

Miss Lucy Craig

# Holywell House Care Centre

## Inspection report

Holywell Dene Road  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Holywell House Care Centre is a residential care home providing personal care for up to 47 people in one purpose-built building over three floors. The service provides support to younger adults and older people, some of whom may be living with a dementia. One floor is dedicated to supporting men only. At the time of our inspection there were 42 people using the service.

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

Government guidance in relation to the wearing of face masks was not always followed. We have made a recommendation about this. Previous concerns had been raised about infection control at Holywell House Care Centre. The management team had been responsive however observations during the inspection evidenced that the systems used to elicit improvements had not been effective. We have made a recommendation about monitoring of infection prevention and control practices.

Safe recruitment practices were followed. Agency staff were being used whilst the manager completed pre-employment checks for staff who had been offered posts.

The manager was not registered with the Commission. They had begun the process to register but had not yet submitted a completed application form.

Risks had been assessed and control measures were in place to minimise the impact on people. Medicines were managed safely. Safeguarding procedures were in place and any allegations of abuse were investigated and addressed.

People's needs were assessed, and staff worked alongside other health and social care professions to make sure people received appropriate and effective care and support. 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. Staff were well supported and completed relevant training to make sure they could meet people's needs.

People, and their relatives if appropriate, were included in decision making. People were treated well by staff who were kind and caring. Dignity and privacy was respected. People were encouraged and supported to maintain their independence where possible.

People's choices and preferences were reflected in care records. Communication plans were in place which supported staff to communicate appropriately with people. Concerns and complaints were investigated and responded to. Relationships with family and friends were encouraged and maintained.

People, relatives and staff were supportive of the manager's approach and felt communication and morale had improved since they had been in post.

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

This service was registered with us on 9 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good (published on 2 March 2015).

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control and staffing. A decision was made for us to inspect and complete a five domain inspection as the service had not had a ratings inspection with the current provider. 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.

#### 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 action was necessary and proportionate to keep people safe as a result of this inspection. We made two recommendations. Please see the safe and well-led sections of the 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?

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.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Holywell House Care Centre

## 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

The inspection was completed by one inspector.

#### Service and service type

Holywell House Care Centre 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. Holywell House Care Centre 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority commissioning and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service and two relative about their experience of Holywell House Care Centre. We spoke with 13 members of staff including the manager, care workers, senior care workers, ancillary staff, the consultant director and the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service.

We viewed seven people's care plans and a range of medicine records. We observed staff using PPE and observed interactions between staff and people on each floor. We reviewed recruitment records for three staff and looked at a range of records relating to the management of the service, including policies and procedures, safeguarding information and information on the safe management of infection control.

We emailed four members of staff for feedback and received two replies. We contacted a further four relatives of whom one provided feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- On day one of the inspection we observed staff failing to follow government guidance in relation to PPE. This included seeing some staff with masks under their chins or below their noses, regular touching of masks, and staff pulling them away from their faces. Staff also dangled their mask from an ear whilst taking a drink and put it back on rather than following appropriate procedures to replace it. We made the management team aware of our concerns.
- On day two of the inspection we again observed poor practice in relation to donning and doffing of face masks.

We recommend the provider reviews current guidance on infection preventions and control.

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

The manager and nominated individual took immediate action to address the concerns, including letters of concern to staff members, IPC quizzes and refresher training. They also contacted the infection prevention and control team for support.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider's approach to visiting was in line with the Government guidance at the time of the inspection.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.

- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed. Actions were taken to minimise and manage those risks.
- Where appropriate people, and/or their representatives were included in decision making about how risks should be managed.
- Appropriate premises and equipment checks were completed to ensure it was safe for its intended use.
- Emergency evacuation drills were completed. Staff understood the actions to take if the fire alarms sounded. Personal emergency evacuation plans were in place for each person.

