

# Molescroft Nursing Home (Holdings) Limited

# Holy Name Care Home

## Inspection report

Hall Road  
Hull  
North Humberside  
HU6 8AT

Tel: 01482803388  
Website: [www.holynamecarehome.co.uk](http://www.holynamecarehome.co.uk)

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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 well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

Holy Name Care Home is a care home that can provide personal and nursing care for up to 64 people, some of whom may be living with Dementia. At the time of the inspection, the service was providing care and support to 36 people.

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

People and their relatives told us they felt the service was safe. People felt satisfied with the care they received. However, they were not always consulted for their feedback and suggestions.

The registered manager and provider did not operate effective systems to effectively monitor safety and improve the quality of care provided to people who used the service.

We found people were at increased risk of harm. There were issues relating to people's safety and the management of medicines. People who were at risk of pressure area damage did not always receive positional changes in line with their individual support needs. Risks to people's nutrition and hydration needs were not monitored appropriately. Records relating to positional changes and meeting people's nutrition and hydration needs were not always completed by staff. There was no oversight or analysis of accidents and incidents by the registered manager or provider to improve the safety of people using the service.

The environment, which accommodated people who were living with Dementia, was not designed and decorated in line with best practice guidance. We made a recommendation about considering best practice guidance to inform the environment for people living with Dementia.

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.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 22 August 2019).

### Why we inspected

We received concerns in relation to the support provided to meet people's nursing care needs and pressure area care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holy Name Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Holy Name 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 on the first day, and one inspection manager and one inspector on the second day.

#### Service and service type

Holy Name Care Home 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 CQC. This means 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 on both days.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection and sought feedback from local authority commissioners and safeguarding teams. 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 of this information to plan our inspection.

#### During the inspection

We spoke with three people and one person's relative. We spoke with nine members of staff including the registered manager, general manager, the nominated individual, one nurse, one senior carer, one kitchen assistant, the head chef, maintenance person and the administrator.

We reviewed a range of records including six people's care records, their medication records, supplementary records including repositioning and food and fluid charts. We reviewed four staff files in relation to recruitment and supervision. A range of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with health care professionals who regularly visited the service. We spoke with a further two people's relatives by telephone to seek their feedback.

# 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 people could be harmed.

### Using medicines safely

- People were at risk of harm, because medicines were not always managed safely. Stock levels had not been managed appropriately resulting in two people missing doses of their prescribed medicine.
- Protocols were not detailed enough for when staff needed to support people with administration of 'as and when required' medicines, placing people at risk of not receiving their prescribed medicine appropriately.
- Risk assessments for people who could self-administer medicine were not always completed or reviewed. This meant people may be at risk of not being able to take their own medicine safely as prescribed.
- Issues found during inspection in relation to management of stock and incorrect recordings had not been identified by the provider.

Although there was no evidence people had been harmed, medicines were not safely or effectively managed, this placed people at increased risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who were responsible for administering medicine had their competency checked by the registered manager.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were not assessed or managed. For example, an up-to-date fire risk assessment had not been completed for the premises.
- Robust systems were not in place to make sure people could be safely evacuated in an emergency. Records did not provide clear guidance and staff had not completed training on how to support people to evacuate in the event of a fire.
- Robust systems were not in place to complete regular checks of equipment used to support people. Two people's specialist mattresses were indicating faults and deflating putting them at risk of pressure damage. This had not been identified by staff on duty.
- People were placed at increased risk of receiving ineffective or unsafe care. Care plans and risk assessments were not always developed in a timely manner to guide staff on how to meet their needs.
- Records relating to monitoring of people's needs were not always fully completed by staff. For example, food and fluid charts were not always completed.
- Positional charts for supporting people who were at risk of pressure area care were found to have gaps. We could not be confident that people had received the support they required and this placed people at

risk.

- The provider did not complete analysis of accidents, incidents or falls on a regular basis to monitor the safety of the service and improve people's care.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the failure to assess risk and monitor the safety of the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives comments included, "My relative is here because they are not safe in their own home but I know they are here." Another told us, "I specifically chose this nursing home for my relative because of the positive feedback I have had about it."
- Staff received training in safeguarding and were confident in identifying types of abuse and reporting concerns.
- The provider completed referrals to local authority safeguarding teams and the CQC when required.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs.
- People felt there was enough staff on duty most of the time.
- The provider used reliable agency staff to ensure people's one to one care needs were met safely.
- Recruitment checks helped make sure suitable staff had been employed. All new staff attended an induction training programme.

