Molescroft Nursing Home (Holdings) Limited

Holy Name Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Holy Name Care Home is a purpose built service encompassing a church site, situated in a residential area of North Hull. The service has a number of open plan areas and two conservatories. The service is registered with the Care Quality Commission [CQC] to provide care, including nursing care, and accommodation for 64 older people, some of whom may be living with dementia. There is a designated dementia unit on the ground floor which has level access to the garden so people with mobility issues can access this easily. People can bring personal items with them when they move into the service and there are no restrictions on visiting times. A laundry service is provided and designated staff are employed to undertake this. The service is situated on a main public bus routes into Hull City Centre.

There were 51 people living at the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was unannounced and took place on the 20 and 22 April 2015. The service was last inspected in August 2014 and was found to be noncompliant with one of the regulations inspected at that time.

Staff could recognise abuse and knew the provider's procedure for reporting any abuse they may witness or become aware of. They had received training about what abuse was and how to keep people safe. Trained staff, who had been recruited safely, were provided in enough numbers both during the day and at night to meet the needs of the people who used the service; this included nurses. The service was clean and tidy and there were no unpleasant odours. People could if they wished administer their own medicines, however, if they found this difficult staff did this for them. This was done by both the nursing staff and senior care staff who had received training.

The food provided for people was wholesome and nutritious; people's likes and dislikes had been taken into account and the menus were devised with the input of people who used the service through meetings and discussions. Staff monitored people's food and fluid intake and involved health care professionals when needed. People were provided with a fortified diet if needed to maintain their health and wellbeing. Staff supported people who used the service to lead a healthy life style and supported them to access their GP or other health care professionals when requested or required. People's human rights were respected and upheld by staff who had received training in the principles of the Mental Capacity Act 2005.

People who used the service were cared for by staff who understood their needs, were kind and compassionate and who they had good relationships with. People were involved in their care, or if they needed support with this staff consulted their relatives or the person designated to act on their behalf. Reviews were held about people's care and they were involved with this. People were cared for by staff who understood the importance of respecting people's privacy and dignity.

The service provided a range of activities for people to participate in, which included activities within the service and in the local community. People were supported to pursue individual hobbies and interests and staff took the time to engage those people who were living with dementia in meaningful activities. Staff made sure people had access to their doctor when they needed this and supported people to attend hospital appointments. People who used the service or their relatives could raise concerns or complaints if they felt the need and these were investigated by the service to the complainant's satisfaction whenever possible. If people were not happy with the way the service had handled or investigated their complaint, they were provided with information about how to access external independent agencies. For example, the local authority or the Local Government Ombudsman service.

People were consulted about the running of the service. The registered manager undertook surveys and meetings to establish people's satisfaction with the way the service was run. This included the opinions of people's relatives and others who had an interest in their welfare. The registered manager undertook audits which ensured people lived in a well-run and safe service. Staff were consulted about the running of the service and meetings were held on a regular basis to ensure information was shared. The registered manager analysed all incidents and accidents to see if there were any trends or patterns and put action plans in place to address any shortfall identified. The registered manager informed the CQC of any notifiable incidents so we had up to date information on which to assess the on-going quality of the service provided.

Summary of findings

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 safe.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and were provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Good

Is the service effective?
The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received updated training to meet people's needs.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

Good

Is the service caring?
The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people with their care and people who used the service had an input into any decisions made.

Staff respected people's privacy and dignity and upheld their rights.

Good

Is the service responsive?
The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and person centred.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good

Is the service well-led?
The service was well led

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Good

Holy Name Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We also undertook this inspection to check whether the registered provider had complied with actions we had told them take following the last inspection. This was with regard to auditing the service to ensure people lived a safe, well run service.

This inspection was unannounced and took place on the 20 and 22 April 2015. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The service was last inspected in August 2014 and was found to be non-compliant with one of the regulations inspected at that time.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI] in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 12 people who used the service and six staff; this included care staff and nurses. We also spoke with the nurse manager and the registered provider.

We looked at six care files which belonged to people who used the service, eight staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Comments included, “Yes, I do feel safe, I know most of the people and they are good people”, “Yes, this home is safe”, “Yes of course, there are people around”, “Totally, utterly, if I want anything I press the call button”, “I feel safe moving around whilst in my wheelchair”, “Yes, you have to press buttons to get in and out”, “Yes, there are a lot of people around and I have my call buzzer” and “Yes, I’ve got every confidence in the staff.”

