Ackworth House Limited

Ackworth House Nursing Home

Inspection report

The Beach
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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

We carried out an announced comprehensive inspection of this service on 19 August 2014 and five breaches of regulations were found. These related to peoples care and welfare, the management of medicines, infection control, staffing levels and the quality of the service. You can see what action we told the provider to take at the back of the full version of the full version of the report. We undertook an unannounced focused inspection on 5 February 2015 to check on the welfare of people who used the service and to confirm the provider was meeting the legal requirements. We found improvements in staffing and infection control but there were still some areas that required further improvement. We carried out this further unannounced focused inspection on 10 April 2015 to ensure that people who used the service were safe and check that improvements made in February had been maintained and whether further improvements had been made.

Summary of findings

This report only covers our findings in relation to the five breaches of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ackworth House Nursing Home' on our website at 'www.cqc.org.uk'

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 service is situated along the beach front in the seaside town of Filey. At the time of our visit there were 27 people living at the service.

There was a registered manager at this service who had been in post since September 2014 and registered with the Care Quality Commission on 19 March 2015. 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.

We found that that although some improvements had been made the service was not always safe. People told us that they felt safe living at Ackworth House. One person told us, "The staff speak nicely to you" and another said, "I am safe here."

We found, however that the management of medicines was not safe and some of the same issues in respect of medicines from previous inspection in August 2014 and February 2015 were repeated at this inspection.

The registered manager used a tool to determine what staff was required in order to meet people's needs. We saw there was sufficient staff on duty to meet people's needs.

Improvements had been made to the environment and cleanliness of the premises but there were still areas that required improvement.

The service did not always work within the principles of the Mental Capacity Act 2005 and so people did not always have specific decisions made in their best interest when they lacked the capacity to make them themselves.

Interactions between staff and people who used the service showed that staff knew people well. People who used the service described staff as caring.

People's needs were not always clearly reflected in their care plans which meant that they may not receive the care and support that they need appropriately.

Improvements were being made to the quality assurance systems for the service but there were still areas for concern.

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?

Inadequate

Although there were some improvements there were still areas of concern which had been highlighted at previous inspections around the management of medicines.

Infection control was improving with cleaning schedules in place. There were still areas that needed to be addressed but these had been captured on the infection control audit completed by the service.

Staffing had improved. The registered manager now used a needs analysis tool to determine how many staff were required to work.

Is the service effective?

Requires improvement

We found that the staff were not working within the principles of the Mental Capacity Act 2005 and so people did not always have specific decisions made in their best interest when they lacked the capacity to make them themselves. This had been a concern at the last two inspections.

Staff training and support had improved with staff now having supervision.

Is the service caring?

Requires improvement

Interactions between staff and people who used the service showed that staff knew people well. People who used the service described staff as caring.

We saw that staff treated people who used the service with respect.

People were asked for their opinions and offered choices

Is the service responsive?

Requires improvement

We found that concerns about care planning had not been fully addressed since our last inspection. People's needs were not always clearly reflected in their care plans which meant that they may not receive the care and support that they need..

Decisions by senior staff to change care practices had not always been communicated clearly to staff which posed a risk to people who used the service.

There was a programme of activities displayed in the entrance but we saw activities on the day of our inspection.

Is the service well-led?

Inadequate

The service was beginning to develop a quality assurance system but there were some areas of the service which had not been looked at as part of the auditing. This meant that required changes or improvements had not been highlighted.

Summary of findings

Staff views about the leadership at the service were mixed.

There was a registered manager at this service who led a team of experienced nurses.

Ackworth House Nursing Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of the service on 19 August 2014. Breaches of requirements were found. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to peoples care and welfare, the management of medicines, infection control, staffing levels and the quality of the service.

We undertook a focused inspection on 5 February 2015 to check they had followed their plan and to confirm they met legal requirements. We found improvements in staffing and infection control but there were still some areas that required further improvement.

We undertook this focused inspection to check that they had continued to follow their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the, 'all reports' link for Ackworth House Nursing Home on our website at www.cqc.org.uk.

