

Ingleborough Nursing Home LLP

Ingleborough Nursing Home

Inspection report

1 High Street
Ingleton
Carnforth
North Yorkshire
LA6 3AB

Tel: 01524241593

Website: www.ingleboroughnursinghome.co.uk

Date of inspection visit:
08 August 2022

Date of publication:
13 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ingleborough Nursing Home is a care home providing personal and nursing care to up to 55 people. The service provides support to older people, some of these people are living with dementia. At the time of our inspection there were 22 people using the service. Ingleborough Nursing Home is a large adapted building supporting people across three floors, serviced by a lift.

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

There were two different systems in place for the management of medicines, paper and electronic. Paper medicines administration records for creams and ointments were not completed or used effectively to record the administration of these medicines. We found electronic records to be robust and effective. Audits in place were not effective in identifying and monitoring issues found on inspection and issues known to the manager. Action had not been taken in a timely manner to address concerns identified in a fire risk assessment and during a fire drill.

Care records and risk assessments did not always contain the most up to date relevant information available. It was not always clear if people were receiving the support they needed to prevent harm. We made a recommendation about this.

There was a good variety of training available to staff but systems to monitor training compliance was confusing and inaccurate. Staff were safely recruited and received a thorough induction and support before working with people. People told us they felt safe and staff were competent in their roles.

People told us they enjoyed the meals provided and were offered choice of food. People were supported to eat and encouraged to maintain their independence at mealtimes.

The home was clean and homely but required maintenance work and redecoration throughout. The provider had a refurbishment plan in place which was due to start in September.

A new manager is in position who has plans to implement new processes and systems to improve the service. These were not in place at the time of the inspection, but we saw examples of the new audits and surveys to be used.

People were happy with the care they received and there was a clear direction and ambition to improve the service.

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 good (published 11 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The provider took immediate action to address the risk found during the inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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 good to requires improvement. 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 Ingleborough Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, safety and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ingleborough 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. 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 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.

Service and service type

Ingleborough Nursing 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. Ingleborough Nursing Home is a care home with 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, clinical lead, a nurse and a domestic worker.

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

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records relating to the administration of topical medicines (TMARs) had not always been completed to show that items such as creams and ointments had been applied to people when required. Instructions for staff around application of creams and ointments were also not clear.
- Guidance for staff for "as and when required" medicines did not contain enough detail for staff to follow.

The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a good electronic medicines system in place for medicines other than creams and ointments. This worked effectively ensuring people received their prescribed medicines in a safe and timely way.

Assessing risk, safety monitoring and management.

- People whose skin was at risk of breakdown were not always supported by staff to reposition within the timeframes required and outlined in support plans.
- Where people needed additional support and monitoring around their food and fluid intake, this was not always recorded. It was therefore unclear if they were receiving that level of support.
- Actions raised on a fire risk assessment in 2019 had not been completed in a timely manner and were still outstanding at the time of the inspection. Where issues were identified on fire drills, there was no evidence that action had been taken to address this.
- Environmental safety checks of the service had not highlighted that a window was not restricted. This put people at risk of falling from height. This was addressed immediately by the provider when highlighted during the inspection.

The provider failed to do all that was reasonably practicable to mitigate health, safety and welfare risks. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely, and processes were in place to ensure people were safe to work with vulnerable people.
- There were enough staff to meet people's needs at the time of the inspection. However, feedback from people and staff about whether there was enough staff available was variable.

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

- Systems and processes were in place to ensure people were safe from avoidable harm and abuse.
- People told us they felt safe. One person told us, "I do feel safe. The staff have been very good." And another person said, "I am safe. I would tell somebody if I wasn't."
- Staff had received training around how to keep people safe and knew who to tell if they had any concerns. Accidents and incidents were well documented by staff and reviewed to identify any trends and learning by leaders in the service.
- The manager carried out thorough investigations if something went wrong or there was a concern raised.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 in care homes

- The provider was supporting people to have visits with friends, families and professionals in line with the current government guidance.

