

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Holy Name Care Home

Hall Road, Hull, HU6 8AT

Tel: 01482803388

Date of Inspection: 23 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Molescroft Nursing Home (Holdings) Limited
Registered Manager	Mrs. Samantha Jayne Crick
Overview of the service	<p>Holy Name Care Home is a purpose built home encompassing a church site, situated in a residential area of North Hull. The home has a number of open plan areas, two conservatories and gardens for people to use. The home was opened in 2012 to provide long term and respite stays for older people who need residential or nursing care. The home is registered for 64 older people, some of whom may have dementia. The home is situated on main public bus routes into Hull City Centre.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four people who used the service, three staff, two relatives, two managers and the provider.

People told us that care staff were, "Very good, polite and courteous and that they consulted them about the care they received." And "I feel very safe here and the staff are very good at supporting me when I need my hospital appointments". A visiting relative told us their family member, "Only had to ask about anything and the staff would sort it out".

We saw care plans that highlighted the monitoring and evaluations of support that was provided, together with evidence that people had contributed and been involved in aspects of this, to ensure their individual wishes and preferences were met.

We spoke with three staff who demonstrated knowledge about the different types of abuse and who told us how they would report any concerns.

The manager told us that, "All staff have a supervision six times per year where training requirements are discussed. In addition to this an annual appraisal takes place to review staff performance and development needs."

We saw evidence of a complaints process and records which ensured concerns from people who used the service, relatives and the general public were captured and acted on.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

People told us that care staff listened to them and involved them in decisions about how their support was provided. People who used the service told us that staff talked with them and consulted with them to ensure their individual wishes were respected.

People told us that care staff were, "Very good, polite and courteous and that they discussed their care with them." And "I feel very safe here and the staff are very good at supporting me when I need my hospital appointments". Another person told us, "I am quite independent and like to do everything as much as I can for myself. I assist the staff on a daily basis doing the hot and cold drinks trolley in the mornings and afternoons".

A visiting relative told us their family member, "Only had to ask about anything and the staff would sort it out". Another person told us that, "I visit my relative very regular and no matter what day I visit, the care is always good on any day".

The manager told us that an activities co-ordinator visits the home twice a week. A music event was planned every other week and a regular Holy Communion service is held on a daily basis for people who used the service and their families should they wish to attend.

During our visit we observed the regular morning Holy Communion service which was conducted by a person who used the service. The service was well attended by other people and their relatives. This ensured that people's religious beliefs were supported and respected.

We looked at care files belonging to four people that were using the service. We saw that assessments about them had been undertaken, to ensure their agreement and understanding was reached about support that was delivered.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

We looked at four care files of people who used the service and saw an assessment of their needs had been undertaken. These contained an initial needs assessment, likes and dislikes, personal history and routine support about the way each person should be supported and cared for.

We discussed with the manager what process they would undertake to assess whether the home could meet peoples needs prior to coming to live at the home. The manger told us that, "An initial assessment is always undertaken prior to a new person joining the service. This will be completed in conjunction with a social services plan, GP records and latest health care professional visits. A person is then sent a life story document and a one page profile about their care needs and key points about likes and dislikes."

We saw a daily entry of notes entered by staff, which were completed in a timely manner. We saw that a range of risk assessments had been completed to ensure people were kept safe from potential harm and that staff knew how to manage known risks and hazards. We saw evidence of risk assessments for example, mobility, pressure care, falls and wheelchair use.

We saw care plans that highlighted the monitoring and evaluations of support that was provided, together with evidence that people had contributed and been involved in aspects of this, to ensure their individual wishes and preferences were met. For example, patient passports, likes and dislikes, daily activities of living, trained nurse daily record and people's religious ethos.

We also saw evidence of other health care professionals' intervention for people for example, doctors visits and notes. This ensured that the human rights of people who used the service were properly respected.

We saw evidence that people who used the service had been involved in their care plans which had been signed by the person or nominated representative. This ensured people

received care which was of their choosing and they had been involved with the process.

