

Holidays With Care Ltd

The Bond Hotel

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



Overall summary

This inspection visit at The Bond Hotel took place on 05 and 06 November 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and we wanted to ensure people were staying at The Bond Hotel.

The Bond Hotel provides a personal care service supporting people with a range of disabilities whilst staying at The Bond Hotel in Blackpool. The service supports people with their personal or social care needs during their stay. At the time of our inspection there were three people receiving personal care.

There was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had resigned in October 2015. The provider was in the process of recruiting a new registered manager to the vacant position.

During this inspection, feedback from people who used the service was very positive. Two people told us the level

Summary of findings

of care they received was as good a standard as the care they received at home. People told us they felt safe when using the service. Staff demonstrated they had a good understanding of the needs of people they supported.

Staff employment, induction and training records in their files were incomplete. This meant we were unable to confirm if staff had been recruited safely and been supported through a formal process of induction. With the exception of a recently recruited staff member, records viewed confirmed other staff had received safeguarding vulnerable adults training. The provider had identified there were some shortfalls in their record keeping. One director had recently initiated developing a training matrix; although this had not been completed. An up to date training matrix would assist the provider to monitor the training they provided and address any gaps. We have made a recommendation about the safe recruitment and induction training for new staff.

People told us staff were friendly and caring. We found members of the staff team were welcoming and there was a friendly atmosphere in the hotel. People were supported to comment about the support they received, by completing a questionnaire at the end of their holiday.

We found there were safe staffing levels to meet people's needs and contingencies in place in case of an emergency.

Care plan records showed us people were involved in their care and had discussed and consented to their care support. We found staff had received training regarding the Mental Capacity Act 2005 (MCA). We have made a recommendation about the assessment of people's mental capacity.

Since the last inspection, the provider had undergone a major restructure in the management and operation of the business. A new management team was in place, who accepted there had been shortfalls in the services they provided. They had arranged to attend training to support them with their responsibilities in relation to recent changes in Health and Social Care. Although there were quality monitoring systems in place we did identify some gaps in their monitoring systems.

Summary of findings

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.

With the exception of a recently recruited staff member, other staff had received safeguarding vulnerable adults training.

People were not always protected against unsafe recruitment practices. We found one application form did not contain a full employment history. We found employment records in the staff files were incomplete.

There were safe staffing levels to meet people's needs and contingencies in place in case of an emergency.

People's medicines were managed safely.

People found their rooms to be clean and hygienic. They were supported by staff who wore protective clothing and used protective equipment.

There was a system in place to report and review accidents and incidents.

Requires improvement



Is the service effective?

The service was not always effective

Induction training for new staff was not comprehensive and thorough.

Care plan records contained people's recorded consent to care.

Staff received training and were knowledgeable regarding the MCA 2005.

There were links with local health care services in order to meet people's health care needs whilst on holiday.

Staff received supervision and support.

People were protected against the risks of malnutrition.

Requires improvement



Is the service caring?

The service was caring.

Everyone we spoke with commented on the caring and kindness of the staff team.

Staff promoted people's privacy and dignity in the care they provided.

Good



Is the service responsive?

The service was responsive.

The provider worked in partnership with a range of professionals and agencies in order to support people's care needs.

Good



Summary of findings

Care records were personalised and contained detailed information about people`s assessed needs.

We found that concerns raised were dealt with appropriately and in a timely manner.

Is the service well-led?

The service was not always well led.

The provider had already identified areas of improvement in relation to their documentation, record keeping and strategic working with the registered manager.

We found there were some gaps in the range of regular audits the provider had in place to monitor the quality of the services provided. Such as care plan records and staff records.

The registered manager had resigned from their post in October 2015 and the provider was actively recruiting a replacement.

Questionnaires were in place for people to comment about the quality of service they received. People were satisfied with the support they received. Any concerns were investigated and acted upon in a timely way.