This inspection took place on 10 April 2015 and was unannounced.

The inspection team was made up of one inspector, a pharmacy inspector and an expert by experience that had experience of health and social care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at any notifications or correspondence we had received from the service since our last inspection on 5 February 2015. During the inspection we looked at care and support records for people. We looked at ten medicine records, four staff recruitment files, training records for those staff and the training matrix. We spoke to seven people who used the service, interviewed four care workers and two registered nurses; spoke with the registered manager and both directors.

We received an infection control audit from the NHS Community infection prevention and control nurse which had been carried out on 24 March 2015 and we spoke with the local authority to gather their views of any recent developments before the inspection.

Inadequate

Is the service safe?

Our findings

At the inspections on 19 August 2014 and 5 February 2015 we found that this service was not safe. When we visited on 10 April we found that that although some improvements had been made the service was not always safe. People told us that they felt safe living at Ackworth House. One person told us, "The staff speak nicely to you" and another said, "I am safe here."

At our comprehensive inspection on 19 August 2014 we found that people's medicines were not managed safely. When we visited on 5 February 2015 the service had made some improvements but not sufficient improvements for people to be protected against the risks associated with medicines. At this visit on 10 April 2015 we saw that although people told us they felt safe, and there were further improvements some of the same issues in respect of medicines were repeated.

The records which confirmed the administration of medication or application of creams and other topical preparations were incomplete and did not reflect when creams had been applied. Incomplete record keeping means we were not able to confirm that these medicines were being used as prescribed.

We looked at the guidance available about application of creams and found that it was not detailed enough with no frequency detailed or where the cream needed to be applied. Although there were arrangements for recording this information we found this was not reflective of when the cream was applied and information was missing for some creams. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them which would in turn affect the wellbeing of people who used the service.

We saw that the record keeping and guidance about medicines prescribed as 'when required' had been improved but could see that staff had given the 'when required' medication regularly at set times. This was not how they had been prescribed and meant that staff were not following prescribing instructions accurately and were not requesting reviews of people's medications with the GP regularly in order to make sure that the prescribed medication was the most effective.

At our inspection on 19 August 2014 we had found staffing levels were not planned in line with the needs of people who lived at the service. At the inspection on 5 February 2015 we found there had been improvements because the manager had started to use a needs analysis tool to determine the levels of staff required to support the care of the people at this service. At the inspection of 10 April 2015 we found that those improvements had been sustained. We saw that the registered manager continued to use the tool and that there were sufficient staff on duty to meet the needs of people who used the service. The rotas confirmed that the staffing levels had been consistent. Where there was any absence the registered manager used existing staff or agency staff to cover the shortfall so that people who used the service had access to sufficient staff to meet their needs.

Prior to this inspection we received information telling us that staff were not being recruited safely. During this inspection we looked at four staff recruitment files to check that staff were recruited safely. In one file we noticed that a Disclosure and Barring service (DBS) check had not been carried out. This is a check made by the employer to make sure that nothing is known which might make people they employ unsafe or unsuitable to work with people who use the service.

We spoke to the director about this and they told us that the person had brought a DBS certificate with them that had been completed three months earlier. The director said that they had contacted the DBS service who had advised that this was acceptable in place of an initial check known as an ISA First check. We followed this up by contacting the DBS service ourselves and we were told that employers would be advised that they use their own discretion if they wanted to use a recent DBS check in this way. However, the DBS told us that they would not advise using the DBS if there were any cautions or convictions listed. This had been the case but after discussing the matter with the local authority it was decided that no safeguarding alert was necessary as the person no longer worked at the service and no one had been harmed. The provider was told about our conversations with the DBS and they agreed that they would carry out more rigorous checks in the future.