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

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

- Support plans and risk assessment reviews were not always carried out in line with the timeframes set by the provider. Where they were reviewed, they had not always been amended to include the most up to date information available.
- Assessments were carried out before people were admitted to the service to ensure their needs could be met.

We recommend the provider review and implement best practice guidance on assessing and reviewing people's needs.

- The provider has begun the process of moving to a new electronic care records system which they feel will support a better management and oversight of care records and support plans.

Staff support: induction, training, skills and experience

- Systems in place to monitor training were not always effective and up to date. More work was needed to improve these systems to ensure accurate oversight of the training completed.
- Improvements had been made around the training available to staff. Work was on-going to ensure all staff were up to date in all areas.
- Staff had received a thorough induction before working with people.
- Staff were knowledgeable about the people they supported and demonstrated competence in their roles.

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

- Advice from external professionals was sought but the information wasn't always readily available to staff in the support plans.
- Referrals to external professionals had been made to ensure people received additional support in a timely manner.

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

- People were supported to eat and drink in a safe and enjoyable way. Staff encouraged people to be independent and provided support when needed.
- People had a choice of meals and could have drinks and snacks when they wanted. Picture menus were available to support people in choosing meals of their choice.

- One person told us, "The food is lovely. If there is anything I don't like they will always make me something different. They always come around at certain times with drinks and biscuits. I choose to eat here [reception lounge]." Another person told us, "I lost my appetite before I came in here, I was six stone. Now I am eleven stone. The food is very good but I still don't eat much."

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

- The home was tired, dated and work was needed to improve the overall environment. The provider had a refurbishment plan in place to carry out the work required imminently. Delays outside the providers control had slowed down progress to date.
- People and their families had access to a safe and accessible outside space and people had personalised their bedrooms.

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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments had been completed when people lacked capacity and best interest decisions were recorded as required.
- Staff had received training in the MCA and had access to information and guidance to help support their practice. Staff asked people's consent before offering support.
- Where required appropriate DoLS applications had been made in people's best interests to ensure their rights were protected.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although there were some systems in place to check the quality and safety of the service, these had not always been effective and had not identified some of the issues found during the inspection. For example, issues with medicines and the lack of window restrictor had not been identified on the providers checks and audits.
- The manager was aware of issues with the content of the daily records. Staff had received training from the local authority and plans were in place to implement a new paperless system. The manager was confident this would address issues found on inspection once implemented.
- Action had not been taken in a timely manner to address other known issues. For example, to complete actions on the fire risk assessment.
- The service did not regularly engage or seek feedback from people using the service, families or staff to improve the quality of the service. COVID-19 outbreaks had prevented some planned meetings; however, alternatives had not been explored.

The provider failed to assess, monitor and improve 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) Regulations 2014.

- The manager shared new questionnaires they had developed and were planning to implement going forward.

Working in partnership with others

- The service is transparent and open with relevant external stakeholders and agencies. It had worked in partnership with key organisations to support care provision, service development and joined-up care.

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

- The manager was new in post and staff had confidence in their abilities to improve the service.
- Improvements had been made to some of the care records to ensure they were person-centred and inclusive but further work was needed to embed this across the service.
- People told us they were happy with the care they received. One person told us, "They couldn't do any more, it is marvellous. I get everything I need". Another person said, "It is very good. I would definitely

recommend it". A family member told us, "They settled in right away. They are very well looked after".

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

- There was no manager currently registered with CQC. The current manager has made an application which was currently being reviewed.
- The provider and manager were aware that improvements were required across the service and had worked with external agencies and staff to develop better systems. Plans were in place to introduce more robust systems and processes however at the time of inspection these were not yet in place.
- The staff and manager were aware of their responsibilities to communicate all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider and manager worked in a transparent way, working with people, relatives and professionals when things went wrong to make improvements where they were able.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(g)</p> <p>The provider failed to do all that was reasonably practicable to mitigate health, safety and welfare risks. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve 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) Regulations 2014. Regulation 17(2)(a)</p>