

Tancred Hall Care Centre Ltd

# Tancred Hall Nursing Home

## Inspection report

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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** ●

# Summary of findings

## Overall summary

### About the service

Tancred Hall Nursing Home provides residential and nursing care for younger adults and older people who may be living with a physical disability, sensory impairment, mental health needs or dementia. The service is split into two areas. The 'Hall' provides residential and nursing care for people who may also be living with dementia. The 'Cottage' provides support for people with more advanced dementia or complex mental health needs.

The service is registered to support up to 49 people, and 36 people were using the service when we inspected.

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

People received inconsistent care, which did not always meet their needs. The provider's approach to managing the service put people at risk of avoidable harm as they had failed to adequately monitor the quality and safety of the service. Risks were not always identified or addressed in a timely way.

There were significant and widespread issues and concerns in relation to the decoration, maintenance and cleanliness of the environment. The environment did not promote people's wellbeing and support the delivery of high-quality care. People had not been protected from risks associated with a fire occurring; North Yorkshire Fire Service were due to revisit the service to make sure appropriate action had been taken in response to these concerns.

People were put at risk of harm because the provider had not followed a robust process to make sure suitable staff were employed and deployed. There was a high use of agency staff and suitable checks had not always been completed before they worked at the service. Staff lacked organisation and leadership, particularly at mealtimes. There were gaps in staff's training and supervisions and appraisals had not always been completed in line with the provider's policy and procedures.

Improvements were needed to make sure medicines were managed safely. Care plans and risk assessments varied in quality and detail. They did not consistently provide enough information about people's needs, risks and how to safely support them. People did not always benefit from the support of skilled and experienced staff when they became anxious or distressed. The provider had not developed an evidenced based approach to supporting people with mental health needs or dementia. Care plans did not support good practice and clear information was not recorded in relation to periods of anxiety and medicines used to reduce distress.

People told us staff were generally kind and friendly, but interactions were brief and often task focussed. There were limited activities and people spent long periods of time socially isolated or without meaningful stimulation.

People's personal care needs had not always been met and their dignity had been compromised by issues with the cleanliness and care shown in maintaining a welcoming and homely environment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were not always offered choices or appropriately supported to make decisions. A lack of management oversight had led to delays seeking applications to deprive people of their liberty; mental capacity assessments and best interest decisions were not always recorded.

Records did not support staff to appropriately monitor and make sure people's needs were met. The new manager had begun working more closely with professionals and reviewing people's needs to ensure the support provided was appropriate and based on up-to-date clinical advice.

People generally told us they felt able to speak with management if they had any issues or concerns. One complaint had been recorded, but the provider had not followed their complaints procedure in responding to this concern.

The new manager had been responsive to feedback and worked with the provider to make changes and improvements. Whilst management had taken positive steps to improve the environment and reduce risks, and positive feedback had been received from visiting professionals about the improvements being made, this was reactive management. We were concerned that adequate systems had not been put in place to monitor the service and prevent the significant and widespread issues and concerns we found.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement (report published 9 March 2019). At this inspection the service remained requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

#### Why we inspected

The inspection was prompted by concerns received about the environment, infection control practices, staffing and the quality of the care provided. We inspected the service to examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches of regulation in relation to safety, the quality of the person-centred care, the premises, staffing, recruitment practices and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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 well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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 one inspector, an assistant inspector 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.

#### Service and service type

Tancred Hall Nursing Home 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 did not have a manager registered with the CQC. A new manager had been in post since July 2019 and they had applied to become the registered manager. A registered manager 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 two days of our inspection were unannounced; we told the manager and provider we would be visiting on the third and fourth day.

#### 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 other professionals.

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.

During the inspection

We spoke with seven people who used the service and five visitors. We received feedback from eight professionals who worked with the service and spoke with the manager and seven members of staff including nurses, care workers, the cook and activities coordinator. We also spoke with a director who was also the nominated individual and another manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed eight people's care records, including their medication administration records and daily notes. We looked at five staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated required improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- People were put at risk of developing healthcare related infections. Areas of the service were unclean and staff had not consistently followed good infection, prevention and control practices. A relative told us, "Look at the crumbs under the bed. The room hasn't been cleaned and it is badly in need of decorating."
- The provider had not complied with Criterion 1 and 2 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Effective systems had not been put in place to make sure all areas of the service were regularly and thoroughly cleaned.

### Assessing risk, safety monitoring and management

- People were at risk of harm because there were inconsistencies in how risks were identified, assessed and managed.
- Sufficiently detailed and up-to-date plans were not in place to outline risks to people's safety and how these should be managed; this included for people who might become anxious or distressed and need support to keep them and others safe.
- People had not been protected from risks associated with a fire occurring; North Yorkshire Fire Service identified actions needed to improve fire safety. The provider was working to address these concerns.

