

Holbeach & East Elloe Hospital Trust

Holbeach and East Elloe Hospital Trust

Inspection report

Boston Road North
Holbeach
Spalding
Lincolnshire
PE12 8AQ

Tel: 01406422283

Website: www.holbeach-hospital.org.uk

Date of inspection visit:
20 August 2019

Date of publication:
29 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holbeach and East Elloe Hospital Trust is a nursing home providing personal and nursing care to 44 people aged 55 and over at the time of the inspection. The service can support up to 47 people. Holbeach and East Elloe Hospital Trust provides beds for local GPs and reablement beds.

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

Systems and records were not being used effectively to identify risks to people or enable staff to reduce risks. Medicines were administered and stored safely. However, records lacked guidance for staff on the use of 'when required' medicines and topical medicines records were not completed correctly. Accidents and incidents were recorded but did not reflect lessons learnt. There were no structured fire drills or practice fire evacuations taking place and personal evacuations plans were generic.

The provider's governance systems had not identified all the areas for improvement highlighted during the inspection. Records were not always accurate, up to date or in place.

Care plans were task orientated and not always person centred. There was not enough information on how people communicated or how staff should communicate with them. Complaints were investigated but records were not fully completed.

Staff recruitment records were lacking in detail. There were enough staff employed to meet the needs of the people. Staff understood the principles of safeguarding and how to raise a concern. The home was clean and staff had access to plenty of personal protective equipment (PPE).

Staff had not received training in line with the provider's policy and new staff had not commenced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff were not receiving supervision in line with the providers policy. The registered manager acted on this following out initial feedback.

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. However, there were gaps in staff knowledge around the Mental Capacity Act and Deprivation of Liberty Safeguards. People were happy with the food provided. The environment was very clinical and did not have a homely feel.

People said the staff were kind and caring. People's privacy and dignity were respected, and independence was encouraged.

People were happy with the activities provided.

Staff felt the management were supportive and approachable. Feedback was sought from people who used the service, relatives and staff and used to improve the service.

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

Rating at last inspection

The last rating for this service was good (published 30 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

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

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Holbeach and East Elloe Hospital Trust

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a Specialist Professional Advisor (nurse) 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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. 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 this information to plan our

inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the deputy manager, nurse, senior care worker, care workers, activity coordinator, domestic staff and the cook. We also spoke to a member of the board.

We reviewed a range of records. This included five people's care records, multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- People's safety was at risk as records did not always provide guidance for staff. Risk levels were not always correctly calculated or recorded and some risk assessments were missing. For example, one person was suffering with a significant skin condition, however there was no care plan or risk assessment in place for this.
- The provider had failed to ensure risks to people's safety were monitored. Effective fire drills were not taking place. They did not include practice evacuations and were not timed to ensure staff responded promptly.

This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

Using medicines safely

- The administration of medicines was not always documented to demonstrate safety.
- The application of creams and ointments was not always recorded correctly.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however this was not always available or person centred.
- There was no detailed record of what was checked during medicines audits. This meant it was not possible to ensure comprehensive audits were being undertaken. Records were a tick box to say all checks had been completed with no additional information on what those checks were.
- There had been some discrepancies with controlled drug records. These had been investigated and found to be due to errors in stock counting or recording. No action, such as additional checks, had been taken following these errors to minimise future risk.

This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

Learning lessons when things go wrong

- Lessons were learned following accidents and incidents. These were recorded and discussed at monthly Health and Safety meetings to check for patterns or trends.

People were happy with the way their medicines were managed. One person told us, "I get my tablets on time. I'm on a controlled drug and two nurses are always here to make sure it's done properly."

Staffing and recruitment

- Processes were in place to ensure the safe recruitment of staff. However, there were gaps in some staff recruitment records.
- There was enough staff on duty to meet people's needs. People told us buzzers were answered in a timely way and staff always had time to stop and chat.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I'm safe with the staff, nothing is too much trouble."
- There were effective safeguarding systems in place. People were protected from abuse as staff knew what to do if they had any concerns.