Requires improvement



The Bond Hotel

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector.

Prior to our announced inspection on 05 and 06 November 2015 we reviewed the information we held about the Bond Hotel. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We checked safeguarding alerts, comments and concerns received

about the service. At the time of our inspection there was one safeguarding concern being investigated. The provider was working with the local authority and relevant professionals in relation to this safeguarding investigation.

Before the inspection, we asked the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Although we did not receive this form prior to our inspection, the provider told us they had recently completed the form and submitted it to the Commission. They had a copy available at this inspection.

During our inspection we went to the Bond Hotel and spoke with a range of people about the service. They included three directors, and three staff members. We also spoke with five people who accessed the service and their relatives, and one registered nurse. We looked at the care records of three people and the training and recruitment records of four staff members. We looked at records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and secure with the staff. One person said, “Oh yes we felt safe, we had never been there before in our life.”

With the exception of a recently recruited staff member, records seen confirmed other staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse people were at risk of. They gave examples of the potential risks people might experience. They were also vigilant to other risks posed to people when on holiday in an unfamiliar location. Staff were aware they should report concerns should they identify when someone was at risk of abuse.

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. There was evidence the service had been open and transparent. They had shared relevant information and participated actively in the process. This showed the provider worked with other organisations to protect people who accessed their service.

We looked at how the service was being staffed. We received positive comments from people who found their needs were met in a timely and consistent manner. One person told us, “We had four calls a day and care was provided by the same person for the exception of two calls. This was good as you get to know the person.” There had been a recent negative comment from someone who had not received all the care they had arranged. This was formally investigated and the provider took prompt action in relation to this concern being raised. This showed us the provider had effective systems in place to listen to people’s concerns and respond to in a timely way.

We found there were safe staffing levels to meet people’s needs and contingencies in place in case of an emergency. Staff we spoke with told us they felt staffing levels were sufficient. Staff told us they worked flexibly to meet the needs of people whilst on holiday. There was a bank member of staff available to undertake additional cover should it be required. This showed us there was a contingency in place to manage shortfalls in the staffing levels. One of the directors told us they would arrange for

additional support should they identify if a person required a higher level of support than originally planned for. There was also a member of staff on duty at night in the hotel and a director available in case of emergency.

We looked at the procedures the provider had in place for assisting people with their medicines. Although some people were able to self-administer their medication, other people required support. One person we spoke with told us they had diabetes and had not experienced any problems regarding their health care. For those people who required insulin, arrangements were made with the district nurse team to administer this medication. This showed us the provider worked with local healthcare professionals to support people to manage their health conditions whilst staying at The Bond Hotel.

The provider told us they had arranged medication training. We saw evidence to show staff had previously undertaken medication training. We looked at a sample of medication administration charts. Records we checked were completed by staff when they provided support with people to take their medicines.

Medication checks in place included checking the amount of medication at the beginning and end of the holiday. This helped to identify if there had been any medication errors. We spoke with a registered nurse who advised us they also checked the medication charts when the service user returned from holiday. They told us they could confirm the correct dosage was administered. They also advised us staff from the hotel contacted them for information regarding medication. This showed us staff took steps to ensure people received their medication as prescribed.

There was a safe in the hotel for the safe storage of medicines including controlled drugs. The provider was aware of what measures were required should they be required to administer any controlled drugs on the premises.

We spoke with people to check they were cared for in a clean and hygienic environment. We did not receive any negative comments from people we spoke with. One person told us, “Our room is not dirty or smelly it is always clean, every day we have clean towels.” A relative commented, “It is always decent, staff wear protective clothing. There has never been a problem with the room.” Staff told us they were provided with uniforms and had

Is the service safe?

access to protective clothing. One staff member we spoke with told us they had undertaken infection control training. This showed us people were being protected against the risks of infection.

