully deprived of their liberty. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection sufficient improvement had been made and the provider was compliant with Regulation 13.

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 MCA 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 had consented to the support staff provided.
- Staff completed mental capacity assessments and made best interest decisions when necessary.
- The registered manager had made appropriate applications to deprive people of their liberty.
- Staff worked to make sure conditions on people's DoLS were met.

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; equality and diversity.

- People received care from staff who were kind to them. People told us, "The staff are kind, polite and caring. They respect my privacy and dignity by knocking on my door." A professional said, "The staff are very good, they care a lot. They are always very polite and want to help."
- Staff had received numerous compliments praising the warm, welcoming and kind care they provided.
- Staff worked to accommodate people's individual and diverse needs.

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

- Staff offered choices and actively encouraged people to make decisions. For example, they asked people what they wanted to eat and drink and whether they wanted to join in activities.
- People's care plans guided the staff on how best to communicate with them and share information in an accessible way; this helped people to make decisions.

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

At our last inspection people were not always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 10.

- People's personal care needs were met; staff helped people to dress according to their wishes and preferences to maintain their dignity.
- Staff spoke with people in a respectful way; they explained what they were doing and were patient and kind in how they supported people.
- People were encouraged to maintain their independence. For example, staff supported people to walk around the service and to complete tasks independently where possible.
- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At our last inspection care was not always planned and delivered in a way which was appropriate and met people's needs. There was a lack of meaningful activity and stimulation for people. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the provider was no longer in breach of Regulation 9.

- Care plans contained person-centred information to guide staff on how to meet people's individual needs and preferences.
- The provider had introduced a new electronic care planning system; this helped staff and the registered manager to make sure people's needs were met.
- A wider range of more regular activities were available for people to join in.
- People gave mixed feedback about the activities on offer. Some people spent long periods of the day sitting in the same chair with little stimulation. A professional said, "It is rare to see activities or stimulation at the home for residents, other than basic care needs or mealtimes."
- Work was ongoing to develop a stimulating environment and accessible outside spaces for people to use and enjoy.
- The provider employed one activities coordinator and had recruited another. Although different activities were being tested and tried, people needed more consistent support from the staff team.

We recommend the provision of regular, meaningful stimulation to suit everyone's needs, should be further explored and developed.

End of life care and support.

- People's wishes about their care and support when approaching the end of their life had not always been explored or recorded. The registered manager was working to implement good practice guidance on end of life care.

Improving care quality in response to complaints or concerns.

- A complaints procedure and suggestion box gave people the opportunity to give feedback or raise concerns. The registered manager agreed to display a dementia friendly complaints procedure to help people understand how to raise concerns.
- The registered manager was responsive to feedback and had investigated and responded to complaints, as an opportunity to improve the service.

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 had been inconsistent. Leaders and the culture they created were not yet embedded to deliver consistently high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection records were not always accurate and there were inadequate systems to maintain the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the provider was no longer in breach of Regulation 17.

- Significant improvements had been made, but this work was still ongoing; progress was needed to show improvements could be sustained before rating the leadership of the service Good.
- Audits had been effective in highlighting areas for improvement; actions plans were in place to address any outstanding items; the provider and registered manager were fully committed to driving improvements at the service.
- The registered manager made sure staff had up-to-date information about people's needs.
- Staff understood their responsibilities. They said, "Everything seems to run smoother now. [Registered manager's name] has introduced lists to make sure jobs get done. We work in twos and are allocated people to support with personal care and meals to make sure it gets done."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager was approachable and responsive to feedback. A member of staff said, "The management are good and supportive. If we have any doubts or need support they look into it and sort it out." A relative told us, "[Registered manager's name] is wonderful, things have really improved since they started. They have really turned things around."
- Professionals gave positive feedback about the transparency, commitment and responsiveness of the registered manager and the changes they were making to improve the service.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager met with people, their relatives and the staff team to gather feedback and share information about the running of the service.
- People had the opportunity to provide feedback, which was used to improve the service.
- The registered manager and clinical lead had developed close working relationships with health and social care professionals.

