

## **Hollybank Intermediate Care Unit – Care Quality Commission Warning Notice.**

### **Summary of report:**

To provide Social Care Scrutiny Panel with the background whereby The Care Quality Commission served a Warning Notice to Hollybank Integrated Intermediate Care Unit.

### **Recommendation:**

1. To note – Hollybank Action Plan
2. To note – Outcome of Unannounced CQC inspection 13.3.14

### **Background**

The Care Quality Commission (CQC) is a public body established in 2009 to regulate and inspect health and social care services in England. In order to be granted registration, care providers need to demonstrate that they can meet, or are already meeting, the registration requirements. To maintain their registration they need to demonstrate an ongoing ability to meet the requirements

A Care Quality Commission Warning Notice is a formal notification that a regulated service is failing to comply with relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010). It results in the publication of a warning served upon a registered provider of a Care Service. They would usually be served if a provider failed to address their concerns regarding any particular Outcome or Regulation set out in the Essential Standards of Quality and Safety which are drawn from the Health and Social Care Act 2008. The notice is issued under Section 29 of the Act.

The warning relates to the registration of the Registered Manager of the unit to carry on the regulated activity at or from Hollybank House.

Hollybank House is registered for: Accommodation for persons who require nursing or personal care.

Hollybank House has functioned as an Intermediate Rehabilitation Unit integrated with health since October 2012 when the service transferred from its original site at Rushall Mew's with the staff team transferring under TUPE from Housing 21 to the Local Authority.

Hollybank House is an Integrated Intermediate (bed based) Care Unit jointly staffed and funded with Health. It has a rehabilitation focus seeking to avoid unnecessary

hospital admission and facilitate timely hospital discharge where the individual is supported to regain their independence and return home. It is an extremely busy unit running at 99 to 100% capacity at all times with an average stay of 17 days.

In July 2013 a CQC Unannounced Inspection identified three areas where action was required to improve.

- Management of Medicines
- Supporting Workers
- Assessing & Monitoring Quality of Service Provision

An action plan was put in to place to improve these three areas and the team worked toward these goals.

On the 11.12.13 an unannounced inspection by CQCs pharmacist took place at Hollybank to review Management of Medicines. The unit was compliant in its management of medicines.

On the 19.12.13 CQC made another unannounced inspection culminating in the Warning Notice stating the unit was failing to comply with Regulation 23(1)(a) which states:

### **Supporting Workers.**

23(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by-

- (a) Receiving appropriate training, professional development, supervision and appraisal;

The Service responded with the following representation.

With reference to the Inspection report 19<sup>th</sup> December and subsequent Warning Notice.

### **Supporting Workers:**

In terms of Supervision and Appraisal of staff and the CQC advice from the July 13 inspection there had been significant activity and improvement throughout August to October. The Supervision planner evidences 10 supervisions out of 70 having been missed or slipped between August and December

It is important to note that supporting workers would extend to the senior team and it is clear from the data that the drop in performance in recent months for the two officers in particular coincides with periods of illness and absence and in one case bereavement.

In analysing the data it is indicative that perhaps a traditional approach to one-to-one supervision may not be the most effective means given Hollybank is an extremely busy Intermediate Care unit where in recent months, (Winter Pressures), the general turnover would account for between 8 and 10 admissions per week, approaching

50%, which would also therefore account for the same number of discharges and the associated administrative work undertaken by the senior team.

In terms of appraisals the registered manager and the senior team have worked well with the Local Authorities Workforce Development Team to adopt the new appraisal process which has been commenced. Five being completed between the 10<sup>th</sup> and 16<sup>th</sup> of December.

Senior Management will monitor and support the progress of the appraisal process and reviews. Likewise, one to one supervision and group supervision will be monitored initially on a weekly basis.

Additionally Managers and administrators will re-visit the recording matrix in terms of better use of the comments section against any postponements and action to prioritise those staff who may have missed supervisions for a significant length of time.

## **Training**

In regard to training, it is somewhat disappointing that the Training Matrix, which is readily available, was not shared on the day of inspection. Whilst this was discussed, the registered manager states that no request was made to view it, this is unfortunate as I believe this would have given the Inspector far more assurance.

Again, one has to draw attention to the function of the unit and the challenges this poses for the measured release of staff for training purposes against the quality of care delivered and the staffing requirement of the unit.

The unit runs with a particularly high turnover and at 98-99% occupancy at all times. Vacancies are filled as they arise due to our step-down status with the local hospital and it is therefore necessary to ensure all of our 4 units are fully staffed at all times.

