

Holbeach & East Elloe Hospital Trust

Holbeach and East Elloe Hospital Trust

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holbeach and East Elloe Hospital Trust is a nursing home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 47 people. Holbeach and East Elloe Hospital Trust provides beds for residential care, local GP's and reablement beds.

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

The risks to people's safety were not always well managed and lessons were not always learned to reduce risks to people's safety. People's personal emergency evacuation profiles (PEEPs) lacked clear individualised information to support people in an evacuation. The provider addressed this following our visit.

The service was at times short of staff, however the provider was working to improve recruitment of new staff. Staff were not always provided with supervision to support them in their roles.

Quality monitoring processes were not always used effectively to monitor the care people received. There was a lack of ways for people and relatives to feedback their opinions of the service to the provider.

More positively, people's medicines were well managed, and the service was clean with staff showing good knowledge of infection prevention and control practices. People's care plans contained good information to support their care and nationally recognised assessment tools were used to assess people's needs.

People lived in a well-maintained environment and the provider continued to work to improve the building for the people who lived there.

People's nutritional and health needs were well managed. Staff worked with external health professionals effectively to achieve good outcomes for people. Staff received appropriate training for their roles.

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.

Staff supporting people were kind and caring and treated people with respect. People were supported to see their family and friends and take part in social activities at the service.

People and relatives felt able to raise any concerns to the staff team and were confident issues would be dealt with. People were protected from the risk of abuse as the provider had systems and processes in place to manage any safeguarding concerns.

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

Rating at last inspection

The last rating for this service was requires improvement. (published 12 November 2021). This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We inspected this service as part of our inspection programme.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Since our inspection the provider has worked to address the concerns we found at our 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.

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 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holbeach and East Elloe Hospital Trust

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team was made up of 2 inspectors and an expert by experience who carried out telephone calls 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holbeach and East Elloe Hospital Trust is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were not present for the inspection process and shortly after our inspection left the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual for the trust registered to operate the care home, the deputy manager; 1 nurse, 3 care staff, 1 housekeeper and the cook. We also spoke with 6 people and 1 relative about their experience of the care provided. We undertook telephone calls to 19 relatives after our visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of written records including 8 people's care files, 4 staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider.

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 Good. 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.

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

- The risks to people's safety were not always clearly assessed and measures were not always put in place to manage these risks.
- Where people were at risk of skin damage the risks had been assessed, however for two people whose plans we viewed there was no information about how often these people needed to be repositioned or encouraged to reposition. This put these people at risk of skin damage.
- There was not always clear learning from events at the service. One person who was at risk of falls and had sustained 7 falls in a period of 7 weeks. This included two falls in one day, when attempting to move from their chair to their bed. A sensor mat had not been put in place until after their 5th fall. This meant the person was not protected from avoidable harm.
- The personal emergency evacuation profiles (PEEPs) we viewed, lacked clear individualised information on the support people would need to evacuate the service in an emergency. We highlighted this to the deputy manager who addressed the issue to ensure the PEEPs were updated to reflect people's current needs.
- Some bedrooms contained wardrobes which were not fixed to the wall and this posed a risk to people at the service. We highlighted this to the deputy manager who addressed the issue following our visit.
- However, in most care plans we viewed there was good information on how to support people in reducing the risks to their safety and staff were knowledgeable about the care people needed. For example, the equipment people needed to mobilise safely, the diets people required and what support they needed to manage their personal care safely.

Staffing and recruitment

- People and their relatives told us there were times when the service was short of staff. People told us this had impacted on the length of time it took staff to respond to their call bells. People and relatives told us people could be waiting for personal care for up to between 30 and 40 minutes. Resulting in people's needs not always being met.
- Staff told us there were times when they were short of staff. Two staff members told us they did not feel the staff levels were unsafe, but they were aware people did have to wait for care at times.
- The rosters showed the staff levels did not always meet the numbers of staff the provider had assessed as required to meet people's needs. Both the provider and the deputy manager told us they had struggled with staff recruitment and covering short notice sickness. The deputy told us the staff did work with them to cover extra shifts where they could.
- The provider told us they were taking action to resolve staffing issues. There was an ongoing recruitment

drive. The provider had also introduced a reward system for staff who introduced a new member of staff who stayed at the service. They had also introduced an annual loyalty bonus paid in December 2022 and had given staff an extra one-off cost of living payment in March 2023.

- People were supported by staff who had undergone appropriate staff recruitment checks. The files we checked showed there was clear information on employee's previous work history, references and Disclosure and Barring Service (DBS) checks. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The staff training matrix showed a number of staff were yet to undertake the safeguarding training. We spoke with the deputy manager who told us they were working to address this and had a plan in place.
- However, staff we spoke with had a good knowledge of their responsibility in protecting people from abuse. They were confident the management team would listen to concerns and act upon them. They were aware they could raise any issues with the local safeguarding team, CQC and the hospital's trust board.
- People told us they felt safe at the service and their relatives echoed these views. One relative said, "[Name] is safe, no worries, someone always is with them when they are getting up." People and their relatives felt they could raise concerns to staff, and they would be dealt with.