#### Staffing and recruitment

- Safe recruitment practices were followed.
- There were mixed views about staffing as agency staff were used to make sure there were enough staff to meet people's needs. The manager and nominated individual provided assurances that recruitment was ongoing, and they were waiting for some new staff to start once appropriate pre-employment checks had been completed.
- A dependency tool was used to assess people's needs and ensure there were enough staff deployed to meet people's needs.

#### Using medicines safely

- Medicines were managed safely.
- The providers audit completed March 2022 had identified the need for some improvements to be made and the action plan confirmed these had been achieved or were on target for completion.
- Medicine profiles included key information in relation to allergies and vital health information as well as people's preferences for how they liked to take their medicines.
- Protocols were in place for the administration of as required medicines.

#### Learning lessons when things go wrong

- Lessons had been learnt and the service had improved as a result of the learning.
- The manager discussed learning in relation to ensuring there were open lines of communication in place which fostered trusting relationships between staff and relatives.
- Learning was discussed in relation to infection prevention and control monitoring and feedback from the inspection.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs and preferences were assessed before they moved to Holywell House to make sure staff could meet their needs.
- Care plans and risk assessments were completed following admission and regularly reviewed to make sure appropriate care was provided.

Staff support: induction, training, skills and experience

- Staff said they were well supported by the manager and received regular supervision.
- Staff completed an induction process when they first started in post and continued with a programme of training to make sure their skills were up-to-date and relevant to people's needs.
- The provider's audit had identified the need to improve staff completion of training to a minimum of 80%.

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

- People were supported with maintaining a balanced diet. The chef was knowledgeable about people's dietary needs and provided a nutritious menu.
- Care plans and risk assessments were in place if people had nutritional needs.
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns were noted.

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

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy, Northumberland recovery partnership and the mental health team.
- Referrals were made as required to make sure people received effective and consistent care.

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

- The manager and nominated individual had plans in place to develop the service and the environment to meet people's needs.
- Some people at the home were taking the lead on improving and developing an exterior courtyard.
- People were supported to personalise their rooms in the manner of their choosing and to bring any personal items from home.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was sought in line with the MCA.
- DoLS applications were submitted and a log of submissions and authorisations was maintained and monitored.
- Mental capacity assessments and best interest decisions were appropriately made and documented.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 said they were treated kindly by caring staff. One person said, "I would give them 99.9%." Another commented, "She's a good girl [care worker], she makes a nice cup of tea!"
- A relative said, "I'm happy [loved one] is safe and well cared for. The staff are always there, they respect [person] isn't a mixer but always spend time with them and pop in, I'm very impressed."
- Staff had attended training in equality and diversity and were observed to have a warm and respectful approach when engaging with people. Appropriate affection was displayed and there was lots of fun and laughter to be heard.

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

- Care records included information about people's individual decisions and preferences. Where people were not able to make their own decisions, it was documented who their representative was and how they had been included in care planning and making best interest decisions.
- A relative said, "Yes, I was involved in the care plan and speaking to staff about what [my loved one] needs and wants. The girls are lovely and go above and beyond."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to maintain people's privacy, dignity and independence. Support was offered discreetly, and staff were seen to knock on people's door and ask permission to enter before going in.
- Care plans were written in a respectful manner and promoted people's independence. Information on maintaining dignity was recorded and information on people's cultural and spiritual needs and sexual identity were documented.
- A relative said, "All the staff are nice and approachable, they respond quickly if the call bell is used. I do feel that agency staff don't know people as well as the permanent staff, so all the responsibility falls to the permanent staff." The manager confirmed they had actively recruited staff which would minimise the need for agency staff to be used.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care was personalised. People and/or their representative, were included in care planning so they had choice and control over how their needs should be met.
- Care plans were detailed and included information about how people wanted their dignity and independence to be maintained.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and included in communication plans.
- Care records included information on whether people needed information to be provided in different formats such as large print or audio tape due to their individual 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 were supported to maintain relationships to avoid social isolation.
- Interests and hobbies were encouraged, and people were supported to spend time outside of the home with family and friends.
- Two activities co-ordinators had been recruited but were not yet in post. Care staff were occupying people's time with things like chair exercises, bingo and singing.
- A recent Easter fayre had been held in the courtyard and had raised a significant sum of money for the development of the courtyard area.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Where people wanted to, they were supported to develop end of life care plans so their wishes were known and could be respected.
- An end of life care planning policy and procedure was in place and staff had completed end of life training.

