

A & D Rhoden

# The Hylands Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Hylands Retirement Home is a residential care home providing personal and nursing care for up to 46 people some of whom are living with dementia. At the time of the inspection there were 41 people living at the service.

The care home accommodates people in one large adapted building with several communal areas. The service is located close to local amenities and is situated on the sea front.

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

Potential risks to people were not always well-managed. Elements of the recruitment and induction process were not robust. Staff had not always had the required training to ensure they were knowledgeable and competent in their role. Staffing levels at night were not safe and regular fire drills had not been undertaken to ensure staff knew what actions to take in the event of an emergency. Quality assurance processes had not been effective in identifying the issues found during the inspection. The registered manager started taking actions to address these issues during the inspection.

We observed that staff were kind and patient in their interactions with people and people provided positive feedback about their experience of the service. Staff felt supported in their role.

Documentation did not demonstrate that people were supported to have maximum choice and control of their lives. Staff did support them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 December 2018).

### Why we inspected

The inspection was prompted in part about concerns we received about the management of people's skin in addition to there been an outbreak of COVID-19 within the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, governance and staffing at this inspection.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# The Hylands Retirement Home

## 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 Care Act 2014.

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

Two inspectors visited the service on the first day of inspection and one inspector on the second day.

#### Service and service type

The Hylands Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of inspection was unannounced and the second was arranged in advance.

#### 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 health professionals who worked 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 took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including care workers, the registered manager, the deputy manager and a newly appointed recruitment and human resources worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some health and safety information. We liaised with the local authority.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Risk assessments were not always in place. This included risks associated with choking and bed rails. Staff knowledge about potential risks was inconsistent. For example, a person who used the service had been provided with food which was unsafe for them to eat.
- Risk assessments which had been completed did not always contain up-to-date and accurate information.
- A record of accidents and incidents had been maintained. However, there was no analysis to consider any trends or actions which could be taken to reduce the potential risks for people.
- Staff had not undertaken regular fire drills to ensure they felt confident with what to do in the event of an emergency.

A failure to assess, monitor and manage risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day the registered manager took actions to start addressing the concerns around risk management.
- A series of health and safety checks were made to ensure the safety of the building and the equipment used.

Staffing and recruitment

- Elements of the recruitment process were not robust or in line with legislative requirements. This presented a risk that people may be supported by staff who are not suitable in the role.
- New staff had not received a robust induction or had the necessary training and observations to ensure they had the skills and knowledge required.
- Staff training was not actively monitored to ensure completion. Staff had not consistently completed training in areas such as safeguarding, moving and handling and food hygiene and were involved in supporting people with these elements of their care.
- Staffing levels at night were not safe. The fire service had previously recommended there must be a minimum of three staff in the building at night in the event of a fire. In the weeks prior to the inspection, there were several occasions whereby there were only two staff with a third on-call. Three staff were made available following the inspection.
- There was no system in place to review staffing levels to ensure the levels were sufficient to meet the needs of people who used the service over a 24 hour period.

A failure to ensure sufficient numbers of suitable staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service and their relatives were complimentary about the quality of staff and the support they provided. One relative stated, "The carers do a fantastic job under the circumstances." One person said, "staff come dashing if any support is needed."
- Whilst there had been some changes to the staff team, there were members of the staff team who were long-standing and had built a rapport with people who used the service and their relatives.
- We observed staff to be patient and kind in their interactions with people.

#### Preventing and controlling infection

- Risk assessments related to COVID-19 were not always in place for staff and residents. The registered manager began to address this during our inspection.
- Whilst an infection control policy was in place this was basic and did not cover all elements of the service.
- We observed occasions whereby some staff had not worn the correct levels of Personal Protective Equipment (PPE).

The provider failed to provide up to date guidance around preventing, detecting and controlling the spread of infections, this is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- People received their medicines as prescribed.
- Medicines were appropriately stored.
- Elements of the recording and monitoring of controlled drugs was not in line with best practice.

We recommend the provider review their policies and procedures in relation to medicines best practice and take action to update their practice accordingly.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had not consistently received safeguarding training to ensure they were aware of the potential signs of abuse and how to report these. Staff understanding about safeguarding required further development.
- There was a basic system in place to record any incidents, including those which constituted as safeguarding. This system required further development to ensure it was robust.
- Staff told us they would feel confident in sharing any concerns and had not observed any poor practice.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were limited processes in place to monitor the quality and safety of the service and to drive the necessary improvements. Areas of development were not shared with staff to further improve the quality of care provided.
- Checks that had been completed had failed to highlight the issues raised during the inspection, which included areas which could have compromised people's safety.
- Records were not consistently in place or up to date. This included records relating to people's consent to the care, mental capacity assessments and risk assessments.
- People who used the service were not included in reviews of their support to ensure they were happy with the support they received or wanted anything to change.
- Staff team meetings and residents and relative's meetings stopped shortly prior to the start of the COVID-19 pandemic and had not yet restarted. No formal feedback had been sought at the time of the inspection.

A failure to establish and operate effective systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff shared information between one another through handover discussions.

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; Working in partnership with others

- Referrals had been made for the input of professionals for some people who used the service, although their recommendations and advice was not always clearly documented or followed.
- The registered manager started taking actions during the inspection to address the shortfalls identified. Since the inspection, they have worked closely with the local authority to begin the improvements.
- Relatives were kept informed about any incidents or changes for people who used the service, which had been particularly important due to the restrictions on visitors.

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

- Staff spoke positively about working at the service. They felt supported by the management and described

been able to approach them with any concerns.

- Relatives and people who used the service felt the service was well-run. A person who used the service stated the registered manager was, "outstanding." Relatives described how they were kept informed if there were any changes or concerns and one relative stated, "I have no concerns at all; I feel really lucky [relative] is there." Another person described the attentive care staff had provided to their relative when they became unwell.

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 failed to assess and mitigate risks relating to the health and safety of service users included those associated with infection control practices. 12(2)(a)(b)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to assess, monitor and improve the quality of the service and maintain complete and contemporaneous records. 17(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were sufficient numbers of competent and skilled staff. Staff had not received the necessary training. 18(1)(2)(a)