

Yellow Rose Lodge Limited

Holyrood House

Inspection report

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Date of inspection visit:
08 February 2023

Date of publication:
03 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holyrood House is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 29 people. Accommodation is provided in one adapted building, with bedrooms and communal facilities spread over two floors.

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

People did not always receive a safe and well led service. People were exposed to the risk of harm as the provider had not identified, assessed or mitigated risks. This included risks related to people's health and care needs, as well as environmental risks. Lessons had not been learnt where accidents had occurred.

Medicines management put people at risk of harm. We could not be assured people received their medicines as directed. People who received time specific medicines did not receive these in line with the prescriber's instructions. Stock checks were not always consistently completed.

The providers systems to monitor the quality and safety of the service were not effective in identifying improvement or driving quality at the service. The inspection identified shortfalls in relation to the management of medicines, staff training and risk mitigation. The providers systems had failed to identify and address these concerns.

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 supported this practice.

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

The last rating for this service was requires improvement (published 18 December 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the management of risk, and infection control. A decision was made for us to inspect and examine those risks. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. Following the inspection, the provider implemented additional documentation to support the safe management of medicines. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment, staff training and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good . We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holyrood 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.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Holyrood 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. Holyrood House is a care home 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.

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 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the nominated individual, the registered manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out a visual inspection of the home to assess the living environment and observed interactions between staff and people who lived at the home. We reviewed a range of records. This included 3 people's care records, and multiple medication records. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

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 requires improvement. The rating for this key question has remained 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

- The environment did not support people to remain safe. Risks to the health and safety of people were not always considered, recorded or managed effectively.
- Risks within the environment were not always assessed or mitigated. For example, an accident had occurred on the staircase. No action had been taken by the provider to assess and mitigate the risk of having an open staircase.
- Lessons had not been learnt following this accident and the staircase remained open with no appropriate risk assessment in place to prevent further occurrence.
- Records relating to one person's health conditions were not in place to guide staff on how to manage related risks.

Failure to assess the risks to the health and safety of service users receiving care and treatment is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action to prevent people from falling was taken by the provider. This included referrals to health professionals and introducing one to one support.

Using medicines safely

- Medicines were not managed safely.
- People did not always receive their medicines as prescribed. For example, records showed that people who required time specific medicines to be given 30 to 60 minutes before food were given these medicines with other medicines that required to be given with food. Staff confirmed that these medicines were administered together.
 - Documentation to support the safe administration of medicines was not always in place or accurately completed. For example, protocols for 'as and when required' medicines were not in place and handwritten medication administration records were not always clear or have appropriate information recorded on them.
 - Best practice guidance was not followed in relation to the safe management of medicine. Stock checks were not completed and during the inspection we identified discrepancies with stock amounts for some medicines. This meant we could not be assured that people had received their medicines.
 - Regular audits of people's medicines were completed. However, these audits had failed to identify the concerns we found during the inspection.

We found no evidence people had been harmed. However, people were exposed to the risk of harm by a failure to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider liaised with the pharmacy to ensure time specific medicines were clearly identified on the medication administration records.

Staffing and recruitment

- There were enough staff to meet people's needs. However, we could not be assured that staff received appropriate training to support their role.
- The providers training matrix did not provide clear information regarding staff training requirements. Some staff lacked understanding of their role and responsibilities regarding fire safety and safeguarding people.
- The training matrix showed only 1 member of staff had completed an induction at the service. Some staff we spoke with confirmed they had not received an induction prior to them starting their role. Induction documentation reviewed as part of the inspection process did not provide assurances that staff received an appropriate induction into their role.
- Staff did not always have access to training in relation to people's specific health conditions.

Failure to have suitably qualified and competent staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes were in place to ensure staff were recruited safely. Records showed appropriate checks had been completed prior to staff commencing employment.

Preventing and controlling infection

- Infection prevention and control was not always maintained at the service. For example, some chairs within communal spaces presented an offensive odour.
- Some staff did not always follow safe infection control measures. We observed 1 staff member who had disposed of a used incontinence aid directly onto the floor.
- Cleaning schedules were completed, and audits were maintained. However, these did not reflect the findings at the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe.
- Staff told us they were provided training in relation to safeguarding people. However, it was not clear from records if or when staff had completed this training. Some staff did not have a full awareness about the action to take to ensure people were safe from harm.
- We received mixed feedback from people regarding their safety at the service. One person told us, "Most of the time I feel safe but there are times that I do not," another person said, "I feel really safe here, the staff keep me safe."
- People were provided an opportunity to give feedback regarding their care and the service through in house meetings.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people had conditions recorded on their authorisation. We could not be assured that the service had ensured these conditions had been met due to a lack of recording within care plans.

Visiting in care homes

- The service ensured current government guidance and best practice was adhered to and ensured people visiting the service did so safely.

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 requires improvement. At this inspection the rating has remained 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 was aware of their role and responsibility in line with regulatory requirements. However, systems and processes in place to manage the quality of the service and drive improvements were not completed effectively or appropriately to ensure identified actions were completed.
- Audits completed by the provider did not always contain correct or sufficient information to support the service to improve. For example, where the providers audit identified actions to be completed to improve the quality at the service, there was no clear recording of what the actions were, who they applied to, who would complete them, and the timescales in which these actions were required to be completed.
- Audits completed by the registered manager lacked information and did not include evidence of what had been reviewed to support the findings within the audit.
- Audits in place did not identify the concerns we found in relation to the safe management of medicines, infection control, staff training and prevention of risk.
- The service has failed to achieve a rating of good overall since 2017. Whilst some improvements had been made at the last inspection the provider and registered manager had failed to sustain these improvements and continue to drive quality at the service.

Quality assurance systems were not effectively completed to identify where areas of improvement were required and to ensure improvements were embedded at the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not submitted notifications to CQC where these were required in line with regulatory requirements.

The failure to notify the Care Quality Commission of significant events was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This will be dealt with outside of this inspection.

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 their responsibilities under the duty of candour. Information had been correctly shared with relatives and other agencies, such as the local authority when concerns about a person's safety had been raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People did not always receive respectful care . Comments included, "Some staff are kind, but there are some that are not and don't always want to help you" and "They [staff] are mostly good there are a couple that are not so good."
- Staff were observed entering people's bedrooms without knocking during the inspection.
- The registered manager ensured appropriate referrals were made on people's behalf to support their wellbeing.

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

- Staff told us they felt supported and felt confident and able to raise concerns with the management team.
- People and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.

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 ensure risks to people were assessed and mitigated. The provider failed to ensure the safe management of medicines. 12(1)(2)(a)(b)(d)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes in place to manage the quality of the service were used effectively. 17(1)(2)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training for their role. 18(1)(2)(a)