### Using medicines safely

- People were at increased risk of harm because medicines had not been managed safely; we could not be certain people had received their medicines as accurate stock levels were not always recorded.
- Clear information had not been documented in relation to the use of medicines prescribed to be taken only when needed.
- A robust system had not been followed to make sure all staff were suitably trained and competent to administer medicines.

### Learning lessons when things go wrong

- People were at risk of avoidable harm, because a robust system was not in place to make sure lessons were learnt when things went wrong.
- There were inconsistencies in how accidents and incidents were recorded; incidents where people had become anxious or upset were not always documented appropriately or analysed to make sure appropriate action was taken.

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

- People had not been protected from the risk of abuse and avoidable harm; the provider's oversight and management of the service had not always kept people safe or reduced risks.



- There had been a high number of safeguarding concerns in relation to the care and support people received.

The failure to maintain a safe and clean environment and to take all reasonable steps to manage risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager worked closely with the local authority to investigate and respond to safeguarding issues; they were open and constructive in their approach to dealing with concerns.
- The manager had arranged a medicine audit and begun acting to address the concerns identified.
- The provider and manager had put in place an action plan and taken steps to address concerns about the safety of the service.

#### Staffing and recruitment

- People were put at risk of harm because the provider had not followed a robust process to make sure suitable staff were employed.
- Although sufficient staff were on duty, the provider relied on a high level of agency staff and had not always completed appropriate checks before these staff started work.

The failure to make sure staff were suitably skilled and qualified was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was not suitably adapted to meet people's needs and improve their quality of life; areas of the service were impersonal and did not provide a homely or dementia friendly environment.
- The service had not been decorated or maintained to a consistent standard; significant areas were in need of renovation - paintwork, fixtures and furniture were damaged or worn.

The failure to develop and maintain a suitable environment was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider recognised improvements were needed and continued to invest in redecorating and renovation work.

Staff support: induction, training, skills and experience

- People's care and support did not consistently achieve good outcomes; they did not always benefit from the support of skilled and experienced staff when anxious or distressed.
- There were gaps in staff training; supervisions and appraisals had not always been completed in line with the provider's policies and procedures.
- The provider relied on a high level of agency staff to maintain safe staffing levels; agency staff did not always know the people they supported. A permanent member of staff explained, "People are not getting cared for properly, I have nothing against agency staff, but they don't look after people in the same way we do."

The failure to make sure enough suitable staff were deployed, and that they had appropriate support, training, supervision and appraisal to carry out their roles effectively was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not always receive effective support, because staff were not adequately supervised or deployed throughout the service, particularly at mealtimes.
- People's care plans did not always reflect their needs or provide enough guidance for staff on how those needs should be met.
- The provider had not researched and implemented best practice guidance when assessing and planning how to support people who might become anxious or distressed and act accordingly.

- Information was not effectively recorded or monitored to make sure people's needs were met; this included information in relation to people's food and fluid intake, and support provided to reposition to reduce the risk of developing skin problems.

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

- Staff regularly consulted with healthcare professionals, but information was inconsistently recorded and professional advice had not always been followed.
- The new manager had arranged for medication reviews and reassessments to be completed; these had led to referrals to dieticians, speech and language therapists and tissue viability nurses.
- People's care plans did not always record enough information about the support needed to maintain their oral hygiene; the new manager recognised this and plans were in place to address this.

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 when this is in their best interests and legally authorised under the MCA. In care homes, 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.

- People were not always offered choices or supported to make decisions. Appropriate mental capacity assessments and best interest decisions had not been recorded.
- The new manager had submitted a significant number of applications to make sure people were not unlawfully deprived of their liberty.

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

- People gave positive feedback about the food, which looked and smelt appetising. People told us, "The food is good, I get enough to eat" and "It's nice, we get good food."
- People were not always involved in decisions about what they ate; choices were not always offered and people had not been involved in deciding what went on the menu.
- The new manager was working to introduce a new menu and had developed a robust weight audit to monitor people at risk of malnutrition.

# 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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's personal care needs had not always been met; records did not show people were offered or supported to have regular baths or showers.
- People's dignity had been compromised by issues with the cleanliness and care shown in maintaining a welcoming and homely environment.
- Interactions were often brief and task orientated; staff spent limited time speaking with people and getting to know their unique and diverse needs.

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

- People were not always offered choices or supported to make decisions; for example, at lunchtime people did not receive effective support to help choose what they ate and drank.
- There was a limited choice of activities for people to take part in.

