

# 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Holy Name Care Home is a residential home that can provide personal and nursing care to 64 people. At the time of the inspection, the service was providing support to 25 people who require residential care, 15 people with nursing care needs, nine people living with dementia and three people admitted for an intermediate care service. Intermediate care was commissioned to prevent hospital admissions and to help early discharge from hospital.

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

There were improvements in the quality monitoring systems, which ensured records were accurate and audits took place. However, although there was no impact on people who used the service, we have made a recommendation about the environment audit and the timeliness of addressing issues.

There were improvements in the way medicines were managed. People received their medicines as prescribed and there were safe systems of ordering, recording and storing medicines.

There were improvements in the way care plans were written and they contained good information to guide staff in how to support people.

The provider had safe systems in place to protect people. These included safeguarding people from the risk of harm and abuse, assessing and managing risk, recruitment checks, adequate staffing numbers and infection control measures.

People told us staff were caring, treated them well and respected their privacy and dignity. 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. People were able to remain at Holy Name Care Home for end of life care if they wished.

People's health and nutritional needs were met. Staff involved healthcare professionals when required; this included dieticians if people were at risk of losing weight.

Staff had access to induction, training, supervision and support so they felt confident when supporting people. Staff knew how to manage complaints and to learn from them to improve practice.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Holy Name Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, an assistant 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 care service.

#### Service and service type

Holy Name Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with the provider and eight members of staff including the registered manager, general manager, a nurse, senior care workers, care workers, catering staff and the activity coordinator. 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 records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received information from a further five staff and eight people who used the service.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training and competency checks. Audits of medicines took place to ensure people received them as prescribed.
- People told us they received their medicines on time.

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

- People had risk assessments, which provided information to staff in how to minimise the risk of incidents occurring. These were for areas such as falls, moving and handling and skin care.
- Care plans guided staff in how to support people in a consistent way. Both risk assessments and care plans were kept under review and updated when required.
- The registered manager and general manager monitored accidents and incidents, so lessons could be learned, and staff practice adjusted.
- A health professional said, "We feel that the home provides a safe service to its clients."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. People told us they felt safe living at the service. Comments included, "There are people around me if I had an accident" and "There are so many staff looking after you, I can go to bed and sleep and not be worried." A relative said, "I feel [Name] is safe and secure here."
- Staff had received safeguarding training and knew how to recognise abuse and how to respond to concerns.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- People told us they were not rushed during personal care tasks and staff responded to call bells quickly.

Comments included, "There is definitely enough staff to care for me and the quality of staff is excellent" and "When I press the bell, it is not long before they answer it." A relative said, "When you press the buzzer, they mostly come quickly; they ask what is needed."

- The provider had a safe staff recruitment system. Employment and nurse registration checks were completed before staff started work in the service.

#### Preventing and controlling infection

- Holy Name Care Home was clean and tidy. Housekeeping staff had cleaning schedules for guidance. There were some minor cleaning concerns which were addressed during the inspection.
- All staff had access to personal protective equipment, which helped prevent the spread of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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; Adapting service, design, decoration to meet people's needs

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- The registered manager was aware of good practice guidelines and used them to support the delivery of care.
- Corridors had hand rails to assist people and there was a range of moving and handling equipment to help people move about the service. There were separate communal rooms and spaces to give people a choice of where to sit and spend their day.
- Penny Lane, an area of the service for people living with dementia, had been adjusted to support their needs. For example, lighting and signage, memory boxes, colour-contrasting hand rails and toilet seats, and pictorial menus.

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

- People's nutritional needs were met. Menus provided choices and alternatives at each meal and snacks were served in-between meals. People had nutritional risk assessments and their weight was monitored. Those people who required closer monitoring had food and fluid charts completed.
- People told us they liked the food prepared for them. Comments included, "You get choices, no matter what you want it is there" and "The food is excellent and there is plenty of it." Relatives said, "They encourage [Name] to eat" and "There are always drinks available."

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

- Records showed people had access to a range of health care professionals.
- People and their relatives confirmed staff contacted GPs, district nurses and emergency care practitioners when required.
- A healthcare professional said, "We feel the care is of good quality and the care staff inform us of any changes or concerns regarding client care."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation. There was a system to alert when DoLS were due for review. Best interest documentation was completed to show who had been consulted when people lacked capacity and decisions were made on their behalf. A member of staff said, "We ask people, speak to them and don't assume. I show people what I am offering them. People have different ways of showing consent."
- People were asked for their consent before staff provided care. Staff respected their choices and decisions. Comments included, "I am treated marvellously" and "Staff are excellent, I am given every consideration."

Staff support: induction, training, skills and experience

- Staff received induction, training, supervision and appraisal to ensure they had the right skills and competencies for their role. Comments from staff included, "A week or two ago, we had a drill with all staff exiting the building" and "I am supervised every eight weeks. I know who to go to, I don't have to wait for a supervision."
- People said staff were well-trained and knew how to look after them. Comments included, "They are courteous, attentive, thoughtful and vigilant" and "I am well looked after." Comments from relatives included, "I have recommended this place to people as they do get well cared for."

# 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 the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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

- Staff had a caring, friendly and positive approach when supporting people. For example, at lunchtime staff were attentive to people's needs and supported them in a patient way.
- People told us staff treated them well. They said, "The staff are all very friendly", "It is like a family here" and "The staff are excellent, you can have a joke and a laugh with them."
- Staff had completed training in equality and diversity. People's diversity had been respected and promoted. Information about their diverse needs was included in care plans. For example, some people attended religious services conducted within Holy Name Care Home. People had been supported when their first language was not English. A healthcare professional said, "We feel that staff follow core care values as observed during our visits."

