

Eldercroft Care Home Limited

The Hollies

Inspection report

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Westcliff On Sea
Essex
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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

The Hollies is a residential care home providing the regulated activity of accommodation and personal care to up to 10 people. The service provides support to people who have a learning disability and who are autistic. At the time of our inspection there were 10 people using the service.

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

The service's quality assurance, monitoring and oversight arrangements were not robust and continued to require significant improvement. People did not receive their medicines as they should. Recruitment practices continued to require improvement. We have made a recommendation about recruitment practices. Although there was no impact for people using the service, staff had not received specific training relating to the needs of the people they supported, an induction or formal supervision.

Right Support:

- The service is a large house located within the local community and its amenities. The provider was updating the décor and furnishings to make it more homely for people living at The Hollies.
- People were able to use communal areas as they wished and to have privacy for themselves if they chose to be alone. People were observed to spend time in their bedroom or in the communal lounge.
- Staff were now being supported to take part in activities within their local area, for example, to go shopping or to visit local cafes.
- People had a choice about their living environment and were able to personalise their bedrooms.
- Staff enabled people to access healthcare provision and services as needed to ensure their healthcare needs were met.

Right Care:

- People received care and support that was kind and caring.
- Staff understood how to protect people from harm and abuse. However, where internal investigations were completed, improvements were required to ensure these were robust.
- People's care plans reflected their needs and the level of support to be required by staff. However, improvements were required to ensure this information was personalised to the individual and not generic.

Right Culture:

- Staff were responsive to people's needs.

- Not all staff had felt valued and supported but this was improving following the involvement of the provider at the service.
- Staff were not aware of the ethos and values of the organisation or aware of the 'Right support, right care and right culture' principles that should underpin their day to day working practices.

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

Rating at last inspection and update

The last rating for this service was inadequate [published June 2022].

Why we inspected

We carried out an unannounced focused inspection of this service in February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve relating to

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk.

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.

We have identified breaches in relation to medicines management, quality assurance and staff training, induction and supervision at this inspection.

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 overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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.

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 well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 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 carried out by one inspector..

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.

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 as they had recently resigned. The provider had promoted an existing member of staff to manage the service in the interim.

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 feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service about their experience of the care provided. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with the provider, interim manager and five members of staff. We reviewed three people's care files and four staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction and supervision data. We also looked at 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 Inadequate. 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.

At our last inspection to the service in February 2022, effective arrangements were not in place to identify, monitor and mitigate risks to people's safety, including responding 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. Enough improvement had been made at this inspection relating to this part of Regulation 12. However, improvements were required to medicines management. Therefore, this was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for each person living at the service and found improvements were required to the service's medication practices.
- Although there was no impact for people using the service, we found omissions in the records made when medicines were administered. We found the MAR for six people was blank giving no indication of whether the prescribed medication, including topical creams were administered or not. The rationale for any omission was not recorded on the reverse of the MAR form.
- Not all people using the service had received their prescribed medicines in line with the prescriber's instructions. For example, the MAR and transdermal application record for one person recorded their transdermal patch was administered one day later as it had not been given on the scheduled date.
- Where people were prescribed a once weekly medication to be administered at a specific time, namely 30 minutes before all other medicines, the MAR showed this was being given at the same time. This was not in line with the prescriber's instructions, potentially placing the person at potential risk of harm.
- Not all staff involved in the administration of medication had received appropriate training or had their competency assessed to ensure their practice was safe.
- The provider confirmed medication audits had not yet been introduced but this was on their 'to do list'.

The provider was not ensuring the administration of people's medication was safe or that all staff responsible for the administration of medication were suitably trained and competent. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At our last inspection to the service in February 2022, the provider's recruitment practices were not safe. This was a breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 [Regulated

Activities] Regulations 2014. Whilst some improvements had been made since our last inspection, further progress to fully meet regulatory requirements was required.

Staffing and recruitment

- Recruitment practices and procedures were still not being operated effectively. Following our last inspection, a report was forwarded to the Care Quality Commission detailing the action to be taken by the provider to meet regulatory requirements. Not all actions recorded were being adopted as stated. For example, the report stated prospective staff will not be allowed onto the floor before completing all training and two references are received. This did not concur with our findings.
- Three out of four staff employed since our last inspection to the service were employed by the previous registered manager. Not all records as required by regulation were in place. There were no recent photographs. Evidence of conduct from their most recent employer or from someone that knew the prospective applicant well, in the form of a written reference, was not available for three members of staff. There was only one reference for two out of three applicants and another applicant had no references on file.
- A written record was not completed or retained for all staff newly employed, to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.

We recommend the provider familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

At our last inspection to the service in February 2022, enough 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. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 18.

- Staffing levels told to us by the provider were being maintained and this was confirmed as accurate from the staff rosters viewed. The staff rosters showed agency staff were now being used at the service through an external recruitment agency and where possible for consistency the same agency staff were being used.
- Staff told us staffing levels were much improved and appropriate to meet people's needs.
- Communal lounge areas were appropriately staffed throughout the day to ensure people's needs were being met. Regular checks were completed by staff on people who preferred or remained in their bedroom.

