

# Eldercroft Care Home Limited

# The Hollies

## Inspection report

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Essex  
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Tel: 01702354744

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10 February 2022

11 February 2022

24 February 2022

03 March 2022

07 March 2022

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08 June 2022

## Ratings

|                                 |              |
|---------------------------------|--------------|
| Overall rating for this service | Inadequate ● |
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|----------------------|--------------|
| Is the service safe? | Inadequate ● |
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|--------------------------|--------------|
| Is the service well-led? | Inadequate ● |
|--------------------------|--------------|

# Summary of findings

## Overall summary

The Hollies is a residential care home providing personal care for up to 10 people living with a learning disability and/or autism. There were nine people living at the service when we inspected.

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

Not all risks to people's safety were assessed and mitigated to ensure they were kept safe. Infection prevention and control [IPC] measures required improvement. Up-to-date government guidance on the management of COVID-19 was not routinely being adhered to in practice. Suitable arrangements were not in place to ensure staff employed had had the appropriate recruitment checks undertaken.

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

The service was not well-managed. The quality assurance, monitoring and oversight arrangements in place were not robust. The provider and registered manager did not recognise where there were shortfalls or corrective actions required.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

- Staff did not always support people in the least restrictive way possible and were exposed to restrictive practices.
- Staff were not acting in accordance with the Mental Capacity Act 2005 and people's consent was not always sought and recorded.
- People's medicines were not always being managed safely. We have made a recommendation about the management of medicines.
- The service was a large residential property that comprised of 10 bedrooms within the local residential area.
- People had their own rooms which had been personalised. People were able to use communal areas as they wished and to have privacy for themselves.
- People were able to access specialist community-based healthcare services to ensure their health and wellbeing needs were met.

#### Right Care:

- The service did not have enough appropriately skilled staff to meet people's needs.
- People were not protected from the risk of harm. Although staff had completed safeguarding training they had not recognised or reported poor care in a timely manner.
- People were not routinely supported to access the local community and its amenities. Staff did not ensure people using the service had a fulfilling and meaningful everyday life.
- People were treated with kindness and staff respected their privacy.

#### Right Culture:

- The provider and registered manager did not have robust arrangements in place to monitor the quality of the service. The lack of effective oversight meant people did not consistently receive good care.
- The service did not have a positive staff culture that was person centred and inclusive. Staff were wary about raising concerns with the registered manager and told us there was a culture of blame. There was not a culture of 'speaking up'.

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

#### Rating at last inspection

The last rating for this service was good [published 17 August 2018].

#### 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

#### Enforcement

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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

# The Hollies

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was undertaken by two inspectors.

#### Service and service type

The Hollies 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. The Hollies is a care home without nursing care. 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought information from the Local Authority. We reviewed

information we had received about the service since it was registered. We used this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with four members of staff and the registered manager. We reviewed five people's care files and five staff personnel files, including information about staff training and supervision data. We looked at the provider's arrangements for managing people's medication, the arrangements for managing people's personal monies, complaints and compliments records.

#### After the inspection

We continued to validate evidence found. We spoke with four members of staff. We reviewed the service's quality assurance arrangements.

# 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 Inadequate.

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.

### Assessing risk, safety monitoring and management

- Not all risks for people were identified, recorded and reviewed. The risk assessments for one person relating to the use of bedrails and skin integrity had not been updated since 2019 and 2020 respectively. Where one person was at risk of losing weight, this had not been updated since August 2021, despite the person having experienced weight loss.
- Risks relating to people's health and wellbeing had not been considered or recorded. One person was identified at risk of choking following a review by a healthcare professional in August 2021. Recent information also indicated their skin integrity had been compromised. No assessments were completed to mitigate the risk of possible harm, from choking or pressure ulcers developing. The lack of information placed people at potential risk of not receiving the correct care and support.
- The security of the premises was compromised on the first day of inspection as the inspector was able to enter the service without staff's knowledge. This was brought to the immediate attention of the registered manager. No further security breaches were observed during the inspection.

