

# Kirklees Metropolitan Council

## Ings Grove House

### Inspection report

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### 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	

### Overall summary

This inspection took place on 1 and 4 December 2014 and was unannounced. At the last inspection in January 2014 there were no identified breaches of legal requirements.

Ings Grove House provides accommodation for up to 40 people who require personal care. It is owned and maintained by Kirklees Metropolitan Council. The home has 20 beds allocated for intermediate care. The remaining beds were available for people requiring respite care. The accommodation is based over two floors

linked by a passenger lift. Accommodation is in single rooms with each room having en-suite facilities. Lounge and dining facilities are situated on two floors. There were 30 people using the service at the time of our visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The experience of people who used the service was positive. People told us they felt safe, staff were kind, caring and they received good care. They also told us they were aware of the complaints system. People said they felt able to raise concerns they had with the staff or the manager and were confident these would be listened to and acted upon.

We saw that people looked well cared for. We saw staff were caring and respectful of people who used the service. Staff demonstrated that they knew people's individual characters, likes and dislikes. We also saw staff enabled people to be as independent as possible when supporting them with their everyday care needs.

People's care plans and risk assessments were person centred. We saw they were reviewed on a regular basis to make sure they provided up to date, accurate information and also were fit for purpose.

People told us they enjoyed the food and we observed people were offered choice and independence in accessing food and drink. People's nutrition and hydration needs were being met.

We saw that a number of falls had occurred at the home. The manager showed us how they had responded to this by carrying out an analysis of the falls. We saw action plans were in place which identified the need for extra staff at high risk times. However, we saw the staffing numbers had not been increased. We spoke with the service manager during our inspection who responded immediately to this and increased staffing numbers to ensure people were safe.

We saw that medicines were managed safely at the home. We looked at medication administration records (MAR) which showed people were receiving their medicines when they needed them.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were actively involved in developing the service. There was strong leadership in place which promoted an open culture, and put people at the heart of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People said they felt safe. Risks were managed in a way that enabled people to retain as much independence as possible while keeping them safe.

People received their medicines when they needed them.

Robust recruitment practices were followed to ensure staff employed were suitable and safe to work in the care home.

Good



### Is the service effective?

The service was effective. People told us they received appropriate healthcare support. We saw evidence which demonstrated that people using the service were referred to relevant healthcare professionals, such as GPs and district nurses in a timely manner.

People's nutritional needs were being met. People told us the food was good and we saw people were provided with appropriate assistance and support to eat their meals.

We saw some areas of staff training were not up to date. However, we saw dates were booked for staff to attend training they required.

Good



### Is the service caring?

The service was caring. We observed how staff interacted with people who used the service and we saw they were kind and compassionate. It was clear from our observations that the staff knew people well.

People said their privacy and dignity was respected. We observed staff knocking on doors and asking permission before entering rooms. People who requested support from staff were given support in a discreet manner.

The staff we spoke with told us they felt they provided people who used the service with good care and they had a good staff team.

Good



### Is the service responsive?

The service was responsive. We saw care plans in place for people were personalised and provided staff with clear guidance on how to meet the person's needs.

People using the service and their relatives were able to express their opinions on the running of the service.

People using the service received additional support when required for meeting their care and treatment needs.

Good



### Is the service well-led?

The service was well led. People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

Good



# Ings Grove House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 4 December 2014 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience with expertise in caring for older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent time with people in the communal areas observing daily life including the care and support being delivered. We looked at four people's care records, four recruitment files and four staff training records, as well as records relating to the management of the service. We looked around the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and contacted the local authority and Healthwatch.

# Is the service safe?

## Our findings

People told us they felt safe and we saw risks to people were assessed and managed appropriately. We looked at four people's care records and saw they contained comprehensive risk assessments. These provided staff with clear guidance on how to support people safely and manage any risks identified. For example, one person's records showed they required support from staff with personal care. Their personal support plan stated the number of staff and the level of assistance required for each specific task. This meant the person's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

All of the people we spoke with told us they felt very safe at the home. One person told us "If you have to be in a place like this, then this is the best place to be. Staff are marvellous. It's not what people say, it's how they say it and all the staff are really patient - they are lovely. When I first came here from the hospital, I had to stay in my room for the first two days and I didn't like that at all. They (the staff) explained the reason and seemed to come in more often, even if it was just for a chat. That was lovely and that made me feel secure."