At our last inspection to the service in February 2022, robust arrangements were not in place to safeguard people from abuse. This was a breach of Regulation 13 [Safeguarding people from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People told us they had no concerns and the service was a safe place to live. Interactions between people using the service, the registered provider and staff were seen to be relaxed and comfortable.
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the provider and external agencies, such as the Local Authority and Care Quality Commission.
- The registered provider was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity. Prior to this inspection concerns were brought

to the provider's attention by staff about the management of the service. The provider had not hesitated to notify relevant external agencies and initiated an investigation relating to the allegations to safeguard people using the service. The outcome of the investigation was not known at the time of writing this report.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded for people currently living at The Hollies, including specific risks relating to their health and wellbeing. Staff spoken with were aware of people's individual risks and how to provide safe care and support.
- Improvements were required to ensure completed risk assessments were person centred and included how risks to people were to be mitigated and reduced. Some information was generic and not personalised to the individual person using the service.

Preventing and controlling infection

- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Observations showed staff wore the correct PPE when supporting people.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks can be effectively prevented or managed.
- The service was clean and odour free.

Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection in February 2022. Namely, improvements had been made to safeguard people using the service. This referred to staff's practice and including people's monetary arrangements. Staffing levels were now appropriate to meet people's needs. The atmosphere within the service was much improved and staff implied they were happier and receiving good support.

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 our last inspection we rated this key question Good. At this inspection the rating has changed 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

- Although there was no impact for people using the service, staff training records showed not all staff employed at the service had received all mandatory or refresher training. There was little evidence available to demonstrate staff had received specialist training relating to the needs of the people they supported, for example, learning disability, autism, mental health and dementia.
- From 1st July 2022, all health and social care providers registered with the Care Quality Commission must ensure their staff receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. This new legal requirement is introduced by the Health and Care Act 2022.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited experience in a care setting, there was no information to show staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Not all staff had completed an 'in-house' orientation induction when first employed or this was only partially completed. Not all agency staff utilised at the service had received or completed an 'orientation' induction when undertaking their first shift at the service.
- Not all staff had received regular formal supervision. This meant there were no effective arrangements in place to monitor staffs' practice, performance and professional practice. Although improvements were required, staff told us they were feeling better supported following the involvement of the provider at the service.

Suitable arrangements were not in place to ensure all staff employed received appropriate training, a robust induction or regular supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- People's comments about the food they received was positive. Comments included, "The food is very nice, I like it" and, "Yes, the food is good, there is always plenty."
- The dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities, looked appetising and reflected their individual choices and preferences.

- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice.

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

- People were supported to have their healthcare needs met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large communal lounge and dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.
- Since our last inspection to the service in February 2022, steps were being and had been taken to purchase new furniture and to redecorate.

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.

- Staff had variable levels of understanding of the Mental Capacity Act 2005, including Deprivation of Liberty Standards.
- Staff were observed during the inspection to uphold people's rights to make decisions and choices.
- Where people had been assessed to lack capacity to make significant decisions about their health and welfare, records did not routinely reflect who had been involved to make decisions in their best interests.

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 Inadequate. At this inspection the rating has remained Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection to the service in February 2022, effective arrangements were not in place to assess and monitor the quality of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had not been made at this inspection and remained in breach of Regulation 17.

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 quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service. Specific information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing these were still not robust. This did not provide assurance that the provider had clear oversight of the service or understood their responsibilities and regulatory requirements.
- The provider stated they had been advised by the previous registered manager that all actions highlighted during the previous inspection in February 2022 had been addressed. This did not concur with our findings.
- The provider cited naivety and mistaken trust with what they were told by the previous registered manager. There was no mechanism or expectation in place for the then registered manager to formally report to the provider on issues relating to the day to day management of the service so they could be assured the service was running smoothly and in line with regulatory requirements.
- No arrangements were in place to enable the provider to have effective oversight of the quality of care and support being delivered. No audits were completed or available to assure themselves, complete and accurate records relating to people using the service and staff employed, were being maintained.
- Since our last inspection the provider had employed an external consultant to provide support and advice to them and the previous registered manager. A visit by the consultant was conducted to The Hollies on 23 June 2022 and a subsequent report completed. The report recorded a total of 26 recommendations, many of which are referenced within this report. An action plan had not been implemented detailing progress and how the actions required were to be addressed.

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

- The service was currently without a registered manager as they had recently resigned. The provider had appointed an existing member of staff to manage the day to day running of the service in the interim and until a new manager commenced in post. The provider was visiting the service on a regular basis to ensure they had better oversight of what was happening within the service and to make the required improvements in line with regulation.
- Staff were clear about their day to day roles and responsibilities as they were assigned allocated tasks each day.
- Staff were unaware of the providers values and objectives and were not aware of the 'Right support, right care and right culture' principles that should underpin their day to day working practices.

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. Meeting minutes were poor and 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.
- Arrangements were in place for gathering people's and those acting on their behalf views of the service. These were last completed in June 2021. The provider told us the views of people and others would be sought once the new manager to The Hollies had commenced.

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

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not ensuring the administration of people's medication was safe or that all staff responsible for the administration of medication were suitably trained and competent.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Suitable arrangements were not in place to ensure all staff employed received appropriate training, a robust induction or regular supervision.</p>

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 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service.

The enforcement action we took:

A Warning Notice was served