Improving care quality in response to complaints or concerns

- A procedure was in place to investigate and respond to complaints and concerns. People and relatives said they would speak to the manager if they were unhappy or concerned.
- Complaints were analysed to learn lessons and improve the quality of care received, for example one complainant was encouraged to be an essential care giver for their loved one.
- Complaints received by the commission had been shared with the manager and nominated individual who had completed investigations.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there had not always been consistent service management and leadership. Leaders and the culture they created had did not always supported the consistent 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

- The inspection was prompted, in part by concerns relating to infection control which were addressed at the time. However sustained improvements had not been maintained.
- We observed inappropriate and ineffective wearing of face masks by staff at all levels on day one of the inspection. This was discussed with the manager and the consultant director who acknowledged the concerns and took action. However, on day two of the inspection we again observed poor practice.
- The systems employed to achieve improvements had not been successful. We discussed this with the manager who issued letters of concern to staff members, IPC quizzes and refresher training. They also contacted the infection prevention and control team for support.

We recommend the provider consider how they monitor compliance with infection prevention and control guidance and take action to update their practice accordingly.

- A range of audits were in place which monitored areas such as care plans, medicine administration and infection prevention and control.
- Provider audits were completed on a quarterly basis. The overall audit score was improving however, some specific areas such as medicines management and training had been identified as requiring additional actions. Actions from previous provider audits which hadn't been met were documented, and there was also a record of what actions had been transferred to the homes strategic action plan.
- Relatives and staff said the manager was approachable and communication and morale had improved significantly since they had been in post. One relative said, "I feel I can speak to [manager] there was no urgency to anything before but that has changed now."
- The service had not had a manager registered with the Commission since 9 August 2021. The nominated individual had taken steps to recruit a manager however due to unforeseen circumstances on the part of applicants this had not been successful until February 2022.
- At the time of the inspection the manager had not submitted their application to register with the Commission due to awaiting the return of a CQC DBS check. They provided assurances that once this was received, they would submit their application.

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

- The vision and aims of the home were established during the recruitment process, which was based on

the values staff needed to display.

- Team meetings had been used by the nominated individual to reinforce to the staff team that they needed to know who people were as individuals, and what made them unique. They said, "If we don't know people how we can possibly care for them."
- The manager had a clear focus on ensuring the culture was open and inclusive, they commented, "Communication is the key and having open, trusting relationships." The nominated individual said, "It doesn't have a proper identity yet, but a plan is in place." Together with the manager they were investing time in the staff team to embed the culture and values.

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 manager understood and acted upon duty of candour, however written records were not maintained. They said they would ensure this happened in the future.
- They identified notifiable safety incidents and managed them in an open, honest and transparent way.

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

- Some systems were in place to engage with staff, people, relatives and the public.
- Team meetings were planned in advance. Minutes evidenced that staff were encouraged to be open about any concerns or issues. Staff were thanked and encouraged for their contribution with one comment stating, "You have created a reputation for Holywell House having a really special touch." Some staff said they hadn't attended team meetings or seen minutes of meetings.
- The manager was developing ideas for engaging and involving people using the service and their relatives. They said, "Going forward I hope to set up a resident and relative meeting, we have an open-door policy, but it would be nice to have time each week to meet with families. They are part of the care package as well."

Working in partnership with others

- Management and staff worked in partnership with several organisations, including the local authority commissioning and safeguarding teams. They also worked alongside other health and social care professionals.
- The nominated individual was attending working groups with NHS England looking at aging well safely and palliative end of life care.