We looked at the recruitment procedures the service had in place. We looked at four staff records. We found employment records in the staff files were incomplete. This meant we were unable to confirm if the provider had safe recruitment procedures in place. We looked at one recent application form which did not have a full employment history. This showed us the provider's recruitment processes were not thorough. This meant people were not always protected against unsafe recruitment practices. We were told by the provider they were currently in the process of recruiting a new staff member. They told us they would send us a copy of the completed application form to confirm thorough checks had taken place.

The provider did maintain a database and could demonstrate staff had Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) checks in place. One staff member told us they were recruited safely. They said they had reference checks and had a DBS Certificate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to people in their care. Risk assessments were in place for the use of wheelchairs, bed rails, communication, behaviour and the environment. Information from health care professionals was also included in the care plan records to inform staff of some of the risk management when supporting people. This showed us care staff had information to minimise potential risks posed to people receiving care.

Accidents and incidents were reported and reviewed and reported to the Commission and other appropriate authorities. This showed us the provider was working with a range of professionals regarding incidents that affected people's wellbeing.

We recommend that the service consider current guidance to operate effective recruitment and selection procedures.

Is the service effective?

Our findings

People who accessed the service and their relatives confirmed they were involved in decisions about their care. People commented on the support they received. One person told us, “It’s fantastic here I wouldn’t go anywhere else.” We also read positive comments regarding support people received, “Staff were excellent, professional, highly trained and extremely kind- inspired confidence and reassurance”. We found care plan records were signed by the individual receiving care. This showed us people had consented to their care and support.

Care plans seen confirmed people’s dietary needs had been assessed and any support they required with their meals documented. One person told us, “At mealtimes I can’t manage the hotplate. They tell you what the choices are, get it and cut it up - they will do anything for me.” We spoke with the cook, who told us she had 37 years’ experience and was a trained chef. She advised us she had attended training regarding catering for people with special diets and food allergies. She showed us a weekly food allergen report she maintained. This was to assist with the catering risk management for people staying at the Hotel. She told us, “I am very strict regarding health and safety”. She went on to tell us how she insisted staff used separate pieces of equipment for food preparation in order to minimise the risks posed to people. She showed us stocks of specialised ingredients available in order to cater for people’s dietary needs and cultural needs.

Staff spoken with during our inspection confirmed they had received food and nutrition training. The senior carer had undertaken training in caring for people who may be at risk of inhaling food and fluids into their lungs. Staff confirmed they could provide specialised equipment such as cups, plates and cutlery. Equipment was available in order to support people safely and to promote their independence.

Care plan records contained a range of information regarding people’s assessed needs. This included communication, personal hygiene, eating and drinking and mobilising. This was to enable staff to support people with their care needs. Information from a range of health care professionals was available in the care plan records for staff to contact should they have any concerns for people’s care.

We had discussions with a member of the management team and one of the directors regarding the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of Deprivation of liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

One of the directors and a member of the management team confirmed their understanding of this legislation. Training records indicated both members of staff had attended this training.

Comments we received from people regarding the skills and knowledge of staff were very positive. One comment we received was, “We had no problems whatsoever, the staff are well trained and are on par with the carers we have at home.”

We spoke with staff members, and looked at individual training and induction records for new staff. Some staff we spoke with were experienced whilst other staff were inexperienced in their role and responsibilities. One staff member told us they remembered being supported through an induction process. They told us they had completed a level three qualification in health and social care and outlined areas of training they had completed. Their staff file confirmed training had been completed in a range of care areas such as pressure care, health and safety and risk assessment.

However not all staff had been supported with a thorough induction process. We found employment records in the staff files were incomplete. We could not find any records to indicate when staff had received a formal induction period. This was confirmed when we spoke with a recently recruited staff member. Although they clearly enjoyed working for the provider, they were unable to outline what their induction had involved. They told us they had completed some shadowing alongside a more experienced member of staff. When we looked at their staff file we noted that there were no training records since they took up their new post. There was no evidence to indicate what shadowing opportunities they had been given. There were no records indicating any successful completion of a probationary period. When we discussed this with the staff

Is the service effective?

member and the provider we were told the staff member had completed moving and handling training. However this training took place approximately three months after they commenced working for the provider. This showed us new staff were not always supported to learn and develop the skills required to support people effectively.

