

Kirklees Metropolitan Council

Ings Grove House

Inspection report

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Date of inspection visit:
26 September 2019
30 September 2019

Date of publication:
24 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ings Grove House is a care home which can support up to 40 people. Most people stay in the home for short periods of up to 6 weeks. The home provides 30 intermediate care beds, which supports hospital discharge through rehabilitation to help people regain previous levels of independence. A respite service is also provided. At the time of the inspection there were 29 people using the service, with occupancy reduced due to refurbishment work.

The accommodation is spread over two floors each of which has their own communal areas including dining room and lounge.

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

People told us they felt safe staying in the home and their care needs were consistently met by the service. Overall medicines were managed in a safe way. Risks to people's health and safety were assessed and staff had a good understanding of the people they were caring for. There were enough staff to ensure prompt care and support. The building was appropriately maintained.

People said they were provided with good quality care from knowledgeable staff. Staff told us they felt well supported and we saw they had access to a range of training and support. People praised the food provided by the home. The service worked with a range of professionals to ensure people's needs were met.

Without exception people said staff were kind and compassionate and this was confirmed by our observations of care and support. Staff knew people well and ensured they were treated with dignity and respect. People were given choices and their views were respected.

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.

People's care needs were assessed, and people received good quality person centred care. People had access to a range of activities. Complaints were well managed, with reflection and learning taking place to continuously improve the service.

People and staff praised the way the service was led. The registered manager had good oversight of the service and had improved the quality of the service of the last year. A range of audits and checks were undertaken to help ensure the service operated to a high standard. People's feedback was sought through various mechanisms and their comments were used to improve the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 29 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ings Grove House

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ings Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, service

manager, domestic, care workers and the cook. We observed care for several hours in the communal areas of the home.

We reviewed a range of records. This included three people's care records and multiple 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for some additional documentation relating to infection control and fire safety that was not present on the days of our site visit.

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 as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- People consistently told us they felt safe staying in the home. They said staff treated them kindly and fairly.
- Staff said they were confident people were safe and had not witnessed anything of concern whilst working in the home. Staff understood how to identify and report safeguarding issues.
- When concerns had been identified, safeguarding procedures had been appropriately followed to help protect people from harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. People told us that staff cared for them safely, for example using equipment safely and appropriately.
- The service worked with a multidisciplinary team including occupational therapists to assess the risks to people and ensure appropriate equipment was in place. Equipment in place was subject to regular maintenance and checks.
- Overall, we saw appropriate risk assessments were in place identifying how staff should care for people safely. These had improved since the last inspection and were now more comprehensive. Whilst we identified a small number of risk assessments needed more detail, we were confident this would be addressed by the registered manager.
- Staff knew people very well, the risks they were exposed to and how to mitigate them. This gave us assurance that safe plans of care were followed.
- The premises were safely managed with appropriate checks taking place. The premises were in the process of being refurbished. This was being done carefully to minimise the risk to people.

Staffing and recruitment

- There were enough staff deployed to ensure people received timely care and support. Staffing levels and people's dependency were regularly reviewed by the registered manager to help ensure staffing levels remained appropriate.
- Overall people told us they thought there were enough staff and that staff were visible and responded to their requests for assistance in a timely manner. Staff also told us there were enough staff working within the building. We observed staff were able to provide people with assistance when they needed it.
- The use of agency staff had been reduced through the recruitment of more permanent staff through an organised recruitment event. This helped ensure more consistency and continuity to care.
- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included checks on staff backgrounds. Recruitment was overseen by the HR

department to ensure good practice was adhered to.

Using medicines safely

At our last inspection the provider had failed to ensure complete records were in place relating to the application of topical creams. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a complete record of the care provided to service users was not always present.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Overall, medicines were managed safely and people were receiving their medicines as prescribed. Medicine Administration Records (MAR) were well completed, all medicines were accounted for and accurate stock checks in place.
- A new system had been put in place to assist staff to record the administration of creams. Whilst we saw there were some gaps in recording, records were generally much improved. The registered manager regularly checked cream records and reminded staff of the importance of fully completing records on a regular basis.
- Medicines were administered by trained staff. Staff had their competency to give medicines assessed to ensure they retained the skills to administer safely.
- On the day of the inspection we identified staff were signing MAR charts prior to administering medicines which is not good practice. We raised this with the registered manager who took immediate action to address.
- Medication audits were undertaken regularly and were effective in identifying and errors and helping drive improvement.

