Inspection Report

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

Holbeche House Care Home

Wolverhampton Road, Wall Heath, Kingswinford,
DY6 7DA

Date of Inspection: 03 January 2013

Date of Publication: January 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Four Seasons (Bamford) Limited
Registered Manager	Ms. Diane Williams
Overview of the service	Holbeche House care home can provide accommodation for up to 49 people who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Holbeche House Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Assessing and monitoring the quality of service provision
- Records

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, reviewed information sent to us by other organisations, carried out a visit on 3 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection to check whether improvements had been made in the way people's care was delivered, in the systems used for assessing the quality of the service and in the way that records were completed. There were 35 people living at the home on the day of the inspection. We spoke with six people, two relatives, four staff, the home manager, and the regional manager.

We found that improvements had been made and people received care that met their needs. We saw staff deliver care in a timely manner. One person said, "They look after me."

We found that arrangements were in place to identify shortfalls, and action was taken to make improvements. Records were detailed, complete, and reviewed regularly. We saw improvements in the recording of information that related to people's care.

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

Care and welfare of people who use services ✓ Met this standard

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

Our inspection of 22 October 2012 had found that people who had recently gone to live at the home did not always have completed care plans, care plans did not always detail people's condition, staff did not carry out instructions for the delivery of care consistently, and there was a lack of interaction. We had taken enforcement action to ensure that people's care and welfare was improved.

During this inspection, we looked at six people's care records and found that improvements had been made in the way care was planned for, and delivered. We looked at two care files for people who had recently gone to the home. We found that assessments had been carried out to ensure that the home could meet their needs. Care records were completed to show what people's needs were and how these should be delivered. We saw staff deliver care for people in line with their care plans. We spoke with one person who had recently gone to live at the home. The person said, "They look after me well, I have no problems." This meant that people's care was planned for in a timely manner and delivered appropriately.

We found that information about people's conditions was recorded clearly, to ensure that staff were aware of this and how it should be managed. For example, one person with poor vision had detailed information in their care records about their condition and how it affected them. We saw staff deliver person centred care that met people's needs. We found that staff delivered consistent care for a person with sore skin and advice from other healthcare professionals was followed. One relative told us, "It is pleasant as we see it and staff are good."

One person's care records indicated that they were seen by a healthcare professional for their condition. We found that they had not seen this professional recently. The registered nurse we spoke with was unclear whether the person was receiving care from the external hospital specialist. We asked the staff member to call the hospital, and we found that an appointment had been made and sent out which the home was unaware of. The provider may find it useful to note that arrangements should be robust and consistent to ensure people have access to external professionals when needed.

We found that improvements had been made in the way that staff interacted with people and delivered care. We found that staff were proactive and responded to people's needs in a timely manner. The home had recently employed an activities lead to carry out activities with people. We saw the staff member interact and engage with people in a positive manner, which people responded well to. We saw pictures that had been completed by people, with plans for other activities. We found that people who had previously not engaged with other people, were responsive and engaging. This meant that people had an opportunity to be in a stimulating environment.

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

We spoke with people who lived at the home but their feedback did not relate to this standard.

Our inspection of 22 October 2012 had found that systems were not in place to ensure action was taken once shortfalls were identified and that not all incidents we identified from care records were reported electronically. We had taken enforcement action to ensure that improvements were made in the way information was recorded in people's records.

During this inspection, we found that improvements had been made to ensure better outcomes for people who lived at the home. We found that action had been taken when shortfalls had been identified. For example, we saw audits being completed on a monthly basis, which had highlighted records that were incomplete. We found that these issues were acted upon.

We found that incidents we identified from people's care recorded were recorded and reported electronically. The manager was looking at incidents each month and we found that action was taken to minimise risks for people. For example, one person who had a few falls had a sensor mat in place to alert staff if they got out of bed and they were being monitored throughout the night to ensure they were safe. This meant that arrangements were in place to minimise risks for people.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We spoke with people who lived at the home but their feedback did not relate to this standard.

Our inspection of 28 June 2012 found that records were not accurate, complete, or clear. We had previously found that there were discrepancies in notes for one person who had sore skin, information about the delivery of care was unclear, and food and fluid charts were not completed accurately.

During this inspection, we looked at people's care records and found that improvements had been made in the way information was recorded and stored. We looked at a person's care records who had sore skin and found that a separate folder had been put in place to record information related to their condition. We found that records were clear and consistent, which provided a better overview of the care that was planned and delivered. The records indicated that the person was being moved to the same position repetitively. We spoke with two staff members who explained how they turned the person. We found that staff were not clearly recording the side to which the person was turned to. We raised this with the regional manager who acknowledged the need for staff to record this clearly. This would ensure that the records reflect the care that staff delivered.

We looked at people's food and fluid intake charts, which tell us how much people have had to eat and drink throughout the day. We saw that staff who had provided the food and drink were recording the information to ensure that this was accurate. We found that staff were aware of the paperwork they needed to complete and the information that should be recorded. One staff said, "We have had much more training on this, and if I am unsure of anything I just make a call and find out."

We found that one person who was diabetic was having their daily checks recorded. The system to record this information and instructions for staff were unclear. The information that staff provided to us was not documented in the person's care records or on the sheet where staff were expected to record this information. The provider may find it useful to note that arrangements should be in place to record clear instructions to minimise the risk of staff delivering inconsistent care.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk