

City Health Care Partnership CIC

Holy Name Community Rehabilitation Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 Community Rehabilitation Centre is a care home registered to provide accommodation, personal and nursing care for up to 64 people. This includes people who need short term rehabilitation and reablement support to return home or prevent hospital admission across 3 adapted areas. At the time of our inspection, 56 people were residing at the service.

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

Medicines management was not always in line with best practice guidance; medicine administration records were not always fully completed and guidance for staff not always in place.

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments with measures which were in place to reduce the risk of harm were not always available to staff.

A system was in place to monitor the quality and safety of the service, however this was not always effective in identifying and addressing issues.

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 did not always support this practice.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. Staff continued to receive guidance and support from management when required.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and we observed people were treated with dignity and respect. People were happy with the care they received, they felt safe and well looked after.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the registered manager worked in partnership with stakeholders. We found the registered manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

The home was clean and tidy and additional cleaning processes had been implemented to prevent the risk of spread of infection.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 November 2021 under a new provider and this is the first inspection.

The last rating for the service under the previous provider was requires improvement (published on 27 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to medicine management and good governance at this inspection. We have also made recommendations in relation to care planning systems and mental capacity records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holy Name Community Rehabilitation Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors 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 Community Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holy Name Community Rehabilitation Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the head of services, assistant director, registered manager, deputy manager, nurse and health care assistants. We also spoke to 2 professionals who work with the service.

We reviewed a range of records. This included 6 people's care records and 14 medication administration records. We inspected 4 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Detailed guidance specific to each person on how to administer medicines prescribed as and when people required them, known as "when required or PRN" was not always available to staff. This meant we were not assured people were administered their medicines consistently.
- Stock levels were not always accurate. This meant we could not be assured medicines had been given as signed for by staff on the medicine's administration record.
- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin based products.
- Instructions for medicines which should be given at specific times were not always available.
- Body maps were not in place for people prescribed medicines to be administered via a patch to prevent the patch being placed on the same site too frequently, as recommended by the manufacturer.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, " There is always someone about if I need help ". A relative said, " [Relative] has been here a long time and I've never had any concerns about their safety."
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

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

- Fire safety was not always managed safely. There was no evidence to support staff completing time simulated evacuations. The provider gave assurances this would be addressed immediately.
- The premises were well maintained. Regular checks of the environment were completed to make sure it

was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs, and maintenance.

- Staff recorded accidents and incidents appropriately and in a timely way.
- The provider told us they shared learning from any accidents and incidents with staff via one to one supervisions and discussions at management and staff meetings.
- The provider had a process in place to share any learning and improvements from other services within the organisation. They told us this enabled them to ensure consistent good practices were implemented throughout the organisation.

Staffing and recruitment

- There were enough staff on duty each shift to safely support people. Staff rotas confirmed this and during our inspection we saw staff responding to people's needs and requests.
- The provider had processes in place to ensure new staff were safely recruited.
- People, relatives and staff told us there were enough staff to meet people's needs. One person said, " I think there is enough staff, I ring my buzzer and don't usually have to wait. They are all very patient and caring."
- Staff recruitment and induction training processes promoted safety, including those for agency staff where required.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visits from friends and family. We saw people enjoying visits from friends and family throughout the inspection.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meetings had been completed in accordance with the MCA.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, where people were administered medication.

We recommend the provider works in line with the principles of MCA to ensure robust mental capacity assessments are in place and include multidisciplinary involvement.

- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure people's assessed needs were care planned. This meant people were at risk of receiving inappropriate care and support.

We recommend the provider reviews their systems in line with people's assessed needs.

- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's care plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.
- People were provided with a varied, nutritious and balanced diet based on their preferences. One person said, "The food is very nice. They come round and ask what you would like and there are plenty of drinks and snack throughout the day."

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training and regular opportunities to discuss their work, training, and development needs.
- Staff could describe how their training and personal development related to the people they supported. Staff told us, "We have so much training on offer."
- Staff were positive about the support they received. A staff member said, "I get supervisions regularly and we are listened to."

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

- A range of health and social care professionals were employed at the service to meet people's individual care, rehabilitation and reablement needs and to support an effective discharge home.
- Information was shared with other agencies if people needed to access other services such as hospitals or specialist involvement.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise. One person said, "The place is kept very clean. The church area is beautiful, it is a really lovely place."
- People's bedrooms were personalised with their own belongings and family photographs.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People were well supported and treated with dignity and respect. Relatives, visitors and health and social care professionals spoke highly about how caring and supportive the service was.
- People were relaxed, confident and comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we observed staff taking time to sit and chat with people. We observed several meaningful interactions shared between people and staff. A relative said, "The staff are amazing, the staff are so kind and caring."
- There was a person-centred culture. People received care from caring, compassionate and motivated staff who were proud to work for the service. Staff demonstrated a real empathy for people they worked with. One person said, "They [staff] are looking after me brilliant and they never make me feel embarrassed, they support me to be as independent as possible."

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

- The relationships staff developed with people helped to ensure people were confident in expressing their views. People told us they made their own choices around activities of daily living.
- The provider ensured people had access to advocacy services when needed. Personal circumstances were considered, and the provider advocated for people to ensure people's voice and wishes were recognised. Health professionals told us the registered manager was knowledgeable and always available to provide advice and support people to access other agencies.

Respecting and promoting people's privacy, dignity and independence

- Staff took pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made or were supported to make. One healthcare professional said, "I have been coming to Holy Name for a long time, people are treated with dignity and respect, it's a delight coming here."
- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We are always looking at ways people can do as much for themselves as possible."
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were not always in place or sufficiently detailed to guide staff on aspects of care delivery to meet people's needs. The provider was responsive to our feedback and confirmed they are currently in the process of reviewing their recording systems and are transitioning to an electronic system.
- Staff knew people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person.
- The service was responsive to meeting people's changing needs. Feedback from relatives, health and social care professionals, demonstrated this. A professional said, "Staff are very responsive to recommendations, absolutely have no issues here, staff are very organised and proactive".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Information was provided to people in a format most accessible to them, such as large print and pictorial versions.

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 offered opportunities to engage in social activities.
- People were encouraged to engage in activities that interested them. The provider was in the process of recruiting an activities coordinator to further develop activities.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had systems and processes in place for people to raise concerns and complaints.
- The management team kept a record of complaints and concerns they had received. These were responded to in line with the providers policies and procedure.
- People told us they would speak with the support staff if they had any concerns or wanted to raise a complaint.

End of life care and support

- End of life care plans did not always guide staff on support required to ensure people's needs were met. The registered manager told us they would further develop people's end of life care plans.
- Access to necessary medicines and additional health care support was available through the services' established relationship with the GP.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.
- Records regarding people's care needs were not always detailed. For example, we identified gaps in some records including oxygen saturation records.
- The provider did not have a robust system in place to support staff to analyse information about risks in relation to people's care. This was particularly in relation to people's diagnosis'. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Morale within the service was good and the culture was open and relaxed.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. One person said, " I don't think they could do anything better than what they are already doing" and "I think it's 5 star marvellous."
- Management were visible, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.
- We found the registered manager to be open and honest throughout the inspection. They were responsive to feedback, and keen to make the required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to capture people's views and feedback. However, these had not been completed recently and people's involvement or those of their relative/legal representative was not always recorded. The registered manager gave assurances this would be addressed immediately.
- Staff had team meetings and one to one supervision.
- Staff felt supported in their roles and spoke positively about the registered manager. One member of staff told us, "[Registered Manager] is brilliant, relatable, easy to talk to and very approachable."

Working in partnership with others

- The registered manager worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)