

Milewood Healthcare Ltd

Holgate House

Inspection report

139 Holgate Road
York
North Yorkshire
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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holgate House is a residential care home providing personal care to people with mental health needs or learning disability. The service can support up to 30 people. At the time of inspection 23 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks to people were not always effectively managed. This included individualised risks and risks in relation to the environment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Work was required to ensure decisions were made on individualised basis rather than 'house decisions,' to ensure people received person centred care. Capacity assessments and best interest decisions had not always been recorded.

Right Care

People had good relationships with the staff. People were supported to access health care appointments. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Staff felt supported by the registered manager and that it was good place to work.

The provider's quality monitoring processes were not robust and had not always identified concerns and improvements in the service identified during the inspection.

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

Rating at last inspection

The last rating for this service was good (published 23 December 2019)

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. We inspected and found there was a concern with Mental Capacity Act, so we widened the inspection to include the key questions effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holgate House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management and governance at this inspection.

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

We have made recommendations in relation to medicines and infection prevention and control.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holgate House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors. An Expert by Experience supported the inspection by making telephone calls to people and their relatives. 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

Holgate House 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. [Care home name] is a care home [with/without] 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.

Inspection activity started on 24 April 2023 and ended on 11 May 2023. We visited the location's service on 24 and 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service, and 2 people's relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager and 6 members of care staff. We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records. This included samples of 5 people's care records, and multiple medication records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Risks to people's safety were not appropriately assessed or mitigated.
- Robust care plans and risk assessments were not always in place or sufficiently detailed to guide staff in how to deliver care.
- When accident and incidents had occurred, they had not always been used to learn lessons and care plans had not always been updated to reduce the risk of reoccurrence.
- Risks in relation to the environment were not always robustly managed. For example, a single pane glass window and broken furniture.

Failing to respond to risk was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action following the inspection to address the risks in relation to single pane glass.

Using medicines safely

- Medication administration records that had been hand transcribed did not always contain the full instructions on the leaflet.
- When people had medicines in form of a patch there was not always directions of the regime for applying these to ensure they were in line with the medication guidance.
- Protocols were in place to guide staff on when to administer 'as and when' required medication. However, some required a review as they did not contain up to date information.

We recommend the provider reviews their medicines systems and processes.

Preventing and controlling infection

- Although the provider had employed a domestic staff recently, not all areas of the home were clean. For example, there were dusty radiators and dirty waste bins.
- PPE was available if required, we observed 1 staff member not using PPE appropriately.
- The service had infection prevention and control policy and covid policies in place.

We recommend the provider seeks advice from a reputable source regarding infection prevention and control practices.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place in relation to safeguarding people. However, we identified concerns in relation to 1 person for which we raised alerts with the local safeguarding authority.
- People told us they felt safe. A person told us, "I feel safe in the house."

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- There was sufficient staff to support people. Staff told us the provider had recently recruited new staff which had a positive impact on the service and staff well-being.
- The provider used a dependency tool to assess and review the staffing levels at the service.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

- When people had authorisations in place, timely action had not always been taken to request reviews when further restrictions were in place. People's care plans did not always contain accurate information in relation to MCA and DoLS.
- Capacity assessments and best interest decisions had not always been recorded.
- Staff gained consent before providing people with care.

We recommend the provider review their systems and processes in relation to MCA and DoLS.

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

- Repairs were required to ensure risks to people were mitigated, and people had a nice environment to live. For example, some people's bedroom drawers were broken, and communal flooring needed attention.
- During the inspection work had started to improve the environment.
- People's rooms were decorated to their personal taste. A person told us, "I painted my own room and put football posters on the walls."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were at risk due to care plans not always containing robust accurate information.
- People were supported with their oral hygiene this included oral hygiene care plans and supporting

access to dentists.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training as part of their role. Staff were positive about the training they received.
- Staff received support through supervision and appraisal.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's weight was monitored, and appropriate action was taken to address any concerns. However, systems used to support weight monitoring needed improvements to ensure they continued to be effective.
- People were happy with the food available. A person told us, "There is a choice of meals and the food is good."
- People were supported to access health care appointments, such as GPs.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The provider had quality assurance systems in place however these were not always effective in identifying concerns. Where they had identified areas for improvement, sufficient action had not been taken to address them.
- Some issues found at this inspection had not been identified or addressed, this included risk management, cleanliness of the service, record keeping, mca and dols and medicines records.
- The provider had not always kept up to date accurate and contemporaneous records. Some people's care plans did not contain sufficient information and others contained out of date information.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at an increased risk of harm. This was a continued 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

- There were inconsistencies in quality-of-care plans meaning people were put at risk of not receiving care in line with their preferences.
- Some practices within the home had the potential to restrict people. Such as asking people to refrain from their dining room during certain times and blanket decisions rather than individual ones. The registered manager removed the sign regarding the dining room during the inspection.
- People we spoke with were happy with the support they received. A person told us, "I am happy here, I get what I need."

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 registered manager was aware of her responsibilities under the duty of candour.
- The registered manager was open and honest during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to give their feedback about care, through meetings and surveys. However, the

feedback from surveys had not always been used to drive forward improvements in the service.

- Staff meetings were held, and staff told us their ideas were considered and put into practice when appropriate.
- Staff felt happy working at the service and were well supported. A staff member told us, " I love it working here, I am very well supported. The registered manager and deputy are very supportive and approachable."
- The service worked in partnership with health and social care professionals.

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 The provider had failed to ensure risks to people were mitigated. 12 (1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to assess monitor any mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)