Staff we spoke with were keen to learn and develop their skills. This was also formally noted in their supervision records. We read evidence of staff requesting to undertake training courses. This showed us staff were motivated to develop their knowledge and skills. Career progression within the service was promoted and we met with staff who had been supported to take on new challenges and responsibilities.

We found the provider did not have an effective training matrix in place. Not all staff were included on the matrix. Information regarding all training courses attended and a date when mandatory training was due to expire was not included. The provider told us they had recently identified this as a shortfall and were taking steps to address it. They told us they had arranged for training courses to take place over the next few weeks. An up to date training matrix would assist the provider to identify any gaps in training. This would support them to monitor and manage staff personal development more effectively.

Records seen and staff spoken with confirmed staff had received regular supervision. These are one to one

meetings held on a formal basis with a member of the management team. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They said they felt supported by the management team.

We found the service worked well with a range of health care professionals. Care agencies and other professionals who supported people in their own homes were contacted as part of the pre - assessment process. We saw evidence of guidance from health care professionals was now included in people`s care plan records, including the potential risks posed to people. For example in one person`s care plan record, we saw their risks of choking was clearly identified. In addition guidance was in place from a speech and language therapist for staff to follow to ensure this person was supported safely whilst on holiday. This meant important information regarding people`s health and care needs was being managed.

The Bond Hotel had access to a range of local health care professionals should people require support. There were arrangements in place with the local pharmacist in case people left their medication at home.

We recommend the provider follows national guidelines regarding the induction for newly recruited staff.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who supported them were friendly and caring. Comments received included, “They are brilliant, the staff are so obliging.” A second person told us, “They are always helpful and ask if anything else is required.” We read positive comments made from people at the end of their holiday. One comment read, “They were all exceedingly able to care for all my needs and took a lot of trouble to understand my needs.” A second comment read, “Punctual, considerate and reliable at all times.”

We looked at the care records of three people. Care plans included a photograph of the person. This would assist staff to identify the person they were caring for whilst on holiday at the Bond Hotel. We found the implementation of the “This is Me” pre assessment process had enabled people to express their views and preferences regarding the care and support they required. People can use this document to tell staff about their needs, preferences, likes, dislikes and interests. It enables staff to see the person as an individual and deliver personalised care that is tailored specifically to the person's needs. This care planning process demonstrated people's care was personalised and reflected their individual needs. We saw evidence to show people's care plans were reviewed with them and updated each time people used the service. This ensured the information staff had about people's needs reflected the support and care they required.

In our discussions staff demonstrated an appreciation of people's individual needs and how to promote people's privacy and dignity. Staff were able to give us examples of how they promoted people's privacy and dignity when providing personal care. Staff showed concern for people's wellbeing and were very caring and conscientious in our discussions regarding the support they provided. It was evident staff wanted to provide high standards of care and felt supported to do so. Discussions with staff confirmed their understanding of equality and diversity and how to relate this to the care they provided. One member of staff told us, “I am proud of my job and I like to help people enjoy their holiday. I love my job so much.”

People were provided with appropriate information about the service in the form of a handbook and statement of purpose. This information ensured people were aware of what services were provided. Guidance included what to do if people had any concerns or wanted to make a formal complaint. There was a statement and description regarding inappropriate behaviour. People were encouraged to report any behaviour they found to be inappropriate to the staff team. Information was also available about advocacy services. This showed us that people who used the service had access to external support should they require support to raise concerns.

Is the service responsive?