People's medication administration charts (MAR) showed they received their medicines when they needed them. We looked at 19 records which all contained a 'medication pen profile' which provided information about any allergies the person had, the level of support they required when taking their medicines and how they liked to take their medicines. We saw that medicines were stored securely and there were regular checks carried out by staff on a daily basis regarding stock levels, room temperatures and 'as required' medicines given. We saw that the manager carried out weekly medication audits which covered all aspects of medicine management. There was a medication policy in place which had been reviewed within the last 12 months. The PIR showed all staff had received training in medicines and this was confirmed in our discussions with staff and within the records reviewed.

We looked at the recruitment records for four staff and saw evidence which showed recruitment practices were robust. Each staff member had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safe recruitment decisions and prevents unsuitable people from working

with vulnerable groups. Each record showed detail of the person's application, interview and references which had been sought. The manager told us some recruitment records were also held at the provider's head office. We spoke with one staff member who confirmed the recruitment process they had been through.

We saw evidence which showed the provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff told us they would raise any concerns they had with the manager immediately and were confident action would be taken. Staff were aware of the whistle blowing policy and knew they were able to take serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. The manager confirmed there had been no safeguarding incidents in the last 12 months. This showed us staff were aware of the systems in place to protect people and raise concerns.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs during the day. Staffing levels during the day were increased following our last inspection in January 2014 and staff told us this had made a huge difference to them being able to meet people's needs. One staff member told us "It really has made the world of difference having more staff on days. I really feel that I can spend time with people now rather than just going from one person to the next." We saw staffing levels at night meant there were three staff on duty for up to 40 people. We looked at information regarding accidents and incidents between April 2014 and June 2014 and saw there had been a number of falls which had occurred at night and were unwitnessed. The manager had carried out an analysis of the information and put an action plan in place which stated staffing levels needed to be increased at high risk times. However, we saw there had not been any increase to staffing at night. The manager told us they carried out regular evaluation of the dependency level of people using the service and would increase staffing if the need arose. However, we saw the manager had also analysed the accidents and incidents which had occurred from June 2014 to September 2014. This showed that a number of unwitnessed falls had occurred at night and we saw staffing levels remained unchanged. We spoke with a senior manager regarding our concerns. They took immediate action and raised the number of staff on duty at night to four.

## Is the service safe?

We saw evidence which showed the premises were well maintained and staff told us maintenance works were dealt with quickly and effectively. We saw safety records and

maintenance certificates, such as gas safety, legionella and portable appliance tests (PAT) were up-to-date. There was a detailed fire evacuation policy and we saw fire safety checks were recorded monthly and were up-to-date.

# Is the service effective?

## Our findings

Staff we spoke with told us they received the training and support they required to carry out their roles. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff were able to describe clearly the needs of the people they supported and knew how these needs should be met. The training matrix showed the training staff had completed as well as the training they required for their role such as first aid, infection control, fire safety, food hygiene, medication awareness, safeguarding and moving and handling. However, we saw some staff had not attended updates to training were required. We saw evidence of training booked for staff to attend and there were training sessions taking place at the home on the day of our inspection.

We spoke with a staff member who told us about their induction. They said it had been very useful and had prepared them well for their role. They told us their induction had included spending time shadowing more experienced staff and also time to have a look through care records. They also said this had given them the opportunity to get to know what people's needs were and how to support them.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). The records showed staff had received training in MCA and DoLS. The manager was fully aware of the latest judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. There were no DoLS in place at the time of our inspection. We looked at four people's care records and saw they contained evidence which showed they had consented to the care and treatment they were receiving.

Staff told us people were supported with accessing health care services such as GPs, dentists and opticians. Records we looked at showed people were also supported when they were returning to their own home. This was with the involvement of social workers, community nurses and occupational therapists. Records also showed people using the service received additional support when required for meeting their care and treatment needs.