Using medicines safely

- People's medicines were managed safely. Staff who administered medicines had training in the safe handling of medicines and we saw safe administration practices in place.
- People received their medicines at the times they needed them. Staff were knowledgeable around people's needs in relation to their medicines. When people were prescribed as required medicines, they had guidance in place to ensure staff gave these medicines at the times people needed them.
- People's medicines were stored safely, regular audits were undertaken by the deputy manager to ensure where any discrepancies were highlighted issues were addressed and action taken.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were able to enjoy visits from their relatives and friends when they wanted to. The provider worked within the government guidelines to manage visiting safely. During our visit we saw a number of relatives visiting people at the service.

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 requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed using nationally recognised assessment tools to ensure their needs were met.
- Assessment tools such as, the Waterlow scoring system to measure people's risk of suffering from skin damage and the malnutrition universal scoring tool (MUST) to monitor people's weights, were used. These were regularly updated to reflect people's current needs and to support staff to provide appropriate care for people.

Staff support: induction, training, skills and experience:

- Staff were provided with support in their roles. There was an e-learning training programme in place to ensure staff had the skills to meet people's needs. The deputy manager told us there had recently been a problem getting new staff enrolled on the system. Following our visit this had been achieved and the deputy manager had supported staff to access and achieve their mandatory training within a given time period.
- Staff told us they felt their training needs were supported. One staff member told us they had received a supportive induction and had been given a workbook to complete to cover all areas of their role. They told us this had been helpful. They had completed their fire safety and moving and handling training before they started in their role and had been awaiting their log in to complete the rest of their training.
- Staff told us they were encouraged to undertake training to support them in any lead roles they undertook. Registered nurses told us they had been able to complete specialist training in areas such as male urinary catheterisation, diabetes, wound care management and care of people who required gastric feeding tubes.

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

- People's nutritional needs were well managed. People told us the food was varied and of good quality. Staff were knowledgeable about people's nutritional needs. When people required support to eat this was provided in a dignified way.
- People's dietary needs were well managed, there was information in their care plans about their needs. Where people required assessments by specialist advisors such as the speech and language therapy (SALT) team who advise on supporting people with swallowing difficulties this had been sought and their guidance followed. When people required support to prevent dehydration their fluid intake was monitored, and staff had information on what was considered a healthy fluid intake for people.
- People's weights were monitored to support them maintain a healthy weight and when necessary the staff worked with the person's GP to provide a fortified diet or a planned weight loss diet.

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

- People's health needs were well managed. The registered nurses at the service worked with external health professionals such as GP's, community nurses, occupational therapists and physiotherapists to ensure good outcomes for people.
- People told us if they needed a doctor then staff were quick to support this. Care staff told us the registered nurses listened to them when they raised any health concerns and acted upon their concerns. Relatives told us staff let them know if their family member was poorly. One relative said. "They (staff) are good at keeping in touch, (staff) ring me when [name] is not well."

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

- People lived in a purpose-built environment which was well maintained. The provider had a continuous improvement program of refurbishment in place to ensure the environment met people's needs.
- Those people who lived permanently at the service had personalised their rooms. There was good signage to support people find their way around the service.

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.

- The service was working in line with the principles of the MCA. The staff supported people who lacked capacity with specific decisions using the best interest decision making process. People's relatives and health professionals were involved to ensure the decisions made reflected the choices a person would make if they had the capacity to do so without support.
- Where people had been deprived of their liberty the DoLS process had been used and any conditions within the authorisations had been met.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were happy with the staff who supported them. One person said, "Staff are kind and caring. People (Staff) pop in all the time and are nice and friendly." Another person said, "They do take care of you here." One relative said, "All the carers are really pleasant, they come in and chat to [Name] and hold [their] hand." A further relative told us, they had heard staff speaking to their family member during personal care. They said staff spoke kindly, explaining why they were supporting the person.
- Our observation of the staff interactions with people supported these comments. Staff treated people in a respectful way, and we saw some positive interactions showing staff knew people well and supported their choices, such as where they wanted to sit and what drinks they wanted. Staff told us they were happy with the way their colleagues spoke and interacted with people at the service. One relative told us staff made an effort to support people. Their son had been married last year and staff supported their family member to attend the wedding.

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

- People's views on their care were supported by staff. One person said, "Staff are kind and patient. Don't rush you. I can get up when I want." Where people needed support to make their views known there was clear information about how staff should achieve this. For example, one person's care plan noted they tended to mumble, but if given time would be able to make their views known.
- The service supported a range of people, some of whom came to the service for rehabilitation and some people who lived at the service on a long-term basis. People told us staff listened to them and ensured their views on their care needs were acted upon.