### Preventing and controlling infection

- The provider was not following up-to-date government guidance on how to operate safely during the COVID-19 pandemic. Not all staff were using Personal Protective Equipment [PPE] effectively and safely. Although there was no outbreak of COVID-19 when we completed an additional out of hours visit to the service, not all staff wore a face mask.
- On two out of four visits, staff failed to request evidence of the inspector's proof of their rapid lateral flow test.
- Arrangements to assess current and emerging risks presented by the pandemic had been identified for people residing at The Hollies but not for individual staff members. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions or from ethnic minority groups had not been assessed.
- Personnel records for one member of staff indicated they were working between different settings. A risk assessment to mitigate the spread of COVID-19 had not been considered or completed.
- An infection control audit was completed in May 2021 via an external organisation. The report recorded corrective actions were required. However, there was no evidence to demonstrate these actions had been addressed.

Effective systems were not in place to identify, monitor and mitigate risks to people's safety. Robust systems



were not in place to manage and respond to the COVID-19 pandemic. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Security arrangements at The Hollies were not effective to keep people safe. A member of staff was living at the service. There were no separate access facilities to the flat to enable the member of staff and their visitors to enter and exit the flat without accessing people's home. This compromised the security of the premises and placed people at potential risk of harm from unwanted visitors.
- Although staff were able to tell us about the different types of abuse and describe what actions they would take to protect people from abuse and improper treatment, this did not happen in practice. Staff did not understand their role and associated responsibilities to protect people as they failed to raise safeguarding concerns with the Local Authority and Care Quality Commission at the earliest opportunity.
- Staff had raised concerns about the safekeeping of people's personal monies. A review of people's monies was undertaken, and we found balances and receipts did not routinely reconcile. The registered manager was unable to provide a rationale for the discrepancies identified. The Care Quality Commission raised a safeguarding concern with the Local Authority.
- Toiletries for people were 'bulk purchased' with receipts providing an overall cost and not a breakdown of specific items bought for the individual person. No transactions were double signed or witnessed. The registered manager used their own Amazon account when purchasing items for people using the service and receipts did not always evidence separation between the registered manager's personal shopping and items purchased for service users.

Robust arrangements were not in place to safeguard people from abuse. This was a breach of Regulation 13 [Safeguarding] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were not flexible enough to meet people's needs and this impacted on the level of care and support they received. Lack of staff in the afternoon resulted in people not being able to access the community as often as they would like, despite the service being located close to the seafront, local shops and cafes.
- One member of staff told us, "You cannot take people out in the afternoon as we only have two staff, [Name] always wants to go out." We observed this person repeatedly ask to go out, but their request was refused with staff citing there were only two staff on duty, and they were busy with allocated tasks, for example, meal preparation, cleaning and laundry.
- There was no dedicated cook, domestic or laundry staff employed at The Hollies. The provider and registered manager had not considered the impact of this on staff having to cook, complete cleaning and laundry duties as well as providing people with care and support. Staff told us they felt stretched and their focus was on completing tasks rather than spending time with people to meet their needs.
- A reduction in the number of staff on duty, particularly in the afternoon, meant the deployment of staff was not always suitable to meet people's care and support needs. We observed occasions whereby the communal lounge was left unattended by staff. One person who was unsteady on their feet was seen to use the furniture to help them mobilise whilst staff were not present.
- Lack of staff at night meant there was a risk that four people's continence needs were compromised and not met. Only one member of staff was available between 8.00pm and 10.00pm and 6.00am and 8.00am each day. Although a 'sleep-in' member of staff was on site between 10.00pm and 6.00am, staff confirmed this member of staff was solely used in an emergency. Records viewed showed people's continence aids were not changed during the night. This could lead to the risk of skin damage, such as irritation and chaffing.

