

Holbeche House Limited

# Holbeche House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Holbeche House is a residential care home providing personal and nursing care for up to 49 older people, some of whom live with dementia. At the time of the inspection the service was supporting 42 people. The care home accommodates people in one adapted building which is split into two units. One unit supports people with nursing needs and the second unit supports people who live with dementia.

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

The risks to people had not always been assessed, recorded and plans put in place to manage these. However, staff were aware of these risks and what to do to keep people safe. People had support to take their medicines safely and as prescribed. However, some people's thickener was not safely stored. People's relatives and staff gave us mixed feedback on staffing arrangements at the service. Staff knew how to identify and report any abuse concerns. Incidents and accidents involving people were monitored to learn from these.

The environment of the dementia unit was not dementia-friendly. People's care plans did not always show their health needs had been considered. People had help to access external healthcare professionals and services. Staff received induction and training to enable them to perform their duties. People had the support they needed to eat and drink.

Staff did not always have time to support people in a personal way. We received mixed feedback from people's relatives on the extent to which they were involved in care planning and people's care plans did not reflect their involvement. People had support to maintain valued relationships.

People's care plans were not person-centred or always updated in response to changes in their needs. People did not receive enough support to pursue their interests or participate in meaningful activities. People's communication needs had been considered.

The provider's quality assurance systems and processes were not sufficiently robust or effective. We received mixed feedback from people's relatives and staff on the management of the service.

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 21 September 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 21 August 2019.

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, infection control and

staffing. A decision was made for us to inspect and examine those risks.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements.

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.

We have identified a breach in relation to the overall governance of the service at this inspection.

#### Follow up

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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Holbeche House Care Home

## **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.

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 two inspectors, an Expert by Experience and a specialist advisor. 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

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

The service had a manager in place who had applied to register with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who visit the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and 14 relatives about their experience of the care provided. We spoke with 11 members of staff including the regional director, the manager, the deputy manager, care workers, the chef and the domestic staff and activities co-ordinator.

We reviewed a range of records. This included seven people's care records and 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 manager to validate the evidence found. We looked at training data, quality assurance records and care records.



# 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 for this newly registered service. This key question has been rated 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

- Risks to people's health and safety had not always been assessed and mitigated.
- One person had insulin-controlled diabetes but there was no risk assessment of diabetic care plan in place to explain to staff what to do if their blood sugar was too high or too low.
- Another person had a catheter, but no record was kept of when this had been removed and replaced to reduce the risk of infections or complications. In addition, this person's care plan did not provide guidance on the action staff should take if problems arose with the catheter.
- Wellbeing checks by staff for people who were unable to use their call bells to request assistance were not recorded, to monitor these were being consistently completed.
- Three people had percutaneous endoscopy gastrostomy (PEG) feeding tubes in place. PEG tubes allow nutrition, fluids and medication to be put directly into the stomach, bypassing the mouth and oesophagus. The temperature of the room in which these people's nutritional feeds were stored was not monitored, to ensure this remained within the recommended range. This was brought to the attention of the deputy manager who agreed to make arrangements for monitoring.
- Other risks associated with people's individual needs had been assessed and plans put in place to manage these. This included risk assessments in relation to people's risk of falls.
- Staff demonstrated good awareness of the risks to people and the actions to take to reduce these.

### Using medicines safely

- Some people were prescribed thickener. However, the provider had not risk assessed the storage of this. Some people's thickener was stored in an unlocked cupboard in a kitchenette on the dementia unit.
- People received their medication safely and as prescribed from nursing staff. We observed a nurse administering one person's medication on the dementia unit. They sat with the person to explain what the medication was for, before supporting them to take it.
- Staff kept up-to-date medication administration records to monitor people had received their prescribed medicines. However, there were no charts in place to evidence what time one person's time-critical medication was being administered, to monitor this was being given in line with the prescriber's directions. A nurse assured us they would address this.

### Staffing and recruitment

- We received mixed feedback from relatives and staff about staffing levels at the service. One relative told us, "I feel they are on top of things with enough staff." However, another relative said "The amount of staff on a shift is never sufficient to complete any tasks properly, just to the best of their [staff members] abilities."

- We discussed the concerns raised with us around staffing with the manager. They explained staffing levels were assessed in line with people's assessed needs. We saw the provider used a dependency tool and skills mix tool to assess the numbers and mix of staff required on shift.
- Pre-employment checks had been completed on prospective staff to ensure they were suitable to work with vulnerable adults. This included enhanced Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions. However, two staff members had gaps in their employment history which had not been explored during the recruitment process. The manager assured us this issue would be addressed.
- The manager told us they were struggling to recruit permanent nurses and relied on the use of agency nurses. Whenever possible, they block-booked agency nurses to promote continuity of care.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Not all visitors were asked for evidence of their vaccination status and evidence of a negative LFT test.
- 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 not assured that the provider was using PPE effectively and safely. We observed the manager not wearing a face mask in the office and we observed staff wearing face masks below their nose. The manager assured us they would make appropriate use of PPE and would meet with staff to reinforce the same.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some furniture, fixtures and fittings were worn.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This was due to the lack of robust screening procedures for visitors.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach

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

- Relatives we spoke with felt their loved ones were safe. One relative said, "I generally have no worries around safety." Another relative told us "I have no safety concerns."
- Staff we spoke with were aware of their responsibilities to act on and report any abuse concerns. One staff member told us they would "report it [abuse] straight away to the local authority or to CQC".
- The manager had reported safeguarding concerns to the relevant authorities.