Preventing and controlling infection

- The home was clean and odour free. One person said, "It's spotless, they're [cleaning staff] around every day." We observed staff adhering to appropriate infection control techniques including good hand hygiene.
- Infection control policies and procedures were in place. Work had been undertaken to address poor infection control systems identified by the local authority in 2018. The registered manager had worked through an action plan to drive improvement, new measures including infection control champions and additional cleaning hours.

Learning lessons when things go wrong

- Accidents and incidents were logged, investigated and action taken to reduce the chances of a re-occurrence. Falls analysis was completed on a monthly basis to identify any themes and trends.
- There was a culture of reflecting on incidents in order to learn lessons and ensure continuous service improvement. This included discussions with staff about how their behaviours and actions could be perceived by people.

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 as requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People praised the care they received whilst staying in the home. They said care was effective and helped them to achieve good outcomes.
- People's care needs were assessed by a multi-disciplinary team prior to using the service to ensure they met the criteria for staying in the home. Whilst staying in the home, people had input from a range of professionals to ensure their physical, mental and social needs were holistically assessed.
- Recognised screening tools and guidance was used to plan people's care and support. This included tools and best practice guidance in order to monitor skin integrity, nutrition and oral health effectively.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure records were in place relating to the application of topical creams. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as supervision, appraisal and training was not kept up-to-date.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by trained and well supported staff who had the right skills and knowledge to care for people effectively. Staff we spoke with were very knowledgeable about the people and topics we asked them about. They said they felt very well supported by the management team.
- New systems had been put in place to ensure staff received regular supervision and appraisal. We saw this support was provided regularly and evidenced through clear and detailed records.
- New staff received a range of training and support. This included a detailed induction to the building, policies and procedures and a range of training. The Care Certificate was also provided to new staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care workers in the health and social care sectors.
- Existing staff received periodic training updates. Whilst this was not all up-to-date, compliance had improved since the last inspection and where it had expired, staff had been booked on refresher courses which were taking place in the coming months.
- Champion roles were in place to enable staff to promote knowledge and challenge the practice of their peers.

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

- People praised the food provided by the home. One person said, "The food is fantastic. It's presented well." People had choice at each mealtime and there was good variety of food available.
- Care planning assessed people's nutritional risks. We saw people's weights were regularly monitored and where people were at risk of poor nutritional, measures were put in place including fortifying food and increased monitoring.
- Information on any specific needs was gathered by the care home. Staff were knowledgeable about the dietary needs of the people they were supporting.

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

- The service worked effectively with healthcare services to aid in people's support and rehabilitation whilst they stayed in the home. This included physiotherapists, occupational therapists and nursing staff from a healthcare provider who were also based in the home.
- Joint meetings and briefings were held between the home and these professionals to aid in the provision of good, co-ordinated care.
- People we spoke with praised the way care was organised and co-ordinated between the services saying they received high quality care and that their healthcare needs were met.

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

- The service was appropriately adapted to meet the needs of people using the service. People praised the home's environment and said it met their needs.
- The home was in the process of being decorated to bring the décor up to a high standard throughout.
- People had access to a good amount of communal space, with adaptations made to assist such as ceiling track hoists, ensuite bathrooms and large bedrooms. There was a pleasant garden area where people could spend time.

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, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people who used the service had capacity to make decisions themselves. We saw these were respected by staff on a daily basis. Consent had been sought to people's care and support arrangements.
- Policies and procedures were in place to ensure where people lacked capacity, legal requirements were met. This included assessing people's capacity and undertaking best interest processes.
- There were no DoLS in place at the time of the inspection. DoLS applications had previously been made

where people lacked capacity to consent to staying in the home and the home suspected they were being deprived of their liberty.

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 as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People praised the caring nature of staff and the service in general. One person said, "It's terrific, the vibe of the place is really good. I can't rate them highly enough." Another person said, "They're [staff] always pleasant. Nothing's too much trouble."
- We observed without exception staff treated people with kindness and compassion. Staff were patient and warm with people and regularly checked on their welfare.
- We were satisfied that care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Information on any diverse needs for example around diet, religion or sexuality was assessed on admission. People had access to religious clergy where appropriate. Policies were in place to support equality and diversity and the registered manager had arranged for staff to receive additional training and guidance in LGBT awareness in the coming weeks.
- People received good continuity of care workers with rota's re-arranged to ensure people were cared for by familiar faces. This helped staff build up a good knowledge of the people they were supporting.