As the report states, there are a number of mandatory training requirements to support the quality of the service and the wellbeing of those who use it.

Additionally, and due to our integrated approach to rehabilitation with our health colleagues, with whom we are co-located, there are a number of additional clinical based training requirements further adding to the challenge in terms of staffing, training logistics and priorities.

Over the last three months the team have worked extremely hard to address a number of training needs. This has included significant work by the registered manager to establish stronger links and dialogue with hospital pharmacy services and a policy change where 7 days medication is supplied rather than 30. Equally it was necessary to change our local pharmacist to facilitate an improved service and a commitment to training where the previous pharmacist had cancelled training sessions. As a result, 45 of 54 applicable staff have received medication training throughout October.

In terms of other areas of training, The approach to these areas has been to train the senior team and night care teams at the higher Fire Warden and First Aider levels ensuring 24/7 cover and the added bonus of having trained nursing staff available to support. This allows us to prioritise training such as Safeguarding, as mentioned in the report, whereby 54 staff have been trained or refreshed in the last 6 months. Similarly, in recent months 57 staff have received training in Infection Control and 19 in Moving and Handling during December. It is also important to note here that the

vast majority of our staff team are vastly experienced and have completed many of the mandatory training courses several times whereby many are refreshing which is different to staff being ignorant of the subject area. Additionally, when one considers the integration of the team, in terms of moving and handling, staff are effectively trained by the therapy staff specifically for each individual service user, demonstrating that the staff do indeed have the skills and knowledge to meet the individuals needs.

Progress on the whole is very encouraging and discussions are taking place with the authorities Workforce development team regarding a greater availability of moving and handling courses and a programme jointly developed by the unit relating to dementia. Workforce development are also working with us to widen the training potfolio in terms of: Risk Assessment, Report Writing and Positive Risk enablement.

Members of the staff team continue to be booked on to Safeguarding training, food hygiene and training in fire safety is currently being planned.

I would hope that this representation contains sufficient information to assure CQC with the undertaking that the supervision and support of the team will be fully compliant by the date indicated by CQC. 28<sup>th</sup> February 2014.

The Care Quality Commission upheld their discision to issue a Warning Notice and have since recieved a reviewed Action Plan from the unit.

Additionally CQC have agreed to meet to better understand the service as its current registration is that of a Residential Home whilst its activity is not. Many of the Outcomes identified within the Essential Standards of Quality and Safety are based on an individual residing in a Care Home whilst the average stay at Hollybank for a period of rehabilitation is just 17 days.

Ultimately the unit has to accept that despite evidencing regular full staff meetings, unit meetings and commencing an appraisal programme four months earlier than we had stated to CQC, it did not meet its own targets for the formal supervision of all of its staff team.

In terms of training the staff team were disappointed that their effort in training 45 staff in medication, 54 staff in safeguarding and 57 and 19 in infection control and people handling had gone unrecognised as did the staffing pressures and opportunity to release staff and the availability of courses.

### **Performance and risk management issues:**

Performance and risk management are a feature of the attached action plan which will be monitored by The unit manager and Service Manager reporting to the Responsible Person (Peter Davis) to ensure future compliance.

**Following the warning notice:** The Service responded by bringing the lapsed supervisions up to date by the CQC deadline of 28<sup>th</sup> February.

Senior Managers introduced a mix of one-to-one supervision and group supervision. The team also began to record the staff welfare visits alongside supervisions as this element of staff support had gone un-recognised. Further to this management monitored progress on a weekly basis and ensured the duties of absent officers were covered. The team also continued to role out the appraisal process as planned.

In terms of training, the recording matrix was redesigned to ensure clarity regarding mandatory training and the frequency of refresher courses.

Workforce development have conducted further work with the unit and are now providing a wider range of courses. The training officer has continued to work closely with workforce development to plan training ahead and deliver training in different ways to reduce the issues of achieving training targets whilst also staffing the unit.

With regard to monitoring the quality of the service, the team ensured that all relevant audits and analysis of feedback questionnaires are stored centrally in a CQC evidence folder and made available to the Inspector which worked very well in the recent follow-up inspection.

### **CQC Feedback 13<sup>th</sup> March.**

The outcome of the Unannounced Inspection which took place 13<sup>th</sup> March 2014

In terms of the above areas the inspector Amanda Hennessey stated that the unit was now compliant and will produce a report in due course.

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