People told us they thought the staffing levels were generally adequate. Comments included, “They let me know if staffing levels are going to be low, they say there might be a wait”, “There's not enough staff; sometimes I need the toilet urgently and there's a wait of about 10 minutes” and “I think so, sometimes a bit short staffed but I know they are there”, “I can get to the staff, I find them if I need them”, “Maybe could do with a few more” and “Usually come straightaway.”

People told us they thought their medicines were handled safely. They said, “Yes, I get them at the right time each day”, “Yes, I get morphine twice a day, it always has to be signed for by two staff”, “I self-medicate” and “I take 12 in a morning, four in the afternoon and four at bedtime and they are always on time.”

People told us they felt the service was clean. Comments included, “The cleaner comes in every day” and “They come in every day and do the job properly and they always change my bedding.”

Visitors told us they felt their relatives were safe at the service. Comments included, “Very safe, carers are competent” and “They check on her and the building is secure.”

Visitors told us they felt there were enough staff on duty to meet their relative’s needs. One person said, “Mum said on occasional weekends they are short staffed but things still get done.”

All staff we spoke with were able to describe the registered provider’s policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising and a change in mood. They were aware they could approach other agencies to report any abuse; this included the local authority and the Care Quality Commission [CQC]. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team. They told us the registered manager co-operated with them, they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider’s whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken were needed, for example seeking medical attention following falls by either calling the emergency services or attending the local A&E department. The registered manager undertook an analysis of all the accidents and incidents which occurred at the service to establish any patterns or trends so working practises could be changed if required to keep people safe.

Staff told us they would not discriminate against anyone due their race, religious beliefs or sexual orientation. They told us they had received training about this subject and records we looked at confirmed this. The service is built around a church and a Catholic Mass is held every day for people to attend; this taken by a priest who lives at the service. Other denominations also had the use of the church.

The registered manager undertook risk assessments of the environment to ensure this was safe for the people who used the service. We saw emergency plans were in place to make sure the service was still delivered if anything should happen, for example floods or a break in essential services like water, gas or electricity. People’s care plans contained emergency evacuation plans which instructed staff in what to do in the event the person needed to be evacuated from the building. The evacuation plan took into account the needs of the person and their level of mobility and support they may need.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been

Good

Is the service safe?

recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered provider told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacist. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the meals provided. Comments included, “Meals are very good, nice hot dinners, I’m quite satisfied”, “Anything I like I ask for and I can usually have it.” One person told us, “I complained about the breakfast and now I get bacon sandwiches” and “I like the breakfasts and teas, but not the dinners, but that’s just me.” Another person told us they had complained about the food and the chef was sent for and they were asked what they liked; they now thought the food was improving. People told us they felt they had enough time to eat their meals. Comments included, “I eat my meals in my own room by choice and have lots of time" and “You have as long as you like.”

People we spoke with told us they felt the staff were well trained. Comments included, “Yes, I think they are well trained, if you ask them to do something they do their best for you”, “They seem to be okay”, “Yes, I think they are, they always wait for two staff when using the hoist”, “Yes, everything they do for me is good” and “Yes, definitely up to now” and “Yes they are.”

People told us they could see a doctor when they needed to. Comments included, “I put my name down and I can see one”, “Yes I can”, “I had a water infection so a doctor came”, “If I needed to they would get one” and “I saw one last week, you only have to ask.” People told us they were supported to attend hospital appointments. Comments included, “Staff always accompany me”, “Staff would come with me and provide transport”, “Two weeks ago staff at night had to call an ambulance as I couldn’t breathe properly” and “Staff took me once to an outpatient’s appointment.”

Visitors told us they felt their relatives were provided with food they liked. They said, “Yes, she is very happy with the food” and “There are two choices all the time.”

Visitors told us they thought the staff were well trained. One visitor said, "Yes, I would say so from the staff I have seen.”