Respecting and promoting people's privacy, dignity and independence

- Throughout our visit we saw staff treating people and their relatives with respect, maintaining their privacy and dignity when needed. One person said, "Staff are kind and respectful (when providing care)."
- People were supported to maintain their independence where possible. One person told us they needed support with washing but liked to do most of it themselves. They said staff always followed their lead to allow them to maintain their independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care from staff who knew their needs. Their care plans contained detailed information on their care needs and how staff should meet them. This included information in areas such as ongoing health needs, dietary needs and communication. People told us staff showed good knowledge of their needs. Our conversations with staff about people's needs confirmed this.
- Staff told us they had the opportunities to review people's care plans and the information was up to date. The provider told us they were in the process of reviewing electronic care plans to further improve the information about people's needs. Following our inspection, the deputy manager emailed us to say the electronic system was being introduced and staff were being trained on its effective use.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who needed support with their communication needs received this support. People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information, this was identified in their care plans and staff provided information in straightforward clear simple language. People were offered visual aids to help them with their choices.

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 were supported to join in with social activities of their choice. The provider had an activities coordinator in post who worked to provide people with a range of different activities. One relative told us their family member loved singing and music and staff encouraged them to join in these activities.
- Another relative told us their family member was encouraged to make friends and join in. They said, "[Name] goes into the day room and sits with friends. [Name] does activities and has been out on the minibus. They (staff) had a ukelele day, [Name] joined in."
- Staff told us a number of people who were only staying at the service on a temporary basis did not always want to come out of their rooms to join in with activities, this was confirmed by a person we spoke with. However, staff told us they did try to go into people's rooms and chat to them to reduce any feeling of isolation. One person who did not always like to sit in the communal area showed us a keyboard they enjoyed playing and told us staff helped them out of bed so they could play.

Improving care quality in response to complaints or concerns

- People and relatives concerns and complaints were dealt with effectively. One relative told us if they had concerns they could raise these, and they would be dealt with. They gave an example of discussing the way staff shaved their family member. Staff had listened and changed their practice.
- People and relatives told us they felt they could raise concerns as staff listened and addressed things to their satisfaction.
- Staff understood their responsibility in ensuring any concerns were dealt with. They told us they would ensure any complaints were recorded and raised with the deputy manager.
- There was a copy of the complaint's procedure displayed at the service.

End of life care and support

- People received end of life care in line with their wishes. There was information in their care plans about how they wanted to spend their final days and what was important to them. Staff had been provided with end-of-life training and nurses at the service worked with external professionals to ensure people were well supported.

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 Good. At this inspection the rating has changed to requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring processes were not always used to effectively monitor aspects of the service. As mentioned in the safe section of this report, where incidents and accidents had taken place there was a lack of processes in place to learn from events. This meant opportunities to improve the safety of the service had been missed.
- Quality monitoring audits had not been undertaken for some months and the medicines and care plan audits the deputy manager had completed were not available for us to view on the day of our inspection. However the medicines and care plan audits were supplied following our inspection. Whilst we saw the registered nurses at the service had reviewed people's care plans and monitored areas such as weight, there was a lack of registered manager and provider oversight around aspects of people's care. The provider acknowledged this and told us they had plans to address this moving forward.
- This lack of oversight had resulted in the issue we reported on in the safe section of this report around the lack of clear information in people's personal emergency evacuation profiles (PEEP's). Although we did not find any issues with infection prevention and control (IPC) practices the environmental audits undertaken around IPC were not robust. The deputy manager told us they planned to work with the local IPC team to address this.
- These short falls had not had a significant impact on people's care at the time of the inspection, but the provider was aware of the potential impact and the risks to people. They told us they would be working with the management team and the trust board to address the concerns and improve oversight of the service in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- The staff at the service worked hard to provide personalised care for people. This meant in some instances working with external health professionals to support people to return to their homes, or ensuring people who lived at the service long term had person centred care which met their needs. Staff worked in a positive way to achieve good outcomes for people, supporting them to improve their independence.
- The management team at the service promoted a person-centred culture at the service, they worked in an open way. The majority of relatives felt communication was good and the management team was approachable.

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 deputy manager showed a good understanding of the duty of candour and when things went wrong was open with people about events and how they would work to improve.
- The management team notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

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

- People and relatives did not always feel engaged in the running of the service. We were told they had not been asked their opinions of the service and there had been no surveys or questionnaires for them to feedback their views to the management team. One relative said, "(I have) never been asked my views, had a questionnaire or a meeting." They went on to say, "Since COVID restrictions lifted I can see how well it works." The provider took on board these comments and told us they would work to address this.
- Staff were generally positive about the management of the service, however, many of the staff had not had regular supervisions to support them in their roles. The deputy manager told us this was something they had begun to address to ensure staff had regular support.

Continuous learning and improving care.

- The provider told us they were a member of a local networking support group for care homes, and they encouraged their management team to attend meetings to support their learning. One staff member told us they were the infection prevention and control (IPC) link person and had undertaken training to support them. They had used their knowledge to work with staff to improve IPC practices at the service.