We inspected the environment and found that improvements had been made in terms of cleanliness in the main house. There were mild odours in the lounge areas where guinea pigs were kept during the morning of the inspection but we saw cleaning schedules for

Inadequate

Is the service safe?

the guinea pig cage and they had been cleaned out on 6 April 2015.However, carpets were still marked and worn and the décor was 'tired'. We noticed that one sofa was badly worn and torn and told the director who had it removed immediately. This had also being identified by the NHS infection control nurse who had audited the service on 23 March 2015 saying, "As reported previously, many carpeted areas, in both communal areas and residents rooms are stained and worn." The provider explained that they were unable to replace the carpets at the moment but agreed to put a regular carpet cleaning programme in place with immediate effect. This will make the area more pleasant to use for people who use the service.

Other areas highlighted at the previous two inspections had improved but there were still areas identified by both the NHS audit and ourselves such as wall and floor surfaces which were difficult to clean and therefore collected dirt. In the newer extension it felt fresh and clean as we had found previously. The fixtures and fittings were more modern and were more up to date.

There was an infection control policy and procedure and contracts in place for domestic and clinical waste disposal. Formal cleaning rotas were now being followed and tasks recorded. This meant that there were more effective systems in operation designed to maintain the cleanliness of the service.

The equipment was now managed and checked appropriately. There were inventories of equipment such as the hoist slings and evidence of regular health and safety checks being carried out. There were washing schedules in place for hoist slings which reduced the risk of cross infection.

Requires improvement

Is the service effective?

Our findings

At the inspections on 19 August 2014 and 5 February 2015 we had found that this service was not effective. At this inspection we found that although some improvements had been made the service was not always effective. People who used the service told us that staff knew them well and knew how to care for them. One relative told us, "(Name) has improved so much since he came here. We are very pleased." The person themselves agreed with these comments.

At our inspections on 19 August 2014 and 5 February 2015 we had found that staff were not following the principles of the Mental Capacity Act (MCA) 2005. 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 protect people's liberties and freedoms lawfully when they are unable to make their own decisions.

At this inspection we saw that some people who used the service were unable to consent to care and treatment and had a mental capacity assessment completed but it was not always clear what decision was being tested. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. The capacity assessments we saw recorded the decision to be made as referring to a person's "Health and welfare." The best interest decisions were not specific and were not clearly recorded which meant that people who did not have capacity to make their own decisions were not always protected.

We looked at staff training and support. At the inspection in August 2014 we saw that staff had received some induction training and told us that they worked with more experienced staff when they first started working at the service. We saw that there were gaps in staff training which meant that people were not kept up to date with current best practice. Since then efforts had been made to make sure that staff were properly trained. At this inspection we saw records for three new staff and could see an induction had been started or completed which meant that the service was now making sure that people who came to work here had a basic understanding of the service before they began work.

At this inspection we were also shown training records which demonstrated that training was now an ongoing process. Two nurses had completing an update in medication management and there had been some training in person centred care carried out since our last inspection in February. Moving and handling updates were being carried out regularly and we saw evidence of available training that staff could attend advertised in the staff room. Staff used eLearning for some courses. This meant that people who used the service were now being cared for by staff who had better access to training.

Staff told us that sometimes they were interrupted when they did training at the service as they were needed to assist colleagues. One said, "It's alright if you're off duty but if you're on the rota and you're trying to do the training it doesn't work. You're in and out answering bells. It's disruptive to yourself and to everyone else in the group. You miss big chunks of the programme and so you don't retain what you've had." When we discussed this with the registered manager and nursing staff they told us that this was not so and staff were marked on the rotas when they had a training course to indicate that they were not working. We looked at some of the rotas and could see that they were marked when staff were training or study days. We discussed the importance of staff having protected time when training with the registered manager and they agreed that would continue to be available for staff.

When we spoke with members of staff they told us that they were now having supervision with one person telling us, "They're trying to be more consistent. I've had four or five sessions over the last three months." However, others told us, "I've had no supervision sessions and two appraisals since starting - the last was two to three years ago" and, "Supervision has just started; First time in (number) years. It's not booked, not formalised. I recently had an appraisal but the one before that was (number) years ago." This indicated that there were some improvements in the provision of supervision but to ensure its effectiveness in developing staff it needed to be more formalised.