Sufficient numbers of staff were not always available to meet people's care and support needs. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken and were suitable to work with vulnerable people.
- Written references were not received for four out of five staff members before they commenced employment. Written references for one member of staff were received after they started their employment. Evidence of a criminal record check with the Disclosure and Barring Service [DBS] was available for all staff. However, for two members of staff the DBS was received after they commenced in post.
- The recruitment process was not commenced for two members of staff who had their employment terminated and were then reemployed.

Recruitment procedures were not effectively operated. This was a breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- We reviewed the previous month's Medication Administration Records [MAR] for five out of nine people using the service. This was because the most recent MAR's had only just commenced when we inspected.
- We found omissions in the records made when medicines were administered for three out of five people. We found the MAR was blank giving no indication of whether the medication was administered or not. There was no impact for people using the service. This was a recording issue.
- PRN [when required medication] protocols were not completed for all medicines prescribed in this way. No information was recorded to support staff to administer the PRN medication as the prescriber intended.
- Medication audits were completed each month but had not identified the above discrepancies.
- Medicines were stored safely and securely.
- Suitable arrangements were in place to ensure staff who administered medication were trained.

We recommend the provider refers to current guidance or seeks advice from a reputable source about medicines management.

#### Learning lessons when things go wrong

- This inspection highlighted the provider and registered manager do not recognise where there are shortfalls or where corrective actions are required.
- Some members of staff told us they were wary about raising concerns with the registered manager and there was a culture of blame.

# 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 Inadequate.

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.

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

- The arrangements to assess and monitor the service were not effective. This meant there were missed opportunities to mitigate risks, monitor trends and learn from incidents. The provider had failed to identify the concerns and areas for improvement found as part of this inspection from their own quality assurance processes. This lack of oversight meant people did not have consistently good outcomes.
- The provider was not ensuring outcomes for people reflected the principles and values of 'Right support, right care and right culture.' The provider and registered manager were failing to ensure the service was being run with a focus for people with complex and changing needs.
- Documentation showed three people were exposed to restrictive practices. The reasons for the restricted practices were not detailed and lacked evidence to reflect the impact of the restriction or to evidence the restrictions had been agreed as part of 'best interest' procedures. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest.
- The registered manager was not acting in accordance with the Mental Capacity Act 2005. Although the registered manager told us discussions were held with people using the service and those acting on their behalf about the use of closed-circuit television [CCTV] in communal areas, documentary evidence of consent had not been sought for four out of nine people. Where people lacked capacity to give the relevant consent, authorisations to deprive them of their liberty had not been considered or completed.
- The registered manager stated regular monthly reports were completed by the provider to assure themselves that the service was being appropriately managed in line with regulatory requirements. Despite a request for this information, at the time of writing this report, the monthly reports had not been forwarded to the Care Quality Commission, as agreed.

Systems were not robust enough to evidence effective oversight of the service and ensure effective arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were clear about their day to day roles and responsibilities and confirmed they had allocated tasks assigned each day.
- Not all staff spoken with felt supported and valued by the registered manager. Some members of staff told us they were wary about raising concerns with the registered manager as they did not feel these would be taken seriously and there was a culture of blame.

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

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. There were no action plans completed to evidence how issues raised were to be addressed, dates to be achieved and if actions had been resolved or remained outstanding.

Working in partnership with others

- Information available showed the service worked in partnership with key healthcare and adult social care organisations.

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 13 HSCA RA Regulations 2014<br>Safeguarding service users from abuse and improper treatment<br><br>Robust arrangements were not in place to safeguard people from abuse. |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment practices and procedures were not effectively operated.                                   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Sufficient numbers of staff were not always available to meet people's care and support needs.                               |

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Effective systems were not in place to identify, monitor and mitigate risks to people's safety. Robust systems were not in place to manage and respond to the COVID-19 pandemic. |

### The enforcement action we took:

Warning Notice Served

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems were not robust enough to evidence effective oversight of the service and ensure effective arrangements were in place to assess and monitor the quality of the service. |

### The enforcement action we took:

Warning Notice Served