A senior care worker had been given the role of ensuring all staff’s training was updated and they had access to training which equipped them to meet the needs of the people who used the service. They described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us as well as completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Staff received regular supervision and reviews which provided them with the opportunity to discuss work issues, identify training needs and set developmental goals for the next 12 months. We saw records which confirmed this. The trainer told us they were developing the induction training and were basing this on good practise guidelines issues by a reputable organisation to ensure staff received a more through and robust induction programme.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. One person who used the service had a DoLS in place and we saw this decision had been made following best interest meetings; the interventions in place were deemed to be the least restrictive in the circumstances. The DoLS was in place because the person needed constant supervision due to being at high risk of falling. The nurse manager told us they were thinking of making more applications due the needs of the people who were living with dementia. All staff including management had undergone training about the principles of the MCA and the use of DoLS and displayed a good understanding of these and how and when they should be used.

We saw the food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated; however, the majority of people ate in the dining rooms. We saw these were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. All dining rooms were clean and bright

Good

Is the service effective?

with plenty of room for people to sit at the table and eat comfortably. Staff provided assistance to those who needed it discreetly and sat next to people to support them. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide on-going support and assessments.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

The service provided a unit where people who were living with dementia lived. This was on the ground floor and had access to a level garden. The unit was brightly decorated and the walls were covered with tactile objects people could touch and items which would stimulate conversations, for example, old photographs of Hull centre and occupations like fishing and household items.

We spoke with the registered provider about making people's bedroom doors more personalised so they could recognise them. We found on the second day of the inspection they had consulted with the people who used the service and two people had chosen a colour for their doors and one person had chosen a picture of a bus because that was linked to their previous occupation. Bathroom and toilet doors had pictures on them to help people recognise these rooms and the toilet seats were a strong colour to aid people to see them.

Good

Is the service caring?

Our findings

People who used the service told us they felt they had a good relationship with the staff. Comments included, "I think so, I ask them and they do it", "I think they really do care, it comes across", "Anything I ask them for they come and do it for me", "They are very caring, one carer brings me magazines, biscuits and sandwiches, they do their best" and "Yes, because they are always here for me." People told us they never had to wait to have their needs met, they said, "Never had to wait" and "No, never a long time."

People told us they thought the staff respected their dignity. Comments included, "They knock on the door", "They ask things first, put a towel over me", "Always knock on my door before entering" and "Yes, they knock on my door."

Visitors told us they thought the staff were caring. One visitor said, "All the ones I have seen have been, they have a very pleasant manner with Mum."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and that they had understood what had been said. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives, however, some of these were more thorough than others. This was discussed with the registered provider and they assured us this would be addressed. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff also had a good knowledge of the person's past history and were able to engage with people about their previous jobs and where they used to live. This was enjoyed by the people who used the service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person.

The registered manager had developed some of the staff's roles to include being a champion in a specific area, for example dementia, dignity and end of life care. This enabled the staff to develop and expand their knowledge. This knowledge was shared with other staff so they could be as up to date as possible with any new research and developments.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative's care plans and the registered manager kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People who used the service knew they could raise concerns. Comments included, “I could talk to a carer”, “I'd tell the staff”, “I have no concerns, but would tell them, I don’t pull punches”, “I just ring my buzzer” and “I can talk to the staff.” People who used the service told us they could exercise choice in their daily lives. Comments included, “I choose when I get up, I choose where I have my meals”, “I choose everything, I prefer to stay in my room and have meals in my own room”, “I can choose most things”, “I watch TV and read a lot, I watch TV until 1am and I like to get up at 6am” and “I choose to have breakfast and lunch in the dining room, but tea in my own room.”

People told us activities were available both inside and outside the service. Comments included, “I go out into the garden and I watch the TV”, “I have access to a computer, and I have a skybox for TV, and staff will accompany me outside.” “Sometimes they put me in the wheelchair and take me out for walks” and “I do activities if I am feeling okay, things like play bingo, dominoes and quizzes and my daughter takes me out.”

Visitors told us they knew how to raise any concerns they may have. Comments included, “I go to see the manager or the owner”, “I have made complaints in the past and they have always put it right” and “I just speak to the staff.”

Care plans had been developed from assessments undertaken by both the placing authority and senior staff at the service. These were person-centred and described how the staff were to support people to maintain their level of independence and meet their assessed needs. Assessments had been undertaken about what support people needed from the staff and what the staff needed to monitor closely to ensure people’s needs were met, for example, tissue viability, nutrition and dietary needs, risk of falls and mobility.

