

Eldercroft Care Home Limited

The Hollies

Inspection report

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Westcliff On Sea
Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hollies is a residential care home providing the regulated activity of accommodation and personal care to up to 10 people. The service provides support to people who have a learning disability and who are autistic. At the time of our inspection there were 8 people using the service.

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

The provider had made improvements to their processes for monitoring the quality and safety of the service since the last inspection. However, these systems were still not robust and had not identified the concerns we found during the inspection. The provider's processes for checking the administration of people's medicines were not always effective in highlighting errors.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in to minimise the risk of infections.

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe.

We received positive feedback on the service. A person told us, "The new manager is great and is very passionate about the service. Staff are excellent and very caring. We can see improvements being made."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. However, improvements were required in relation to administration of people's medicines.

Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual's needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 17 November 2022) and there were breaches of regulation.

This service has been in Special Measures since November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 01 March 2023. A breach of legal requirements was found. The provider was asked to complete an action plan after the last inspection to show what they would do and by when to improve medicines management and quality assurance.

We undertook this focused inspection to follow up on the action we told the provider to take at the last

inspection. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

We have identified a continued breach in relation to medicines management. Please see the action we have told the provider to take at the end of this report.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

The Hollies

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hollies is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 6 relatives about their experience of the care provided. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with the registered manager and 2 members of staff. We reviewed 3 people's care files and 3 staff personnel files.

We looked at the provider's arrangements for managing risk and medicines management, staff training, induction and supervision data. We also looked at the service's quality assurance arrangements.



Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in November 2022, the provider was not ensuring the administration of people's medication was safe or that all staff responsible for the administration of medication were suitably trained and competent. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for each person living at the service and found improvements were required to the service's medication practices.
- The registered manager told us staff recorded when medicines were given on a medicines administration record (MAR). However, there were gaps identified on the MAR charts. The registered manager was unable to clarify to us why there were gaps.
- Not all people using the service had received their prescribed medicines in line with the prescriber's instructions. Records showed that people did not always receive their medication on time. This meant the medication was not given in a timely manner increasing the risk of side effects.
- We found protocols missing in some records for medicines prescribed as required (PRN). Protocols are important as they help staff understand when it is appropriate to offer PRN.
- A medication audit was completed however, this did not identify the shortfalls we found at this inspection. The registered manager did not have clear oversight of the safe management of people's medicine's.

The provider was not ensuring the administration of people's medication was safe. This was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff administering medication had received medication training and medication competency assessments were completed for all staff administering medication.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "There

are enough staff. They know how to manage and cope with [relative] very well."

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff were subject to Disclosure and Barring checks. (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

- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "If I had any concerns, I would raise it with my manager. If I had any concerns that they didn't address, I would go straight to CQC."
- The registered manager understood their responsibility to share safeguarding concerns with the local authority and CQC and had sent the appropriate notifications when necessary.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. However, a daily bowel chart was not completed regularly, as required. The registered manager told us they would address this immediately.
- Staff managed the safety of the living environment and the equipment through regular checks and action to minimise risk.

Preventing and controlling infection

- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Observations showed staff wore the correct PPE when supporting people. However, not all staff had completed training in relation to COVID-19.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks can be effectively prevented or managed.
- The service was clean and odour free.

Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place. A relative told us, "When we visit we are always welcomed. It feels very welcoming when we arrive and we are able to visit [relative] whenever we wish to."

Learning lessons when things go wrong

- This inspection highlighted lessons had been learnt and some improvements had been made since our last inspection in November 2022. The registered manager was actively monitoring the processes in place to ensure systems are effective.
- The service managed accidents and incidents affecting people's safety well. Staff recognised accidents and incidents and reported them appropriately and the manager investigated them and shared lessons learnt. The registered manager told us, "I speak to staff during team meeting and supervisions and discuss any accidents and incidents to share information with them."

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.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "The manager is very supportive and I have regular supervision." However, the registered manager did not formally follow up on any concerns raised by staff from their supervisions. The registered manager told us they will implement an action plan to address and monitor staff concerns.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support. A relative told us, "I think staff have all the skills and training they need. They have had extra training recently to help manage my [relatives'] outbursts and confusion."
- Staff could describe how their training and personal development related to the people they supported. Staff told us, "My training has given me the confidence I need when working with the residents."
- The registered manager had made improvements to their induction and training processes. Staff confirmed they had received an induction and training when starting in their role. Staff told us, "I had an extensive induction and I shadowed shifts when I first started so I knew how to support the residents before I actually started working."

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

- People's comments about the food they received were positive. Comments included, "I like the food here. If I don't like what is made they always offer me something else."
- We observed people eating their meal. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities, looked appetising and reflected their individual choices and preferences.

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

- People were supported to have their healthcare needs met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away. They work closely with GPs and community nurses."

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

- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large communal lounge and dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had variable levels of understanding of the Mental Capacity Act 2005, including Deprivation of Liberty Standards. The registered manager told us all staff had received the appropriate training but they would offer additional support where required.
- Staff were observed during the inspection to uphold people's rights to make decisions and choices.
- Where people had been assessed to lack capacity to make significant decisions about their health and welfare, records did not routinely reflect who had been involved to make decisions in their best interests.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At our last inspection to the service in November 2022, systems were not robust enough to evidence oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice to the provider.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had made improvements to their processes for monitoring the quality and safety of the service since the last inspection. For example, systems were in place to monitor staff training and support. However, the management audits had not always identified concerns. For example, the medicines audit had not highlighted the errors we found on inspection and the provider lacked clear oversight of the safe management of people's medicines.

We recommend the provider seeks advice and guidance from a reputable source to support them to improve their oversight of the safe management of medicines.

- Since our last inspection a new manager had been appointed. They were clear about their role and had been working with the provider and staff to address previous issues identified at the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager had regular contact with health professionals and updated support plans accordingly.

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 understood their responsibility to be honest with people. Information about incidents had been shared with people and relatives where appropriate and outcomes and learning had been documented. Statutory notifications had been submitted to CQC when needed.

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 provider told us they arranged regular reviews of people's care to ensure people achieved good outcomes.
- People and relatives spoke positively about the culture and management of the service. One relative told us, "The atmosphere is good. I've never had to raise any concerns but if I did, I would speak to the managers." Another relative said, "We're really happy and we recommend the home to others too."
- The provider had sought feedback from people and staff, completing satisfaction surveys and using the information received from the surveys to implement action plans and make improvements. A relative told us, "Lots of improvements have been made and the manager keeps us informed and asks us for regular feedback."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse.
- The provider had engaged with the local authority to work through and sign off an action plan of improvements for the service. Following the inspection, the registered manager kept in contact with CQC and confirmed what actions they planned to take to address concerns and make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not ensuring the administration of people's medication was safe. This was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>