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

- People had reviews of their care which involved relatives. Comments included, "The staff have time for you from the cleaners to management" and "My care plan has been discussed with the senior."
- Staff described how they assisted people to make decisions. Examples included listening to people's concerns, asking them what was important to them, involving them in decisions and including people in conversations. Staff also referred to using terminology people could understand and keeping relatives informed of issues affecting their family member.
- We observed good staff interactions with people. Staff were polite and sensitive to people's needs, asking them their views and giving options for people to choose from.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence, and respected their choices. Staff described how they supported people to promote privacy and dignity. Examples included addressing people in the way they preferred, ensuring privacy during personal care, and knocking on doors before entering.
- People told us staff treated them with respect. Comments included, "They [staff] are very professional with personal care" and "They are very respectful and courteous."
- A health care professional said, "The senior staff are available and helpful at all times. They will endeavour to provide chaperoning when asked."

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people'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

At our last inspection, the provider had failed to ensure care plans contained full and person-centred information. This was a breach of regulation 9 (Person-centred care) 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 9.

- There had been improvement in the quality of care plans and information contained in them. This made sure staff had guidance in how to support people in ways they preferred. Staff knew people, and their needs, well.
- People told us staff responded to their requests and knew their preferences for care. Comments included, "I see excellent care given and if there is anything needed, the response is good."
- A healthcare professional said, "The staff appear to be skilled in their approaches to client-centred care" and "The senior care staff inform us promptly of any deterioration in a client's condition."

End of life care and support

- The registered manager told us people could remain at Holy Name Care Home for end of life care if this was their wish. Staff completed information in care plans about end of life care needs. This included a recommended summary plan for emergency care and treatment form.
- A relative told us end of life care had been good and their family member received all cares. There were positive comments seen about end of life care in 'thank you cards', which had been received by the service.
- Health professionals told us there were benefits to the service being registered to support people with both residential and nursing care needs. They told us those people who required end of life care could be assessed quickly and support transferred from the district nursing team to the nurses within the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plan documentation included people's communication needs. These were detailed and provided

staff with good information about how to assist people when communicating their needs.

- There was appropriate signage around the home to assist people living with dementia. These included pictorial menus and signs to represent rooms such as lounges, bathrooms and toilets. There were memory boxes outside people's bedrooms with items inside to help them recognise which room was their own.

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 maintain links with family and friends. Relatives confirmed there were no restrictions on visiting and they were made welcome.
- There was a range of activities for people to participate in. An activity coordinator worked during the week and alternate Saturdays; they held meetings with people to discuss the activities they would like to take part in.
- People told us they enjoyed the activities available, including the visits from children who attended a local nursery. Comments included, "There is bingo and we have had a dog show and a singer", "I join in the activities. I am the only fella who dances, so I have my choice of lovely ladies to dance with" and "I join in any on the board [activity planner]. I like to go and play the piano."
- Some people attended daily mass conducted by one of the people who used the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure displayed in the service. This gave information to people on how to raise complaints and who to speak with.
- The registered manager maintained a log of complaints. They told us they used concerns and complaints to help improve the service.
- People and their relatives told us they felt confident about raising concerns and they named staff they would approach. Two people told us they had enquired about specific issues and they were resolved appropriately.

# Is the service well-led?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. 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; Continuous learning and improving care

At our last inspection, the provider had failed to ensure accurate records and an effective system to monitor quality. This was a breach of regulation 17 (Good governance) 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 17.

- The provider's quality monitoring system had improved since the last inspection.
- The audit system consisted of daily, weekly, monthly and quarterly quality checks. These had identified most shortfalls so corrective action could take place, for example, care and weight records, monitoring charts and medicines management. However, some areas of the environment that required attention had not been identified or when it had been identified not rectified in a timely manner. These issues were all addressed during the inspection.

We recommend the provider reviews how the environment audit is completed by unit managers and how this is overseen by the registered manager and progress monitored.

- There were daily walk-around checks to speak with people who used the service. There were also daily meetings between managers and senior staff to discuss and record concerns such as accidents, safeguarding incidents, antibiotic use and visits by professionals.
- Accidents and incidents were analysed when they occurred. These identified lessons learned, and any action required and taken to prevent a reoccurrence.
- There had been a drive to ensure stock control of medicines was improved so they were not wasted; this had been successful and was confirmed in the latest audit by an external medicines team. A unit manager told us, "I think things have improved. I've improved and have learnt from mistakes and taken things on board. Medicines and care plans have improved."

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

- There had been several managers since the service was registered with the Care Quality Commission. The current registered manager was temporarily responsible for both services in the company, whilst recruitment was underway for a new manager. This inconsistency had the potential to affect how the service was managed.
- People who used the service and their relatives gave differing names of staff as to who they thought managed the service. However, comments were positive about all of them. The general manager and provider both worked in the service and they had remained constant.
- Staff told us the provider, registered manager and the general manager were approachable, and they could raise issues with them as required. Comments included, "The management team are approachable although it has been difficult having different managers." All the staff confirmed they could raise issues with management and they would be listened to. They reported that overall, staff morale was good.
- The registered manager described the culture of the organisation as one of being open, admitting errors to learn from them and being able to report any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in their care with consideration of their diverse needs. Difference was understood and respected.
- Meetings and surveys took place for staff, people who used the service and their relatives to ensure their views could be recorded and addressed. There was information on display about the outcome of surveys. This detailed 'what makes us proud' and included positive comments from people. There was also information titled, 'what we are working on'. These showed people were involved in making suggestions and would be listened to.
- The registered manager, general manager and unit managers had developed good working relationships with visiting health and social care professionals. There was an information sheet available for medical and nursing staff when people were admitted to hospital.
- Children from a local nursery visited the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.