

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:
29 September 2021

Date of publication:
15 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Holbeach and East Elloe Hospital Trust is a residential care home registered for personal and nursing care for up to 47 people. On the day of our inspection 43 people were living at the service.

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

People lived in a safe, well maintained environment. The risks to their safety were assessed and appropriate measures in place to support their ongoing safety. They were supported by a caring and knowledgeable staff group. There were enough staff to support people's needs and the registered manager undertook safe recruitment processes so people were supported by suitable staff.

Staff managed people's medicines safely and in line with their preferences. Staff were knowledgeable of and practiced safe infection control and prevention practices. Staff were aware of how to protect people from abuse, and when necessary the registered manager investigated and promoted learning from events.

There were quality monitoring processes in place to monitor standards of care. People, relatives and staff felt the service was well managed and worked in an open and inclusive way.

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 requires improvement (published 28 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 October 2019. 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 the management of safe care and treatment and governance of the service.

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 Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holbeach and East Elloe Hospital Trust on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

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.

Inspection team

The inspection was carried out by two inspectors, and an Expert by Experience undertook telephone calls to relatives following our visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Holbeach and East Elloe Hospital Trust 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with six members of staff including the registered manager, nurses, care worker, and the cook. We also spoke with two visiting health professionals.

We reviewed a range of records. This included five 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 registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with 12 relatives and friends of people who lived at the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

When we last visited the service, the provider was in breach of Regulation 12 Health and Social Care Act (Regulated Activity) Regulations 2014 Safe care and treatment. The risks to the health and safety of people using the service were not always correctly assessed and as a result staff did not have the necessary information to mitigate such risks. Medicines were not always managed in a safe and proper way and medicines records were not always comprehensive or accurate. At this inspection we found enough improvements and the provider was no longer in breach of this regulation.

Assessing risk, safety monitoring and management

- The risks to people's safety were well managed, and measures were in place to reduce risks where possible. For example, two people's records showed they were at risk of skin breakdown. They had been assessed as requiring regular repositioning. We saw this had been carried out in line with their care plan. A relative told us their family member required a safety strap to support them in their chair and it was always in place when they visited.
- Where people required specialist equipment to support their nutritional needs, this was well maintained and there was guidance in their care record to support staff to use the equipment safely. The nurse we spoke with was able to discuss the use and care of the equipment, and the person's nutritional regime.
- Environmental risks to people's safety were assessed and measures in place to ensure their safety. For example, people's personal emergency evacuation profiles (PEEP's) were in place and contained clear information on people's needs in the event of an emergency.

Using medicines safely

- There had been considerable improvements in the management of medicines since our last inspection. We did observe one isolated instance of poor administration practice which we raised with the registered manager. She took prompt action to address the issue and put measures in place to try to prevent it happening again.
- Despite the above concern all other aspects of medicines administration were safe. People had clear information in the medicines administration records (MARs). When people needed medicines to be given at a particular time these were given. 'As required' medicines had guidance in place for staff so people were given these medicines when needed. Medicines were stored safely.
- The registered manager and her team undertook regular audits of medicines to ensure any concerns or errors were identified and addressed.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. There were systems in place to report any safeguarding concerns. One person said, "None of the staff are rough or unkind." A relative told us, "I have no qualms whatsoever that

[name] is safe there, 100%, I can't fault them [staff] at all. There are four of us in the family and we have not had anything negative to say about the place."

- Staff were able to discuss the types of abuse people in their care might be exposed to and they were aware of their responsibilities to report any concerns. One of the nurses we spoke with told us they had confidence the registered manager would manage any safeguarding issues appropriately. They were also aware of how to raise concerns externally if needed and told us they had received safeguarding training.