A person who used the service told us that; "The meals are exceptionally good here and the staff are wonderful. I wouldn't move anywhere else other than this home now."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

During our visit we spoke with the manager about staff having appropriate Criminal Records Bureau (CRB) checks in place and the manager told us, "All staff prior to working with us will undertake a CRB check which is completed by a third party provider on our behalf".

We found that policies and procedures were in place to ensure people who used the service were protected from potential abuse. We saw evidence that training about the protection of vulnerable adults had been provided to ensure staff knew how to recognise potential safeguarding issues and report them appropriately.

We saw evidence the provider had responded appropriately to allegation of abuse and had cooperated with the local authority to enable safeguarding concerns to be investigated. The local authority told us there were no ongoing safeguarding issues being investigated at the time of our visit and that they had no concerns about this aspect of the service.

We spoke with three staff who demonstrated knowledge about the different types of abuse and told us how they would report any concerns. There were policies available for reporting safeguarding issues which staff were familiar with. Staff said they were aware of their responsibilities to report safeguarding issues and were confident concerns would be supported by management.

A relative we spoke with told us that; the home had recently discussed updating their relative's wheelchair as it was causing them to be uncomfortable and needed updating to match their changing needs. We observed that the person who used the service had the use of wheelchair straps which ensured they were safeguarded from harm or incidents.

Staff confirmed they were familiar with the provider's whistle blowing policy, to ensure issues they might have in were appropriately raised. Staff told us they were confident the

provider would take action if required, to ensure issues of concern were effectively addressed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The manager told us that, "All staff have a supervision six times per year where training requirements are discussed. In addition to this an annual appraisal takes place to review staff performance and development needs."

The manager also told us that there is a training manager in place that assists staff with training needs and the induction process, where staff are required to complete a number of key tasks prior to them providing care on an individual basis.

We spoke with three members of staff who told us they had been on a range of training courses and that their personal development was supported. They also told us that management were really effective about supporting their career progression and commented, "The management support us and we can come and talk to them anytime whether it's about work related subjects or even on personal matters."

We saw there was a training plan in place which ensured all staff had training updated regularly. The provider had identified certain training as essential for all staff which included, amongst other topics, first aid, safeguarding adults, moving and handling, fire safety, Mental Capacity Act 2005 and food hygiene.

Staff also received training about the specific needs of people who used the service; for example end of life care and dementia care which was encouraged by an open learning scheme.

Staff were also provided with opportunity to undertake further professional development in the form of recognised qualifications appropriate to their role, for example National Vocational Qualifications in health and social care.

We looked at the supervision records for three staff that confirmed staff received supervision and support on a regular basis. This showed us the staff were supported, trained and had the appropriate skills and knowledge to be able to provide care safely to people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The manager told us that they undertook audits on a regular basis for example; administration, health and safety, risk assessments, housekeeping, cleaning schedules and laundry to ensure key activities were monitored and reported. Additionally, more detailed checks extended to medication and the kitchen which the manager also told us that these were always conducted unannounced. However we did not see written documentation to confirm this.

The manager told us that they had not yet completed any resident/relative meetings at the time of the inspection. However the provider may find it useful to note that the manager gave us their assurances that these are being planned in the near future along with a stakeholder survey during April 2013.

We saw evidence of staff meetings and the manager told us they were held on a monthly basis and staff had the opportunity to discuss any issues as they arose and could make suggestions to improvements to practice and the service overall.

We looked at incidents or accidents that were recorded in a log to ensure the correct support had been offered and procedures followed. We saw there were regular meetings with the staff team to ensure they remained up to date with any changes within the home.

We saw evidence of a complaints process and records which ensured concerns from people who used the service, relatives and the general public were captured and acted on. People told us that they knew how to make a complaint and who it would be raised with should they have the need to. This showed us that the service listened to complaints, investigated them and took appropriate action where necessary.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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