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

- People told us they felt able to express their views in relation to their care and support. People were involved in the creation of their care plans and this was evidenced in the records we reviewed.
- We observed staff asking people what they wanted to do, eat and where they wanted to sit. Staff waited patiently for people's response before assisting them. Communication approaches were adapted to people's individual needs.
- We saw the registered manager was visible and was available to people if they wanted to discuss any aspect of their care experience. Audits and checks of care practice had a strong focus on obtaining people's views on their care to aid continuous improvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We saw examples of this during our observations of care. For example, staff closed doors during personal care and knocked on doors and waited for a response before entering. One person said, "Staff have marvellous patience, they will do anything for you."
- People's independence was promoted by the service. Care planning focused on ensuring people could do as much for themselves to promote their independence and rehabilitation.

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 as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they received high quality person-centred care that met their individual needs.
- People's care needs were assessed on admission and a range of support plans put in place to guide staff. Staff we spoke with were knowledgeable about people's plans of care giving us assurance they were followed.
- Clear and concise handover records were produced each day with key information on people's needs passed onto each shift. A summary document was given to each staff member with key information about people's changing needs to ensure they remained responsive. Daily 'huddle' meetings and weekly meetings with the multidisciplinary team also took place to ensure any changes in people's needs were promptly identified and catered for by staff.

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.

- The registered manager was aware of the standard and ensured people's communication needs were assessed and any measures put in place to support them.
- Information could be made available in different formats if required. The need for this was identified through pre-assessment and ongoing care assessment of people's needs.

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

- People told us they had access to a suitable range of activities. A weekly programme of activities was in place and volunteers worked in the home to ensure people had enough to do.
- An activities committee met periodically with service user representation to ensure the activity programme adapted to people's needs and preferences.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately.
- People told us they were satisfied the quality of care but felt able to raise any issues or concerns with the management team.
- We reviewed how complaints were logged and responded to. There was a generally low level of complaints with no concerning themes or trends. All complaints including minor concerns were logged and

action taken to learn from them. We concluded there was an open and transparent culture where reflection took place on people's care experiences to ensure continuous improvement.

End of life care and support

- People used the service on either a respite basis on a transitional basis for a period of 4-6 weeks and the service did not provide end of life care.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found a positive and inclusive atmosphere within the home with people speaking highly of the overall care experience. One person said, "I feel very comfortable here, there's a touch of home." A relative said "Brilliant place, [relative] has improved a lot since coming here."
- People and staff praised the registered manager. One person said, She's lovely. She introduced herself to me. She's warm and welcoming."
- Staff told us that morale was good and that the service had improved over the last year with management support, general organisation and rotas all being improved.
- The registered manager had good oversight of the home and was knowledgeable about the topics we asked them about. We felt confident they would address minor areas for improvement that we suggested during the course of the inspection as they demonstrated a commitment to continuous improvement.

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 registered manager was open and transparent during the inspection and had a clear vision to continuously improve the service, acting on feedback given by people, staff and other stakeholders.
- Where people had raised issues or concerns, these had been fully investigated and the registered manager had reflected on the incident to avoid further incidents or concerns. Apologies had been given to people where the service had been found to have been at fault.

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

At our last inspection the provider had failed to ensure appropriate governance systems were in place to ensure the service performed to a consistently high standard. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation.

- Action had been taken to act on the issues identified at the last inspection. For example risk assessments were of a better quality, equipment schedules were now in place and supervision and appraisal had been

brought up to date.

- A range of audits and checks were undertaken by the registered manager and senior staff. These were thorough and meaningful and put people's experiences at the heart of them. We saw actions generated from these checks were completed to help continuous improvement of the service.
- Reports were sent to senior management on a monthly basis to inform them how the service was operating.
- The registered manager was planning a number of further improvements to the service over the coming months. They demonstrated a commitment to ensuring people's experiences were consistently enhanced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought through various mechanisms. This included exit surveys when each person left the service and other surveys. Resident meetings were also regularly held. We saw people's feedback had been used to improve the service.
- We saw staff were empowered by the management team to provide feedback on how the service was run. For example their suggestions over how rota's were managed had been taken on board and used to devise a rota system which was beneficial for both people and staff. Staff meetings regularly took place and all the staff we spoke with said they felt able to raise issues or suggest improvements.
- A 'You said we did board showed improvements made as a result of people's feedback. For example, following feedback improvements were made to dining table decorations and the garden.

Working in partnership with others

- The service worked in partnership with a range of others. For example, the registered manager attended events with managers of similar services to share knowledge, best practice and experiences.
- A 'rapid improvement project' was being undertaken by the home in partnership with local healthcare organisations to improve the admissions process and reduce duplication of paperwork and assessments. This was being carefully planned and demonstrated a commitment to working with others to improve systems and processes.