Preventing and controlling infection

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

# 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 deteriorated to requires improvement. This meant people's outcomes were not consistently good, and people's feedback confirmed this.

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

- The provider had not fully considered the needs of people living with dementia.
- The service was not suitably adapted to meet people's needs and improve their quality of life; areas of the service were impersonal and did not provide a homely or dementia friendly environment.
- There was an observed lack of stimulation and interaction with people. Most people spent time in their own rooms. People who did not want to stay in their own room were observed wandering through corridors throughout the inspection, occasionally making use of seating at the nurse's station. One person was displaying increasing challenging behaviour due to the lack of stimulation and interaction.
- The provider told us they removed lots of items from the environment to ensure the service was able to be cleaned thoroughly throughout COVID-19.

We recommend the provider considers best practice and national guidance to ensure the service is suitably adapted to meet people's needs and provide a dementia friendly environment.

Staff support: induction, training, skills and experience

- Staff did not always receive supervision in line with the provider's policy and not all staff felt supported.
- Where issues relating to performance had been identified by the registered manager, we found no evidence to show these issues had been addressed.
- Staff received inductions and regular training to enhance and maintain their skills and knowledge. Refresher training was completed when required.
- Nurses were supported with their revalidation in order to retain their registration with the NMC.

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

- People were not always well supported with their nutrition and hydration needs.
- Food and fluid charts were not accurately completed by staff.
- Staff were not always considerate of people's needs. For example, one person was unable to reach their drink that had been given to them.
- People had not been involved in menu planning. Following our inspection the provider arranged for the head chef to consult with people about menu changes, so their input could be considered.
- The head chef and kitchen assistants were aware of people's dietary requirements.

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

healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff made appropriate referrals to external health care professionals where additional support was identified.
- Staff followed recommendations from external health care professionals.

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.

- The provider followed the principles of the Mental Capacity Act and making decisions in people's best interests.
- People had up to date deprivation of liberty authorisations in place where they were deprived of their liberty.
- Staff completed training in Mental Capacity and DoLS. Consent was obtained where people had the capacity to consent to care and treatment .

# 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 deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well-led.
- The provider has continually failed to provide effective leadership and the service has been consistently rated as requires improvement in well-led for the last three inspections. The service has a history of failing to sustain improvement in this area.
- The registered manager did not have oversight of the day to day running of the service. They managed another service for the provider and told us they visited Holy Name Care Home two days per week. However, there was a lack of evidence to support their management and involvement with the service.
- People were placed at risk of harm. The provider had failed to operate effective systems and processes to monitor and improve the quality and safety of the service. Issues we found related to poor oversight of records, risks to people's health and safety, poor management of medicines and a lack of leadership within the service. Three breaches of regulation were identified at the inspection and none of the issues we found had been previously identified by the provider.
- There was limited evidence of learning from incidents and action was not consistently taken to make improvements and mitigate risk. This placed people at risk of harm
- Staff had not been adequately supervised and robust systems were not in place to monitor staff's performance.
- There were inconsistencies in the quality of care and people's experience of using the service.

The failure to operate effective systems to assess, monitor and improve the quality and safety of the service and mitigate risks was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The quality of care people received was inconsistent and not always reviewed in consultation with the individual or their relatives.
- The provider had not engaged with staff or stakeholders to seek feedback and use this information to improve people's experiences. Relatives told us they felt communication could be improved.

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; Working in partnership with others

- Policies and procedures were in place to support people to raise concerns or complaints about their care or experience. However, there was no analysis of concerns and complaints to help identify any themes or trends and improve the quality of service provided.
- The provider had notified the relevant agencies of incidents when required.
- The provider worked with local district nursing teams and provided some additional tasks such as basic dressings and wound care during COVID.19.

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  Medicines were not safely or effectively managed.  Fire safety had not been appropriately reviewed and risk assessed.  Risks associated with people's health needs were not safely managed.  Regulation 12 (2)(a)(b)(d)(g)(h)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to operate effective systems to assess, monitor and improve the quality and safety of the service and mitigate risks.  Regulation 17 2(a)(b)(c)(e)