People had sufficient amounts to eat and drink. We observed lunch being served to people in the home and saw people who required support with eating their meal were assisted by staff in a discreet and respectful manner. People were offered a glass of fruit juice or water and also a hot drink. We saw staff were very attentive. We saw one person had problems with their hands and staff assisted them by cutting food but they asked the person first if they wanted help. Staff asked other people if they wanted to put their own gravy/sauce on their dinner or if they wanted help. Staff did not assume that people needed help which showed that people were being supported to maintain their independence. People we spoke with told us they enjoyed the food. One person told us "The food here is A1. My wife complains about me putting weight on but the cooked breakfasts are so nice. There are always plenty of cakes and biscuits in an afternoon too. It's just lovely." Another person's relative told us "When my relative came here, they had been in hospital and was in a terrible state. They were completely immobile because they had fallen and had lost a lot of weight. The staff here have worked a miracle. They are walking again and have put weight back on. I'm very impressed." Care records we looked at showed people's dietary needs had been assessed and care plans were in place. People's weights were monitored both weekly and monthly and records showed they remained stable.

# Is the service caring?

## Our findings

People told us they liked the staff and described them as 'very caring'. They said staff knew them well and were always willing to go the 'extra mile'. One person said, "Staff are very nice and they do a good job. It's a happy place." Another person told us "The staff here are absolute angels. They are all just marvellous and everyone is very patient." People told us staff were always around if they wanted to talk. They said staff supported them to do things for themselves and provided help when they needed it and we saw this throughout the inspection.

We spent time in the communal areas on both floors of the home and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter and banter between people as they chatted with one another and staff. We spoke with people who had used the service before and they told us they were always well looked after and felt very comfortable. One person told us "I come here for respite and it's like home from home. I look forward to it as we have such a laugh. There's always something going on. They can't do enough for me they are a lovely bunch." One person we spoke with told us they had come from hospital and had not been outside for two weeks. They did not have a coat to put on but told a staff member they wanted some fresh air. The staff member gave their coat to the person and took them out in their wheelchair around the park and down the road. When they came back the person told us, "That was wonderful. It's the first time I've been out for two weeks because I had a stroke

and I've been moved around from hospitals and different places. This is the best. The staff here are angels." We looked in people's bedrooms and saw they had been personalised with photographs and ornaments. We looked in six people's wardrobes and saw their clothing hung neatly and items of clothing folded at the bottom. This showed staff had respect for people's personal belongings.

We saw staff treated people with dignity and respect. Staff were observed knocking on people's doors before going into their rooms. Staff also supported people who had communication difficulties with patience and gave the person time to express their requests. Staff we spoke with were able to tell us how people liked to be supported. For example, staff told us about one person's night time routine. They said the person liked to have a snack in their room when they were ready for bed and the TV turned on for them at a particular time. This showed staff knew the person's preferences and were able to describe the support provided.

Care plans we looked at showed people were actively involved in decisions about their care and treatment. Three people we spoke with confirmed this and we also saw people had signed their care plans to show they had been consulted about the care and treatment provided for them. One person told us they felt the staff kept them informed and the person's relative also confirmed this. They told us "The staff are only at the end of a phone if we need to ask anything. They keep us informed too. Like when the GP had visited they gave us a ring to tell us our relative had been put on antibiotics."

# Is the service responsive?

## Our findings

Staff were responsive to people's individual needs and care plans reflected people's preferences and choices. We looked at the assessments which had been carried out for four people using the service and saw they contained information regarding their health and wellbeing, moving and handling needs, skin viability, falls and social care needs. From this we saw a 'summary of care' document had been developed which provided staff with clear guidance on how to meet the person's needs. Daily records completed at each shift showed how support was given in accordance with the care plans. Monthly reviews were detailed and monitored people's progress.

People we spoke with told us the home enabled them to access the community and maintain relationships with family and friends without restrictions. For example, one person's relative told us "I can't fault this place. I come every day and I often have my lunch here as well with my relative." Another person told us "My relatives can come and go as they please. The staff are so welcoming."

