

Kirklees Metropolitan Council

Ings Grove House

Inspection report

Doctor Lane
Mirfield
West Yorkshire
WF14 8DP

Tel: 01924489324
Website: www.kirklees.gov.uk

Date of inspection visit:
23 June 2022
05 July 2022

Date of publication:
04 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ings Grove House is a care home which can support up to 40 people. The home provides intermediate care, which supports hospital discharge through rehabilitation to help people regain previous levels of independence. At the time of the inspection, there were 24 people using the service.

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

The service was not always managed well. Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying the issues found at this inspection. Improvements were required to ensure records in relation to people's care were complete and accurate. This area had already been identified by the registered manager as requiring improvement.

Medication was not always managed safely. We found concerns in relation to the management of 'as and when' required medicines and thickeners. There had been several medication errors at the service and although none had a detrimental impact on people's health, there was a high risk lessons were not being learnt to prevent reoccurrence.

We received mixed feedback from people and staff in relation to the staffing levels at the service. We reviewed the time of response to call bells and found examples of this being responded to over the expected time set by the registered manager. Some of these issues had already been identified by the registered manager, others had not. We recommend the provider reviews their staffing levels, taking into consideration dependency levels, call bell response times and the layout of the building.

People and relatives told us the care received at the service had a positive impact on people. People told us they felt safe and enjoyed being at the service; their comments included, "[Coming to Ings Grove] was the best thing that ever happened." Relatives shared positive feedback as well.

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.

Throughout the inspection the registered manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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 on 24 October 2019).

Why we inspected

This was a planned inspection.

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

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

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.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We made a recommendation for the provider to review good practice guidance in relation to safe staffing levels.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by one inspector 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

Ings Grove House 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. Ings Grove House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 June 2022 and ended on 11 July 2022. We visited the location's office/service on 23 June and 5 July 2022.

What we did before the inspection

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 reviewed information we held about the service, including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, infection and prevention control team and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people using the service and seven relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We received feedback from three healthcare professionals.

We gathered information from several members of staff, including the registered manager.

We reviewed a range of records. This included three people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We looked at three staff files in relation to recruitment and training. We continued to seek clarification from the provider to validate the evidence found.

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; Learning lessons when things go wrong

- Medication was not always managed safely.
- We found protocols for 'as and when' required (PRN) medication were not always in place and this lack of guidance placed people at risk. For example, one person had been prescribed with PRN medication to help manage their bowel care; we reviewed records indicating this had not been offered and additional medication had to be administered by other healthcare professional due to concerns with constipation.
- There was a lack of evidence of thickeners being administered as prescribed.
- One person had been prescribed nutritional supplements; these were not in stock and there was a lack of evidence of action taken by staff to address this issue.
- Medication audits were being completed; at times, these had identified medication errors., however some aspects of medication management were not being audited or issues had not been found such as PRN protocols or records of thickeners.
- There had been several medication errors at the home; none had a negative impact on people, but this was a risk, however there was a lack of evidence enough action had been taken to prevent incidents reoccurring again.

Systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would act on the issues identified and explain to us the improvements they were planning to do, for example, by reviewing their medication policy and medication audit tool.

Staffing and recruitment

- Some people told us there was enough staff and call bells were responded to in a timely way; other people told us staff were not enough and they often had to wait after pressing the call bell. Their comments included, "They [staff] come eventually when I press; I have waited 20 minutes, which is a long time when you have a problem" and "They come quickly when you press, they are always popping in."
- Staff also shared mixed views about staffing levels.
- We reviewed the call bell response time report and found several calls had taken over 10 minutes to respond; some of these had been investigated by the registered manager, others had not. We asked the registered manager to review this information in detail to understand if any of the calls taking over 10

minutes had resulted in any incidents such as falls. We reviewed their findings and there was no evidence people had been harmed but there was an increased risk of potential distress or harm.

- The registered manager was using a dependency tool to assess the number of staff required on shift and they had identified additional staff was required during the evening and night and work was in progress to ensure this was in place.

We recommend the provider reviews their staffing levels and staff deployment and implement best practice guidance in this area.

- Staff were safely recruited.

Assessing risk, safety monitoring and management

- There were risk assessments in place to identify the main risks to people's care, and care plans were developed. However, we found examples where these were not always detailed or there was inconsistent information.

- We saw people's risk of falls was assessed; actions were put in place to mitigate the risks such as equipment and additional checks.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.

- We were somewhat the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives and friends were able to visit their loved ones, and the provider was aware of relevant guidance around visiting.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe, I just take it for granted;" "Yes, I feel safe, there's someone to help, everyone's so pleasant" and "I feel safe because I am supported and staff know me, they check on me." Relatives also shared positive feedback about safety at the service; they told us, "[Person] is safe, the staff keep checking" and "[Person] is safe."

- There were systems in place to safeguard people from the risk of abuse. Staff were aware of safeguarding policies and procedures. Staff knew how to escalate any concerns, who to report them to and were confident any concerns raised would be acted upon by management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and the registered manager was aware that, if needed, appropriate legal authorisations could be required to deprive a person of their liberty.

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.

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

- Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying or driving the necessary improvements required. For example, medication audits were completed, however, these did not identify the issues found at this inspection with PRN protocols not always in place and thickeners. A monitoring documentation audit was being completed by the provider and issues had been identified with gaps in records, however, we continued to find some examples of this. The auditing of the call bell response time was not being completed systematically and some calls had taken longer than the expected time set by the registered manager to be responded to, had not been investigated.
- We found some care plans and records of people's care were not always sufficiently detailed and contained conflicting information; this did not ensure staff had consistent information about people. There was a high turnover of people using the service and having accurate information for staff to care for people is very important. This area had already been identified by the registered manager as requiring improvement.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate safety and consent to care was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives, and staff told us they felt the service was well managed. One person said, "When I was discharged from [name of hospital], I requested to come here [Ings Grove House] as I've been before. It's well managed. If you have issues, you can speak to [name of registered manager] and the deputies."
- Throughout the inspection, the management team were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm. They had a clear vision about how to develop the service focusing on how to achieve the best outcomes possible for people and valuing staff.
- The registered manager understood their obligations for submitting notifications in line with the Health and Social Care Act 2008.

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

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

- People told us being at the service had a positive impact on them. People and relatives commented on how well supported they felt. Comments from people included, "I'm very happy here they've been so kind. They have a sense of humour;" "The relief when I got here. I was poorly when I came. They sorted me out here with tablets and they were so kind and on the ball. I'm well now I've come here" and "It's lovely here." Relatives told us, "I'm very impressed with the care and the communication. The carers couldn't be more attentive. I think it's really nice. I don't go home worrying about [person]" and "I thank them for all they are doing for [person], [person] say how good staff are."
- People told us staff were kind and made them feel comfortable. Comments included, "The care staff; I would take any of them to work with me, they are all excellent," "The staff are so wonderful, kind and caring" and "The staff are very friendly and cooperative from cleaners to staff nurse." We reviewed compliments made by people who had used the service and their relatives, and their comments confirmed these views.
- Staff told us they felt listened to. There was evidence of regular supervision and team meetings.

Working in partnership with others

- There were several systems in place to ensure good communication within care team and external professionals working in the service to ensure people's needs were regularly assessed, any concerns raised and relevant support put in place. Feedback from healthcare professionals was positive in this area.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always effective. Care records were not always complete and detailed.