

Isle Care (Axholme) Ltd

Nicholas House Care Home

Inspection report

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Date of inspection visit:
22 March 2022

Date of publication:
11 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nicholas House Care Home is a residential care home providing care for 24 people aged 65 and over at the time of 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 over two floors. One area of the home is used to support people living with dementia.

People's experience of using this service and what we found

Medicines were managed safely. Improvements had been made to the recording of medication. Staff received training and competency checks in relation to medicines.

Care records contained information about people's needs and risks. People's preferences and choices were considered and reflected within records.

People received safe, person centred care. Good systems were in place to protect people from abuse. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. People, relatives and staff spoke positively about the manager and felt able to raise concerns and were confident that these would be addressed.

People and relatives said they felt the service was safe and people were well supported and received good quality care. Staff cared for people with compassion and kindness and treated them with dignity and respect, their independence was promoted.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 March 2021).

At our last inspection we recommended the provider improved the standards of record keeping in relation to medicines. At this inspection we found the provider had acted on the recommendation and had made improvements.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nicholas House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Nicholas House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nicholas House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used this information to plan our inspection.

During the inspection-

We spoke with three people who used the service, four relatives, and six staff including, two care staff, one team leader, the maintenance worker, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at management meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we made a recommendation regarding record keeping in relation to medicines.

Enough improvement had been made at this inspection.

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.
- Controlled drugs were stored appropriately, and stock levels were accurate.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "I feel safe here, the staff are lovely and caring."
- Relatives told us they were satisfied their relatives were safe and well cared for. One relative said, "Staff are very nice, caring and respectful to [family member]."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The provider analysed accidents and incidents to identify any patterns or trends in order to support improvement of care.

Assessing risk, safety monitoring and management

- Robust fire safety systems were in place to ensure people's safety in the event of a fire emergency. Each person had a personal emergency evacuation plan to describe the support they would need in the event of a fire or other emergency situation. These were up to date and reflective of people's support needs.
- Staff completed fire safety training, fire drills and evacuations to ensure they had the appropriate knowledge and skills to support people in an emergency situation.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls and choking.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- Staff told us they felt there were enough staff to meet people's needs.
- People told us they did not have to wait for support from staff. We observed staff assisting people and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was carried out in line with current government guidance.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager of the service was not registered with CQC but had started the process to become registered.
- The manager worked in an open and transparent way. Staff said the manager had a visible presence in the home and people and staff freely approached them if they had any concerns.
- The provider and manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

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

- A culture of high quality, person centred care which valued and respected people's rights was embedded within the service.
- Staff had a positive and empowering attitude to supporting people. There was a calm and relaxed atmosphere in the home.
- Care plans and risk assessments were reviewed regularly to ensure they were up to date and reflected people's needs.

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

- The provider dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.
- The provider had appropriately notified agencies of all incidents.
- The manager was open and honest with people and informed relatives when accidents and incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights.
- People, their relatives and professionals were sent questionnaires to request their views and wishes in

relation to the service and the care given. However, the provider had received little response. Relatives we spoke with said they were happy with the service.

- Regular staff meetings had been held to allow staff to voice their concerns or views within the service.
- Systems were in place to measure the quality of the service and support continuous improvement. The provider and manager carried out regular audits of the service and ensured actions were taken to resolve any issues identified.

Working in partnership with others

- The provider and manager accessed support and guidance from other professionals in relation to people's needs when required.
- The home had good links with the local community and key organisations, reflecting the needs and preferences of people in their care.