Staffing and recruitment

- The feedback we received about staff was mixed. People and relatives felt the service was busy and at times staffing was "tight". However, they also told us staff did attend to their relatives. One relative said, "I think that they [staff] struggle at times. However, when I visit there is always someone either bringing cups of tea or popping their heads in to say 'hello', so I get the impression that there are sufficient [staff]."
- Staff told us the staffing levels were usually enough and all felt the levels were safe. One staff member said, "Staffing levels are ok, we do get those occasions when staff are on holiday or sick but try to get cover. It is always safe." On the day of our unannounced inspection there were enough staff to support people, the service was busy but there was a calm atmosphere at the service.
- The registered manager followed safe staff recruitment processes. Staff records showed they had a current disclosure and barring service (DBS) certificate in place. This is a service used by providers to check any criminal convictions potential staff may have, and ensure staff are safe to work with vulnerable people. There were references in place and any gaps in employment had been explained. Registered nurses' registration with the nursing and midwifery council (NMC) were up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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.

Learning lessons when things go wrong

- There were clear processes in place to learn from events. The registered manager used a tool called 'getting to the route of the problem', so any incidents could be reflected upon, to learn from events. She also

used supervisions, staff meetings and handovers to highlight any learning from events.

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 requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. 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. At this inspection the provider had made improvements to their monitoring systems and they were no longer in breach of this regulation.

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

- There was a comprehensive quality monitoring system in place at the service. The registered manager worked to review quality monitoring information to ensure effective monitoring of care. This was reflected in the up to date information in people's care plans and the positive outcomes for people. This was also evidenced by the oversight of people's weights being managed effectively and an individualised way.
- The quality monitoring system also included audits of the environment. When issues had been identified an action plan was in place and we saw the actions were completed in a timely way.
- The deputy manager who had supported the registered manager with the completion of audits had recently left the service. The registered manager was working with the registered nurses at the service to support her with the quality assurance processes as a way of developing their oversight of quality concerns and learning from events.

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

- The registered manager worked with people and their relatives to provide an open, person centred approach to the care people received. She encouraged her staff to work in this way.
- Relatives gave us examples of how they knew their family member's care was person centred and empowering. They told us staff supported people to plan their day themselves, for example not getting up too early and make their own decisions on how they wanted to spend their days. The information in people's care plans reflected these comments.
- On the day of our inspection we saw staff worked with people in an inclusive way. Checking with people about their preferences and making sure people sat in areas of their choice. A visiting health professional confirmed that staff knew people well and were responsive to guidance on people's individual needs. For example, ensuring people received therapy individual to their needs.

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 registered manager notified CQC of events in line with their registration responsibilities.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where ratings have been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website.
- Relatives also told us the registered manager communicated with them well when there were concerns over their family members' care. They felt they could speak with her and discuss any concerns. Very few relatives had any concerns but when we were told about minor issues, the relatives were clear the registered manager and her staff were quick to address these in an open way.

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

- People and relatives all told us the communication from the registered manager was good. One relative said, "I find [registered manager] very approachable and very easy to speak to."
- Staff told us there were regular meetings and they were able to discuss any issues they had. One staff member told us they felt able to go to the registered manager if they had concerns. They told us the registered manager didn't have 'favourites', they treated everyone equally. We saw there were regular meetings for staff to raise their opinions and staff told us they felt comfortable doing so.
- The provider sent out questionnaires to people, their relatives and staff to gauge their opinions of the service. Relatives told us their opinions and feedback to the service was always listened to.

Continuous learning and improving care

- The registered manager undertook several initiatives to both improve her learning and the care people received. For example, she had expressed a formal interest in the local pilot scheme to introduce care home nurses administering intravenous medicines, which could reduce hospital admissions. She attended the local care home managers' network meetings, used the royal college of Nursing (RCN) training resources and took the opportunity to undertake courses pertinent to her role to keep updated with areas of practice such as Safeguarding adults.

Working in partnership with others

- There was evidence the registered manager and her team worked collaboratively with health professionals to support people with the different aspects of their care, such as physio and occupational therapy. Relatives told us the staff were proactive in managing their family members' health needs, working with both themselves and health professionals to affect good outcomes for people.