Staff kept records of what support they had provided and if they had contacted any health care professionals. A record was kept of any appointments people attended at their GP or hospital; care plans were changed as a result of these appointments and changes in treatment or needs were detailed, for example, change in medicines the person took. All assessments were reviewed on a regular basis to ensure these were up to date and the person was receiving the most appropriate care to meet their assessed needs.

People’s likes and dislikes were recorded in their care plans; how the person preferred to spend their day was also recorded in their care plan, which included any activities or pastimes they pursued. The service employed an activities coordinator who provided people with a plan of activities which they could choose from. During the inspection we saw the activities coordinator having a meeting with people who used the service to plan the next week’s activities; they finished the meeting with a quiz, which people seemed to enjoy. When we spoke with the activities coordinator, they told us they made sure everyone who used the service was included in the activities provided; this included those people who were living with dementia. This was usually in the form of low level activities based on their needs and ability, for example, sitting and talking to people reminiscing about their past lives.

They also told us they took people out to use the local shops and on outings in the better weather. The activities coordinator was mindful of those people who preferred to spent time in their room; they made sure they visited them on a regular basis and sat talking with them, and read books or the newspaper with them.

The registered provider had a complaint procedure in place; this was displayed in the entrance to the service. The nurse manager showed us the system they had in place to record complaints; this detailed what the complaint was, how it had been investigated and what the outcome was. Information was provided to the complainant about who they could contact if they were not satisfied with the way the complaint had been investigated. This included the Local Government Ombudsman and the local authority.

Good

Is the service well-led?

Our findings

People we spoke with told us they were consulted about how the service was run. Comments included, "We have regular meetings, like the one we had this morning", "They ask us if there's anything we would like to change", "The manager comes and visits me most days and sees how I'm getting on", "We see the owner a lot, she asks me if there is anything I would like doing differently" and "We have filled out questionnaires in the past."

Visitors we spoke with told us they were involved in the running of the service. Comments included, "We are invited to meetings", "I speak to the owner regularly" and "I have completed surveys in the past; things do change if you tell them."

Following the last inspection we told the registered provider to take action with regard to the auditing of the service to ensure people lived in well run and safe service. During this inspection we found the registered provider had made improvements in the way the service was monitored and audited. We saw audits had been undertaken in a range of areas on a regular basis. These included, people's care plans, staff training, the environment, accidents and incidents, staff supervision and appraisals, infection control, health and safety, professional practice, people's nutritional wellbeing and dietary needs, and tissue viability. Action plans had been put in place to address any shortfall identified through the audits with timescales set to achieve these.

Each audit subject had been undertaken on a monthly basis, for example a full medicines audit had been undertaken in February 2015.

The management team undertook a daily walk around the building to assess the safety and cleanliness of the environment; however, this had last been completed in February 2015. This was brought to the registered provider's attention and they assured us this would be addressed and decision made as to the frequency of this audit and whether it needed to be daily.

Staff we spoke with told us they found the management team approachable and supportive, this included the registered provider. They told us they could approach the management team for advice and guidance and had confidence in them. The management team adopted and open door policy and we saw staff approaching them during the inspection to discuss people's needs or the outcome of contact with health care professionals.

The management team held meetings with the various teams of staff who were employed at the service, for example, nurses, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. The registered manager also had meetings with the whole staff group on a regular basis, which were also minuted.

Staff had clear job descriptions which detailed their accountability and role, staff we spoke with were aware they could approach the nurses for advice and guidance. Staff told us they felt they worked as team and all supported each other and felt the management team lead by example, for instance, assisting when needed with caring tasks and meals.

The registered provider had systems in place which gained the views of the people who used the service, their relatives, staff and visiting health care professionals. This was mainly by the use of surveys, the results of which were collated and action plans devised to address any short falls. An example of this was an increase in the domestic hours following concerns raised about the cleanliness of the building.

The registered manager held meetings with the people who used the service and we saw these had been minuted; people's relatives had also attended the meeting. Topics of discussion during the meetings were food, entertainment, staff practices and any concerns people may have. The registered manager had also recorded action taken as a result of concerns raised.

We saw equipment used to ensure people's safety was serviced and maintained as per the manufactures' recommendations and the maintenance personal kept detailed records of repairs and works carried out.