Preventing and controlling infection

- The service was clean, tidy and free from odour. One person told us, "Everywhere is beautiful and clean."
- Staff had access to personal protective equipment such as aprons and gloves and used them correctly. There were hand washing reminders in bathrooms. This meant any risk of infection being spread was minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records indicated staff were not fully up to date with training in line with the provider's policy. We were shown the training records for 2019 and 2018 and there were a number of gaps. For example, only 35% of staff had completed annual moving and handling training in 2018. The registered manager was contacted following the inspection to discuss this. They confirmed it had been difficult at times to get staff to attend training and this would become a disciplinary matter if it continued.
- Staff were not receiving supervisions. The homes policy stated staff were to receive five supervisions a year but they had not taken place. Annual appraisals were done, and staff told us they felt well supported by the management team. Following the inspection, the registered manager provided us with an updated policy stating supervision would now be done twice yearly.
- New staff completed an induction; however, this did not include completion of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviour expected of job roles in health and social care. The deputy manager confirmed that this was to be introduced as part of the induction and work had already begun on this.
- People told us staff had the skills to provide care safely. One person said, 'The carers have to move me with the hoist but it's ok, I'm safe, they know what they're doing'.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed.
- Staff did not always have easy access to the most current information. People had their needs reassessed monthly, however, the main care plan was not always updated when a person's needs had changed. This meant that outdated information was often the first thing staff saw.

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

- People told us they liked the food they received and always had enough to eat.
- Staff in the kitchen regularly asked people if they enjoyed the food and whether they were getting what they wanted. Kitchen staff had a file for each person that recorded their specific dietary needs.
- Staff supported people appropriately at mealtime chatting and offering encouragement. However, the dining room did not contain enough tables for everyone who ate in the communal area and tables were not laid with table cloths or cutlery to make them look homely or inviting.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- Records were not always completed to show people's oral health was being managed correctly, and it was therefore not possible to tell whether mouthcare had been offered or delivered.
- People were supported to access any external healthcare they needed. Information was recorded in people's care plans about appointments attended and the professionals they had seen.
- There were good working relationships with those external health professionals who were actively involved in the reablement of people in short stay beds.

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

- Although clean and functional the premises were very clinical. On the day of our inspection we found the décor did not provide a stimulating or homely environment for people. Following the inspection, we received assurances from the registered manager that further work to improve the environment was planned.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- Staff did not all have a good understanding of MCA and DoLS. The training matrix showed some staff had not received training in this area and others were overdue refresher training. The registered manager told us it had been difficult to encourage staff to attend training but they would remind staff this was a requirement of their role.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives were happy with the care provided and praised the staff. One person told us, "I am treated like a queen". A relative told us, "Sometimes when we leave mum gets upset, we only have to tell the carers and one of them will go and sit with her for a while."
- There was a good rapport between people using the service and staff. Staff spoke with people respectfully and there was an atmosphere of calmness and friendliness.
- Staff understood how to respect people's differences. One staff member said, "We treat everyone with the same respect, there's no discrimination, all of us are diverse."

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

- People were involved in planning their care. Personal preferences were discussed and recorded in some care records.
- Contact with people's relatives was maintained and where appropriate they were included in the care planning process. One relative said, "[Family member] loves it here, couldn't be happier. I am aware of the care plan and I am consulted of changes where needed."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance.
- Staff promoted people's privacy and dignity. One staff member said, "We always make sure doors are shut when we provide personal care. If someone wants to talk about something confidential we go to their room."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident they would be addressed appropriately.
- The service had only received one complaint in the last 12 months. This was fully investigated but the response was not sent in a timely manner and the outcome of the complaint had not been fully documented. We discussed this with the deputy manager and chairman of trustees who explained the reasons for the delay and confirmed outcomes would be recorded in full in future.