People told us that they had access to healthcare professionals if they were needed. One person told us, "I can see my GP whenever I want to." When we looked at

Requires improvement

Is the service effective?

care plans we saw that people had been seen by or attended appointments with their GP, hospice at home nurse, consultant physicians and other health professionals. This meant that people could be confident that staff at Ackworth House would request appropriate referrals to other healthcare professionals when they were needed.

Requires improvement

Is the service caring?

Our findings

At our inspection in August 2014 we had found that staff were not always caring. At the inspection on 5 February 2015 and at this inspection we found improvements had been made. People told us that staff were caring. One person said, “I don't hear very well and the staff write things down for me. They'll do anything for you” and another said, “They are very caring. They care for me.”

Interactions between staff and people who used the service showed that staff knew people well. Staff were able to describe people’s needs and tell us how they would meet those needs. An example of this was when one person who was living with dementia did not want any lunch. The staff member appeared to agree that was alright and left the room but within five minutes reappeared and started again describing what was for lunch and encouraging the person to eat in a kind and gentle manner This showed that staff were aware of ways in which they could encourage this person to eat and they showed knowledge of the way in which people living with dementia may react.

Staff were observed asking people who used the service for their opinions and offering choices about a variety of things such as the food, activities, going outside, drinks, and clothing. We saw people knock on doors before entering showing respect for people’s privacy. On one person’s door was a sign saying, “If my door is shut please knock and wait for a response.” We observed that staff took note of this sign.

There was a notice in the entrance hall telling people who visited the service that there were no restrictions but encouraging people not to visit at meal times by highlighting the times of meals. This gave people who used the service time to enjoy their meals without interruption.

People told us that members of staff took care to maintain their privacy and dignity. One person said, “We always have a good laugh with staff but they're always polite and respectful." We saw this was so and heard light hearted banter between people who used the service and staff throughout the day.

We saw that call bells were answered in a timely manner on the day of the inspection. The registered manager had continued to carry out call bell audits to test how often they were answered and they were now answered in between one to six minutes according to the results of that audit. We discussed the longer response time with the registered manager as staff have no way of knowing whether or not there is an emergency.

We did not see that anyone had an advocate noted in their care file but one person had a friend who acted as an advocate that we had spoken to at a previous inspection. People had family to advocate for them but those people who lacked mental capacity to make decisions had not always had best interest decisions made for them which means that decisions could be made without taking account of their previous wishes.

Requires improvement

Is the service responsive?

Our findings

At this inspection we found that there were still areas of this service that gave some cause for concern. At our last inspections on 19 August 2014 and 5 February 2015 we had seen that care plans did not always reflect people's needs. This was still the case for some people when we visited on 10 April 2015. Although some people's care plans had been reviewed and rewritten this was not the case for everyone. One person had a condition which required regular treatment but there was no clear plan in place for staff to understand how the treatment should be given. This meant that there was a risk of the person not receiving treatment and may therefore suffer discomfort as a consequence because there was no management plan to guide staff. Another person had been referred for dietician services through their GP. This had not been followed up and there were no records of what had happened since the referral which meant that the person may not be receiving the correct care and support.

When we asked people if they had been involved in planning their care and writing their care plans one person told us, "I've heard of it but my son is involved in anything important" and another said, "Oh, anything like that they talk to my daughter." This meant that despite having the right numbers of staff they were not working in a person centred way because the people who used the service had no input into planning their care and were at risk of having their wishes about their care disregarded.

The registered manager had made sure that there were patient safety alerts visible in rooms for people that used thickener for their food and drink. The alert said that people should not have any tins of thickener left in their room for safety reasons. We saw that one person whose care plan told us they needed to use the thickener had a tin left in their room and we also heard the member of staff giving out drinks asking a nurse for a tin of thickener to put in someone's room. This meant that although the registered manager had responded to the alert by putting up notices staff had not had this communicated to them clearly enough because they were continuing to follow out dated practices. We brought this up with the registered manager who told us that the thickener would be removed from the room and a notice put up.