#### Learning lessons when things go wrong

- The provider had systems in place to enable staff to record and report incidents and accidents involving people, to enable them to learn from these and take steps to reduce the risk of reoccurrence.
- The manager described a lesson learnt where, following a deterioration with someone's skin integrity, they had introduced a clearer procedure for staff to escalate concerns. The regional director now reviewed and audited people's wound management plans.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment on the dementia unit was not dementia-friendly, to promote the wellbeing and independence of people living with dementia. For example, there were no memory boxes outside people's bedrooms to orientate people to their personal space. All the doors were the same colour and a similar colour to the walls. There was no directional signage to help people to find communal areas or toilets.
- Some people's rooms were personalised. For example, we saw a room where a person had covered their walls in their completed word searches and pictures they had coloured in. Some rooms contained pictures of people's loved ones.
- Work was ongoing to improve the environment and to make it more homely. New flooring was being laid on both units on the day of our inspection.

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

- People's needs were assessed prior to them moving into the home and care plans were produced based on this assessment.
- However, people's care plans did not always demonstrate their health needs had been considered or explain how these were to be met. For example, care plans we viewed did not demonstrate people's oral health care had been considered. However, staff showed awareness of people's current health needs.
- People's protected characteristics, as outlined by the Equality Act 2010, were detailed in their care plans.

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 working within the principles of the MCA.

- Staff were unable to tell us who had a DoLS authorisation in place. However, this information was

recorded in people's care plans and the manager maintained a DoLS tracker which detailed who had an DoLS authorisation in place and the date this was granted.

- One person whose care we reviewed lacked capacity. No best interest decision-making had been recorded in relation to the decision to install bed rails and a sensor mat in their room.
- Staff had completed MCA and DoLS training and had a basic awareness of how this impacted on their role. One staff member told us "It's [about] keeping them safe, asking them for consent before providing care and respecting their choice if they said no."

Staff support: induction, training, skills and experience

- A nurse told us they had not had their competencies assessed, to ensure they were able to meet people's clinical care needs. The manager assured us they were arranging for a suitable clinician to visit the home to assess the nurse's competencies.
- The majority of the staff members told us they had received the training they needed to fulfil their role. However, some staff said they had not received refresher training. We discussed this issue with the manager who assured us staff training was up to date and showed us training records which supported this.
- Staff told us, and records confirmed, staff had received an induction when they started working at the service. New staff explained they had a mentor to help and guide them during their induction.

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

- People received support from staff to access professional medical advice and treatment when they were unwell, and as part of the ongoing monitoring of their health needs.
- One relative explained how a virtual GP visit had been facilitated for their loved one when they were unwell.
- People's care records showed they were able to access external healthcare services, including support from their GP and occupational therapists.

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

- People on the dementia unit were provided with pictorial menus to help them to make informed choices about what they ate and drank.
- The chef was aware of people's individual dietary requirements and how to prepare their meals in line with these.
- We observed staff gave people the physical support and encouragement they needed to eat and drink at mealtimes.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We saw staff worked under pressure and had limited time to listen to people and support them in a personal way. When staff on the dementia unit entered communal areas, they did not greet people and interaction between staff and people on both units was often limited to the completion of care tasks.
- We received mixed feedback from relatives about their involvement in care planning. One relative told us "I have no involvement in care planning." Another relative told us "Since the new manager took over, they seem ok and I have spoken with them a few times about care plans and how things are going."
- People's care plans did not reflect they were involved in making decisions about their care. One person we spoke to told us they had not seen their care plan.

Respecting and promoting people's privacy, dignity and independence

- We saw most staff members sought people's consent and explained to them what they were doing before supporting them. However, we observed one staff member tip a person back in a chair without telling them what they were about to do.
- Staff were able to tell us how they helped promote people's privacy, dignity and independence. One staff member told us "I treat them [people] the way I'd like to be treated, being understanding to them, understanding their strengths and weaknesses."
- People were supported to maintain relationships with their loved ones. One relative said, "The [visiting] restrictions do not feel too strict or too lax given the circumstances. It was hard when only one visitor was allowed in at first, but understandable. Now two visitors are allowed in at a time, and that seems to be about the right balance." The manager explained the home used an iPad to support virtual visits.

