Inspection Report

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: 19 February 2014

Date of Publication: March 2014

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
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Molescroft Nursing Home (Holdings) Limited
Registered Manager	Mrs. Samantha Jayne Crick
Overview of the service	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.
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 Holy Name Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Safety and suitability of premises
- Requirements relating to workers

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 19 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

When we inspected the service in October 2013 we found shortfalls in the quality of some of the care records and that some staff had limited understanding about the safeguarding reporting procedures. We also found some of the maintenance systems did not fully protect people from the risks associated with unsafe premises.

We re-visited the service to check the necessary improvements had been made. We found improvements had been made to the care plan records; people's needs in all areas had been properly assessed and detailed care plans were in place to direct staff on the care and support required.

People we spoke with told us they received the care and support they needed and they were happy with how staff delivered their care. Comments included: "I'm very satisfied with the care here; I'm so relieved that I've settled and I'm happy" and "The staff are lovely and kind, nothing is too much trouble for them." A relative told us, "Mum is well looked after."

People told us they felt safe and one person said, "Staff always speak politely; they are very obliging and helpful." We found people were protected from abuse; staff had training in safeguarding adults and demonstrated a better understanding of the reporting procedures.

People spoken with told us they were settled and comfortable at the service. We found

improvements had been made to aspects of the maintenance systems to ensure people were better protected from the risks associated with unsafe premises.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Our inspection of October 2013 found poor recording in care files and some had not been updated appropriately. This was a follow up visit to assess the improvements made following the last inspection.

During this inspection we saw procedures had been put in place to improve the standard of the recording in the care files and to make sure the care records were maintained.

We looked at the care records for nine people who used the service and discussed these with staff who were involved in providing their care and treatment. We saw there were assessments carried out to identify people's needs. These covered areas such as mobility, personal care, nutrition, communication, skin integrity and continence. Care plans had been developed to support all identified needs. We found people's plans of care were well written and identified their individual preferences and choices. For example, we found one care plan detailed what none verbal cues staff should lookout for if the person was in pain i.e. "will lean to the left if in pain."

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that people had risk assessments in place which covered areas such as: mobility, nutrition, falls, skin damage and bed rails and these assessments had been reviewed regularly.

The nurse manager explained that they had changed the care recording system for people admitted to the service for intermediate care support (short term re- enablement care.) The staff now used some of the records completed by the staff from the intermediate care team. We found the service staff completed a detailed assessment of the person on admission and also completed all relevant risk assessments. Staff then used the care plans and daily communication records provided by the nursing and therapy staff. On discharge, a copy of all the records was made and held in the service. The nurse manager confirmed that this system had recently been implemented and appeared to be working well.

Daily communication records were found to contain good information that showed people had received appropriate care and support. Staff liaised with other health and social care professionals and their contribution to the person's care was documented.

However, the provider may find it useful to note, we saw some areas where improvements were still needed. We saw that whilst care plans were routinely evaluated each month or sooner if required, we did see an example where one person's care needs had changed since the last evaluation around their nutritional needs, but their records had not been fully updated. We found evidence the person had been re-referred to the dietician. However, the evaluation records made reference to a short term care plan having been put in place but this was not available within the care file. This meant the person's plan of care for this area of need was no longer accurate. Similarly, the person's care plan for skin damage did not clearly direct staff on the frequency of positional changes. We found the records of positional changes for this person had not been completed consistently. When we spoke with staff about how often they were supporting this person with positional changes they gave us conflicting information. There was evidence the person's skin damage had improved; however, with their changed circumstances there was a risk they may not have received all the support they required.

We spoke with six people who used the service and three sets of visitors who all said they were happy with the care provided and complimented the staff for the way they cared for people. Comments included: "I'm very satisfied with the care here; I'm so relieved that I've settled and I'm happy" and "The staff are lovely and kind, nothing is too much trouble for them." A relative told us, "Mum is well looked after."

During our observations on the general unit, we noted positive interaction between the staff and people who used the service. We observed when people needed support; staff were attentive and provided this in a sensitive and kind way. Many people chose to have their meal in the dining room. We observed staff sat next to people and assisted them where necessary. They offered clothes protectors to some people and provided adapted cutlery and plate guards if needed. Staff provided appropriate support during the meal time.

Our observations during lunch time on the dementia unit showed some inconsistencies in the quality of care and support. We found the lunch time service in the dementia unit was less organised. For example, not enough meals had been provided and some people had to wait until their main meal was brought up from the kitchen. We observed aspects of support from staff which did not fully promote people's choice and dignity. For example, although one person expressed their preference for ice cream staff gave the person another pudding, ignoring their request. We found presentation of the meals was not always considered and some people may have benefitted from more encouragement and support during the meal time. The provider may find it useful to note that some people's mealtime experience in the dementia unit was affected by an inconsistent approach from staff and there was a risk that this could impact on their nutritional intake.

We reviewed care plan audit records dated 21 November 2013. The results were positive, with a score of 87% being achieved. We found an action plan with timescales had been developed to address the shortfalls identified with the standard of key worker notes, residents' signatures on care records and activity recording.

We found improvements had been made to the frequency and variety of activities since the last inspection. The manager confirmed that two activity co-ordinators had been employed for a total of 36 hours per week. A weekly activity programme was in place

which detailed a range of activities and entertainment each morning and afternoon. These included: singers, coffee mornings, exercise sessions, ball games, quiz, pamper sessions and baking. Mass was held each morning at 11 a.m. Many of the people we spoke with told us they weren't very interested in participating in the activity programme. Although we found records in these people's care files that showed they received regular visits from the activity coordinators for one to one sessions which included chats, looking at photographs and hand massages.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our inspection of October 2013 found not all staff had completed training in safeguarding adults and some staff were not clear about the safeguarding reporting procedures. This was a follow up visit to assess the improvements made following the last inspection.