The failure to involve people in decisions and provide support to meet their needs was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager had begun arranging reviews with people and their families to make sure they were involved in making decisions and planning how their needs were met.
- Care plans included some information about people's communication needs.

Respecting and promoting people's privacy, dignity and independence

- People gave generally positive feedback about the caring staff. A relative told us, "Everybody has been caring. You can tell by their body language and the way staff go up to people and sit with them."
- People told us staff shut their bedroom door and closed their curtains to maintain their privacy when supporting them with personal care.
- Staff spoke with people in a respectful way; they knocked on people's bedroom doors before entering their rooms.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we recommended the provider develop opportunities for more regular and meaningful activity. At this inspection improvements had not been made.

- People spent long periods of time socially isolated or without meaningful activity or stimulation; a professional told us, "A lot of the people are just sat there and there doesn't seem to be much going on. I would like them to do more activities here."
- There was a limited range of activities provided; staff needed training and support in how to provide meaningful activities for people with mental health needs and dementia. A member of staff said, "Some people just sit there non-stop. There needs to be more for them to do they need to be more occupied."

The failure to provide regular and meaningful activities to meet people's needs was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a second activities coordinator to help deliver more activities; visiting professionals had noted some improvements had been made in response to feedback.
- Work had been completed to develop safe and accessible outside spaces for people to use and enjoy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had not always received person-centred care which met their needs; support was task orientated.
- Care plans and risk assessments did not always reflect people's needs or provide enough guidance for staff on how to support them.
- The new manager had started inviting people's families to help review and update their care plans to make sure they were person-centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans recorded some information about their communication needs and how to share information in a way they would understand.

- However, there was limited use of accessible information to support people to make decisions.

#### Improving care quality in response to complaints or concerns

- People generally told us they felt able to speak with the manager if they were unhappy or needed to complain.
- The manager and provider had been responsive to feedback and begun making improvements in response to feedback about the service.
- The provider had a complaints procedure, but this had not been followed in responding to the one complaint which had been recorded since our last inspection.

#### End of life care and support

- Staff assessed and recorded some information about people's end of life wishes; information was recorded when people had refused to be resuscitated.
- Some staff had completed training in end of life care.
- Some nurses had been trained to administer medicines people would need to remain comfortable and pain free approaching the end of their life.

## 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 the last inspection this key question was rated requires improvement. At this inspection this key question had deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service had not been well-led. People received inconsistent care and support, which did not meet their needs.
- People had been put at risk of avoidable harm, because the provider had failed to adequately monitor the quality and safety of the service, identify concerns and respond in a timely way to keep people safe.
- There were significant and widespread concerns about the service, for example, in relation to the cleanliness of the environment, fire safety and with how care and support was risk assessed and managed.
- Audits had been ineffective in maintaining standards and supporting continual improvement since the last inspection.
- People were at risk of harm because clear and complete records were not always in place regarding their needs or the support staff provided.

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

- People's care and support had not always been planned and delivered in a caring or person-centred way; the lack of management oversight had led to inconsistencies in the quality of care provided and did not support people to achieve good outcomes.
- There had been an inconsistent approach to redecorating and renovating the service; the environment did not support the delivery of high-quality care or promote people's wellbeing.

The failure to adequately monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was responsive to feedback and had begun working with the provider to make improvements in response to feedback.
- The provider had reviewed and was developing a new system to help them more closely monitor the quality and safety of the service.

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 new manager was open and transparent; they understood their responsibility to apologise to people and explain what happened if things went wrong.

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

- There was limited evidence of engagement with people, relatives or staff; feedback from surveys had not been acted on.
- The manager had arranged for new surveys to be completed and begun arranging meetings with people and their relatives to improve communication and more actively involve them in the running of 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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to ensure people received person-centred care, which met their needs and reflected their preferences. People had not been involved in decisions. Regulation 9(1)(3)(d).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to provide care and treatment in a consistently safe way. They had not done all they reasonably could to assess and mitigate risks. Regulation 12(1)(2)(a)(b).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises had not been properly maintained so that they were suitable for the purpose for which they were being used. Regulation 15(1)(a)(c)(e).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not operated effective recruitment procedures to ensure persons employed had the qualifications and skills needed. Regulation 19(1)(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not made sure sufficient numbers of suitable staff were deployed. Staff had not received appropriate support, training, supervision and appraisal. Regulation 18(1)(2)(a).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not operated systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records in relation to each service user and persons employed in the carrying on of the regulated activity. Regulation 17(1)(2)(a)(b)(c)(d).

### **The enforcement action we took:**

We issued a Warning Notice.