We saw the home had a team of volunteers who provided daily activities at the home. We saw there were Christmas decorations being put up around the home and people using the service were encouraged to help. There were also plans being made for the Christmas fair which the volunteers were facilitating with support from staff.

Residents meetings were held on a quarterly basis and these provided a mechanism for people to feedback comments or concerns to management. People we spoke with told us problems raised at these meetings were dealt with. The manager showed us the agenda which was set by people using the service and their relatives under the heading "Are we good enough for mum and dad?" We saw that following the meetings, the manager had developed a "You said, we did" board which showed actions taken to resolve issues raised at the meetings. For example, one person had stated at lunchtime they had felt unsafe when standing up after their meal as when they placed their

hands on the table, the tablecloth often moved under their hands. We saw the manager had responded to this by purchasing new table runners and table mats. This ensured the table looked nice but the hazard had been removed. We also saw satisfaction surveys were completed by people on admission to the service and on discharge with the support of volunteers. This also had enabled the manager to gain an insight into any issues where the service could make improvements. We saw the majority of responses to both surveys showed that people felt they had been welcomed into the service and received good care. Comments included "The night staff were very welcoming and friendly, they helped me to settle in." "I'm glad to be here, my room is lovely. I've stayed in hotels which aren't as nice as this place." "It's amazing and there's nowhere better." "I've been treated respectfully by all staff and wouldn't hesitate to recommend the place."

We saw all of the staff who worked at the home had their photographs on a display board in the reception area of the home. This meant it was easy for people using the service and their relatives to identify staff. We saw copies of a newsletter which the manager put together on a three monthly basis were in all rooms at the home which gave people and their relative's information regarding events and service development issues.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. We saw the complaints procedure was included within the service user guide people received on their admission into the service. We saw copies of the complaints procedure was also displayed in the home. The complaints procedure included contact details for the senior managers in the organisation, the Local Authority, CQC and the Ombudsman. The manager showed us the complaints log which showed four concerns/complaints had been received in 2014. The manager had dealt with the concerns raised using the complaints procedure and we saw evidence which showed all complaints had been dealt with to the satisfaction of the complainant. This meant there was an effective complaints procedure in place.

# Is the service well-led?

## Our findings

The home had a registered manager. Information in the PIR described how the service promoted a culture of openness and transparency and this was confirmed in our observations and discussions with people and staff. We saw people were actively involved in developing the service in a number of different ways. There was a schedule of meetings in place for all staff teams at the home and was planned in advance for 12 months. It showed meetings were planned to be held either bimonthly or trimonthly. We looked at previous minutes from service user meetings and staff meetings which showed there was discussion regarding developments at the home as well as across the organisation.

We saw evidence of a programme of audit in place to ensure a reflective and quality approach to care. Audits carried out by the manager included medicines, care plans, health and safety, complaints, management of medicines, cleanliness, staff training and safety and suitability of equipment. The outcomes of these audits were translated into action plans to ensure problems were addressed in a timely manner.

Staff we spoke with told us they felt they were supported well by the manager. They told us they had regular supervision with their line manager and annual appraisals.

Records we looked at confirmed this. One staff member told us “I love it here, I love the people and it gives me a real sense of pleasure to know I’m doing a good job. The manager is supportive and operates an ‘open door’ policy and is very approachable.” Another staff member told us they had worked for the provider for a long time and had never had any issues. “I’ve always enjoyed the job. It’s so rewarding. When we see people get well again and leave it’s sad but at the same time you know you’ve helped and people are always so grateful.” People using the service also gave feedback on how they had found the manager’s approach. One person told us “The manager is a lovely lady. You often see her about and if I was worried about anything I’d tell her.” Another relative told us “The manager and all the staff are very approachable. It’s like nothing is too much trouble. You can ask for something and they make sure you have it, they’re all so helpful.”

The manager told us the service did not send out satisfaction surveys as they had found it more helpful to ask people for feedback on admission to the service and on discharge. People were supported by volunteers to comment on their experience of the service. The manager said there had been no analysis of the feedback given but when we looked at the documents completed by people we found the majority were very positive about care received.