During this inspection we found the provider had arranged for more staff to complete training in safeguarding adults from abuse. We checked the staff training records which showed 23 of the 30 care workers employed had now completed this training. Records also showed that six of the eight qualified staff had completed safeguarding training since working at the service. The manager confirmed all outstanding training would be completed by the nine staff members by the end of February 2014.

We spoke with four staff on duty about the safeguarding arrangements at the service. We found that all the staff we spoke with showed a clear understanding of the different types of abuse and who they would report concerns to. Staff were clear about how they could escalate concerns to different managers, contact the provider and other external agencies where necessary.

The provider had policies and procedures in place about protecting people from abuse which referred to the Hull city council policy. We found the safeguarding reporting flow-chart was posted on the staff room wall for their information.

People we spoke with all told us they felt safe at Holy Name Care Home. One person said, "The home is very secure and staff do security checks at night to make sure we are safe," and another person told us, "Staff always speak politely, they are very obliging and helpful." Observations of staff interaction with people identified that they were polite and respectful when providing support and communicating with people.

We found care records for people with dementia evidenced support from external professionals such as the community psychiatric nurse (CPN) and psychiatrist. Behaviour management plans had been developed where necessary; the manager confirmed that restraint was not used at the service.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards, or there were arrangements for them to attend training. People's human rights were respected.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe premises.

Reasons for our judgement

Our inspection of October 2013 found that people were not always protected against the risk of unsafe premises. This was a follow up visit to assess the improvements made following the last inspection.

During this inspection we found procedures had been put in place to improve the management and safety of water systems at the service. We discussed the new procedures with the maintenance person and the manager.

The manager told us both maintenance workers at the service had completed a course in legionella awareness in 2013, we saw certificates which confirmed this.

A policy was in place which identified the measures which should be taken to safely manage the water system in the service. We asked to see the service's current risk management plan and risk assessment for the water system. We found the risk assessment was dated 20 October 2013 and had been updated and outlined the current risk factors and action to be taken to minimise the risk of a legionella outbreak.

The maintenance person showed us records of all the water temperature checks and cleaning they completed at regular intervals. We found records to support the circulating water temperatures were checked to ensure they were safe. We found records which showed contractors had been consulted where concerns had been identified and action had been taken to ensure the temperatures were maintained at a safe level.

There were clear records in place to support the regular cleaning and flushing of water outlets which were not in regular use, such as shower heads in empty rooms or where the room occupant had been in hospital. Records showed treatment of the water systems and certificates were in place to demonstrate water safety. The service had a contract in place with a water systems maintenance company for regular water sampling and monitoring. The improvements to the management of the water systems meant people who used services were better protected against the risks associated with unsafe premises.

During our visit we found all areas of the service to be clean, tidy and smelled fresh. We saw people's rooms had been personalised to reflect their choices, this included personal

mementos, pictures and small items of furniture. All the people we spoke with confirmed they liked their accommodation and could not tell us anything they wanted to improve. One person we spoke with said, "It's great, my room is very comfortable, I have everything here I need." A visitor we spoke with was complimentary about the cleanliness of the home. They told us, "They keep the home very clean and tidy, never noticed any odours."

Care workers we spoke with confirmed they had seen the maintenance team complete regular checks on the water temperatures and water systems. They told us there were no issues with the maintenance of the service; repairs were reported and dealt with efficiently. Staff showed us some of the environmental improvements to the communal rooms with the provision of new seating and more recreational equipment such as a pool table.

The provider told us they had recently consulted with specialist contractors around planned improvements to the décor and design of the dementia unit. There were mood boards available which showed the colour schemes for improved orientation and a range of sensory support. There were also themed facilities planned such as a retro kitchen for improved life style activity and occupation.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for or supported by suitable qualified, skilled and experienced staff.

Reasons for our judgement

We reviewed this outcome following concerns received about the safe recruitment of staff at the service.

We found the provider had policies and procedures in place to support the safe and effective recruitment of staff. We sampled the recruitment records for five staff that had been employed in the last five months, to check if they had been recruited safely.

The files showed a comprehensive process had been followed to make sure new staff were suitable to work with vulnerable people. This included obtaining three written references, a Disclosure and Barring Service (DBS) check and checking their identity. When we looked at the recruitment files for three staff we found they had been employed at the manager's previous workplace before they started working at Holy Name Care Home. The manager had provided the reference for the previous employer although they were in the process of transferring to or employed at this service. The provider may find it useful to note that their recruitment policy may not have been followed accurately in this regard which may invalidate these references.

As well as making appropriate checks into people's backgrounds, records showed face to face interviews had taken place. We saw prospective staff had attended an interview and been asked questions which had been used to help the management team select the best candidates for the job. This process was confirmed by the staff we spoke with. One care worker told us, "I came for an interview and I didn't start work until the police check and references were all through."

We spoke with staff about the induction programme at the service. The staff confirmed they completed an in house programme which included all the fire safety measures, the staff handbook and topics such as infection control, moving people safely and safeguarding. They also shadowed experienced staff and went on to complete a national recognised programme of induction.

People told us they were happy with the way their care was delivered and made positive comments about the staff who cared for and supported them. One person said, "The staff are lovely and kind, always popping into my room for a chat."

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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