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

- We saw staff treated people with kindness but had limited time to listen to and talk with them. People appeared at ease in the presence of staff.
- Most people's relatives told us staff treated people well. One relative said "They [staff] are really friendly and caring as far as I can tell."
- Staff members were able to demonstrate they knew people well, including their needs, preferences, likes and dislikes. One staff member described how much one person enjoyed a lie-in in the morning, showing people their nails and spending time in the garden.
- One person who lived in the home spoke German. We observed a staff member having a conversation with this person in German. The observation demonstrated a positive rapport between the staff member and the person.

# 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 requires improvement. This meant people's needs were not always met.

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

- People's care plans were not person-centred and did not demonstrate their involvement in making decisions about their care. Some people's care plans lacked any details about their personal background, preferences, interests and aspirations.
- Care plans were not always updated in a timely manner to reflect changes in people's needs. One person's care plan had not been updated to reflect a recent medication change. Another person's care plan had not been updated following the removal of their bed rails and introduction of a sensor mat and crash mat to reduce their risk of falls. The manager told us people's care plans were currently being fully reviewed to address these issues.
- Care plans did not always fully reflect people's needs, including their physical health needs. One person had a diagnosis of epilepsy and haemophilia. However, there was no care plan in place for either of these conditions. However, staff demonstrated awareness of people's current needs, including long-term medical conditions.

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 did not receive sufficient support to follow their interests and take part in meaningful daily activities. We observed people on the dementia unit sitting around with no meaningful activities or engagement from staff over an extended period. There were activity grab bags available outside the lounge area, but these were not utilised by staff during our inspection. The TV was turned on, but people were not engaged in watching this. One person told us "We do exercises, stuff like that, but it's not very often."
- The provider employed an activities co-ordinator. We observed it was difficult for the activities co-ordinator to split their time between the two units to ensure people could take part in activities relevant to them.
- We received mixed feedback from staff about the activities on offer. One staff member told us, "She [activities co-ordinator] does her best; she's on her own. They [provider] are bringing activities back. We do put music on and try and have a laugh with them [people] ourselves." Another staff member said, "Due to the lack of staff, there's no time to do activities."

Improving care quality in response to complaints or concerns

- We received mixed feedback from relatives about how concerns were responded to. One relative explained how staff responded well to their concerns and took these on board. Another relative said "When I said something it got sorted out, but it needed to be raised again at my last visit."
- The provider had a complaints policy, designed to ensure complaints and concerns were handled in a fair

and consistent manner. We reviewed the complaints records and these evidenced complaints were recorded, investigated and responded to.

#### 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.

- The manager understood the requirements of the AIS and people's care plans included basic information about their communication needs. The manager assured us they had the facility to produce information for people in alternative, accessible formats as required.
- Pictorial menus were available in the dementia unit to help people make their own choices about their meals.
- The manager explained how the different cultural backgrounds and languages spoken by staff ensured people's communication needs could be met.

#### End of life care and support

- At the time of inspection three people were receiving end of life care. The manager explained the service followed the Gold Standards Framework and worked with the local palliative care team to ensure people's end of life care needs were met.
- However, people's care plans provided limited information about their preferences and choices in relation to their end of life care. One person who had been fast tracked into the service had no information recorded about their end of life wishes.

# 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 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

- The provider's quality assurance systems and processes were not sufficiently robust and had not enabled them to identify and address the shortfalls we found during the inspection. This included the concerns identified in relation to risk assessment, care planning, activities provision and the need for a more dementia-friendly environment.
- The provider's systems and processes had not enabled them to identify and assess the risks to people's health, safety and welfare. This was demonstrated by the lack of risk assessment and care planning in relation to some people's current health conditions and needs.
- People's care records were not always accurate and did not contain the most up to date information to reflect their current needs. This increased the risk of people receiving unsafe care.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from relatives about the management of the service and their relationship with the manager. One relative told us "In the time my relative has been at Holbeche House, I have seen the manager once." Another relative told us, "Since the new manager took over, they seem okay and I have spoken with them a few times about care plans and how things are going."
- We received mixed feedback from staff about the extent to which they were supported in their role by the manager. Some staff felt the manager was unapproachable and unsupportive, whilst other felt they could raise issue and had the support they needed.
- We saw evidence staff meetings took place. At a recent staff meeting, the manager had discussed the results of the quality audit completed by the provider's quality manager.
- The manager sent out regular newsletters to relatives to keep them informed and show them activities their loved ones had taken part in. There were paper copies of the newsletter available in reception. One relative told us "The newsletter in the home is free to take away and has some interesting news from the managers."

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 manager understood their responsibilities in relation to the duty of candour, and the need to be open and honest with others in the event things went wrong.
- Staff meeting minutes evidenced the manager had discussions with staff aimed at improving standards of care. This included, for example, discussions around the need for adherence to policies.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.