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

- Records contained information about people's life history, their likes and dislikes. This information was not consistent in all care plans however. Some care plans were more of a list of tasks staff must carry out to ensure care was delivered. We highlighted this to the deputy manager during feedback.
- People's individual choice was respected. When one area of the building was set aside for GP beds some people living at the service on a permanent basis chose to keep rooms in this area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were not in place for everyone who needed them. However, where they were in place they contained detailed information. The same standard of detailed care planning was needed
- Menus were on display around the building, but they were in small font that was not easy for everyone to see. There were no picture or large print menus available.

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.

- A varied programme of activities was on offer. The service employed two activity coordinators and people were provided with a weekly schedule of what was going on. One person told us, "I get a sheet every week. They try and get us out even if it's just in the garden, at least once a week, weather permitting."
- People who were at the service on a short-term basis were less positive about activities. Some people were unaware of what activities were taking place and others felt there was nothing they personally enjoyed. One person told us, "I am not aware of any activities, a friend told me there was a singer in the lounge, I didn't know anything about it." Another person said, "I know about the activities but there's nothing that I like."

- Staff engaged people in one to one activities throughout the day. People kept personal scrap books of the things they had taken part in and one person was very proud to show us their book. A summer newsletter showed the wide variety of activities that had taken place throughout the year, such as a garden party and a flower display for a local flower festival.

End of life care and support

- The service provided a consistent high standard for end of life care. The provider was part of the Gold Standards Framework and had achieved the highest rating at the most recent review. This is a framework used to help people plan ahead to live as well as possible right to the end.
- The provided a high level of support to families when their relatives were approaching the end of their life. A family room was available to relatives with facilities to make drinks and snacks and a comfortable sofa if they needed to take some quiet time. There was also a bed in the room if they wished to stay close to their family member at this important time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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

- Systems to review the quality of the service were not effective. Although the registered manager and deputy manager carried out a number of regular audits they had not identified the issues we had found.
- Records were not always up to date or accurate and as a result people were not always protected from the risk of harm.
- A comprehensive record of training was not available and as a result it was difficult to establish whether all staff had received training the provider felt was essential to their role.

This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Feedback was sought from people and their relatives in a variety of ways which included an annual survey and feedback forms. Actions were taken to make positive change when feedback highlighted areas for improvement.
- The provider understood the requirements to submit certain information to us and did so in a timely manner.

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

- People and their relatives were very satisfied with the service. One person told us, "It's lovely, brilliant here, nothing is ever too much trouble."
- People spoke positively about the registered manager and knew her by name. One person told us, "'[Registered manager] is a lovely lady'."
- Staff were happy working at the service and felt they all worked well together as a team. One member of staff told us, "There is a very caring culture. We do our best for our residents and their families."
- Staff felt supported by senior staff and the management team. A nurse told us, "The management are very helpful when we complete our revalidation."

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 management team had a good understanding of the duty of candour. This is where we ask providers

and managers to be open, honest and transparent about their service. Although the registered manager was on annual leave at the time of our inspection the deputy manager assisted us, providing any evidence we needed throughout the inspection providing .

- Any incidents were appropriately reported to the local authority and families kept informed.

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

- There were regular staff meetings and staff found these a useful way of keeping up to date with what was happening in the home and bringing up any suggestions.
- Relatives felt there was good communication from the service. They were kept well informed of how their family members were and they were contacted whenever there was an issue. One relative told us, "The staff are lovely, nothing is too much trouble. They [staff] always know the current situation, I asked today what sort of night my [relative] had and they knew straight away."

Working in partnership with others

- The provider worked very closely with GPs and a team of external professionals including occupational therapists, physiotherapists and social workers, particularly in relation to the short-term GP and reablement beds. There was also a good relationship with the local authority.
- The provider is charitable trust, owned and run by trustees who represent the local community. As a result of this the links with the local community were excellent.

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
Treatment of disease, disorder or injury	Risks to the health and safety of people using the service was not always correctly assessed and as a result staff did not have the necessary information to mitigate such risks. Regulation 12(2)(a)(b) Medicines were not always managed in a safe and proper way and medicines records were not always comprehensive or accurate. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems were not in place to monitor the service. Complete and accurate records were not being maintained and audits had not identified areas of concern. Regulation 17(1)(2)(a)(b)(c)(d)(f)