On the day of the inspection we did not see any activities taking place. At our inspection of August 2014 this had also been the case but in February 2015 when we inspected we saw an activities organiser and a volunteer supporting people with their interests and hobbies. We asked why there were no activities and were told that an activity had been planned but four people had asked to watch a film in the lounge. When we went to the lounge there were four people sleeping in their chairs with a film on the TV. No other activities were taking place. We were also told that the activities organiser only worked part time and so care workers took on the role of activities organiser at other times. We did not see any care workers supporting people with activities which meant that people were not always supported to maintain their hobbies and interests.

One person told us, "I do knitting and I like my puzzles. If I feel like it I'll join in the communal activities" which indicated that some activities did take place. Another person said, "I just like my paper and the telly" And a third said, "I enjoy reading and I look after my plants. I love doing jigsaws but I've nowhere big enough to lay them out if they're big." In the questionnaire completed by people who used the service one person said, "Activities are poor." We saw books, knitting, games and CD's in the lounge but no one was using them or being encouraged to do so. The people who were nursed in their rooms had no activities planned for them and only saw staff when they brought food, drinks or medicines which meant that they were at risk of social isolation.

Inadequate

Is the service well-led?

Our findings

At our last inspection in February 2015 we had found improvements to the leadership at this service. There was a manager in post who had applied to CQC to be registered. At this inspection, they were now the registered manager after having their application approved.

Since our last inspection there had been some improvements with the audits particularly in relation to infection control and the environment. There was an action plan and dates for completion. There had also been an audit by the infection prevention and control nurse which acknowledged that improvements had been made although there were still some areas requiring improvement.

However, the care element of the service had not been well audited. The medication audit did not identify the recording errors identified by us in relation to topical medicines and creams. Care plans were not audited which meant that when they were not robust enough or when issues had not been followed up this had not been identified which meant that people's needs were not always met appropriately. The quality of the service was still not been measured in all areas in order to learn and develop the service.

No-one we spoke with had any experience of residents meetings or being asked for feedback although we were aware that relatives meetings had been held following our inspection in August 2014. The registered manager told us that despite inviting relatives to meetings following on from that, people did not attend. We did see some blank questionnaires left near the main door so that people could pick them up if they wished but we did not see any completed. People who used the service had completed questionnaires and although the surveys were positive in the main there were some more negative comments such as, "Food not always what I asked for" and "Activities poor." Our observations told us that that those comments had been acted upon in part because there was an activities organiser who worked two days a week.

A questionnaire had been completed by only three staff which was not a large enough sample. In response to the question, "Do you feel staff have the necessary skills to provide good care?" they each made comments. One said, "Staff have variable abilities" and another said, "Some staff need more training." The third member of staff said, "Staff need further training in basic care." The service was not doing enough to gather people's opinions about the service in order to learn and develop their service. They were however developing training within the service. Staff commented to us that the level of training required had improved recently.

Staff spoke to us about the culture of the home. One member of staff told us "It's less clinical than some - more homely" but another said, "It's secretive and cliquish". Another member of staff said, "I'm mostly happy here myself but there can be a bad atmosphere and morale can be low." This was in contrast to our last visit in February 2015 when staff had told us that things were much more positive in the service. None of the staff we spoke to were able to tell us about the organisation's values.

Asked about management and leadership the views of staff were mixed. One member of staff said, "The day to day clinical management is good. I like working for the owners. You can go to them, they're approachable and things are dealt with. There's a better team now, more nurses." Another member of staff said, "Management don't have a lot of empathy for residents or staff. Everything is kept close. We tried to ask what we could do to make it right after CQC's first visit. We were told "Do your job". Carers were blamed for everything. There's no respect for carers views. I don't think leadership has improved." When we asked a third member of staff they told us, "Management is approachable. (Director) is big-hearted and cares about staff, would -do anything for them. We look to the nurses for leadership, they're really good. One thing, there needs to be more learning from mistakes, they are not open about this."