Our findings

People who used the service told us they were very satisfied with the care and support they received with whilst on holiday at The Bond Hotel. They told us they had been asked about their needs prior to arriving at the hotel. They told us their care plan was then discussed once they arrived at the hotel to ensure everything was up to date and there had been no changes. This was to ensure the staff team were aware of what care and support was needed.

Two people we spoke with told us the level of care they received at the Bond Hotel was as good as the regular care they received from their regular carers at home. A third person we spoke with told us they had not encountered any health problems whilst on holiday. This showed us people were supported to maintain their health and wellbeing whilst on holiday.

We read in a third person's care plan the pre-assessment process had included information provided from their carers at home. Guidance included the use of photographs. This visual aid showed photographs of their carers undertaking aspects of support whilst at home. This information helped to provide reassurance for people who were being supported by carers they did not know. This information helped by maintaining routines and expectations that were familiar to them. This helped to support people with continuity in their care and support.

We read positive comments from people who had been supported by staff at the hotel.

One comment stated, "All procedures were adequately explained. On one occasion it was necessary to have a

district nurse and the carers did not leave until it was all arranged." A second comment stated they had not encountered any problems because, "Carers had the ability to pre-empt any problems which may have occurred."

Care staff were aware of recording systems required to enable staff to monitor their health care needs more closely. This included the use of food and fluid intake charts and night time monitoring charts. Staff we spoke with told us they found the information in care plans helpful to them when meeting people's needs.

The service had a complaints procedure which was made available to people and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who accessed the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I can't make a complaint about this place, everyone is so lovely and kind and very helpful."

Staff at the Bond Hotel provided both personal care as well as social care support. This meant people were supported to participate in a range of activities of their choice whilst away on holiday in the local area.

Is the service well-led?

Our findings

Since the last inspection a major restructure in the management and operation of the business had taken place. Although the service continued to remain a family owned business, it was now managed by a board of five directors.

Three directors were present at this inspection. They told us they had identified shortfalls in their standards in some areas of the services they provided. This was in relation to their documentation, record keeping and strategic working with the registered manager. They told us their priorities were to develop their new management team to ensure these areas would be improved. Following the recent resignation of the registered manager in October 2015, a priority was the recruitment to this key position. The aim of this would be for the new registered manager to work in close partnership with the directors.

During our inspection we had found the provider had not completed a notification regarding these changes. The provider advised us they had understood their previous registered manager had notified us of these events. However at this inspection the provider was unable to verify from their own governance systems whether this notification had been submitted. The provider completed and submitted a notification at this inspection regarding this matter. They advised the Commission of their interim management arrangements whilst their recruitment process was in place. We did find that other notifications were reported in a timely way.

We did not see the provider was undertaking a range of regular audits; such as care plan records and staff records. We found information in staff files regarding their training and recruitment was incomplete. However the provider had taken some steps to address some shortfalls in their

record keeping. One director had recently initiated developing a training matrix; although this had not been completed. An up to date training matrix would assist the management team to ensure training was kept up to date and any gaps in training identified and acted upon. It would also indicate when induction training for new staff had taken place.

The management team had arranged to attend training to assist them with their knowledge and understanding regarding recent changes in health and social care. One of the directors had applied to complete a level five management qualification in health and social care. This showed us gaps in the provider's experience and knowledge regarding the service they provided was being managed.

Comments received from staff and people they supported were positive. We found there was an open culture and people and staff felt able to raise any concerns they may have.

The provider did seek the views of people they supported through satisfaction surveys. We noted the responses received were very positive regarding the care and support received. One comment we read stated, "The staff are so obliging, nothing is too much trouble." When concerns about the service had been raised they had been followed up by the service in a timely way. This showed the provider listened to and responded to the views of people they supported and their family members.

We were told there were plans to improve the facilities for the staff team with the provision of a dedicated office as a base. The management team also had plans in place for redecoration and refurbishment in the hotel. This showed the provider was taking steps to improve the services and support they provide. Staff told us they attended staff meetings.