

Milewood Healthcare Ltd

Holgate House

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 24 October 2016. The inspection was unannounced. At our previous inspection of the service on the 03 and 08 February 2016, we identified nine breaches of the legal regulations set out under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Five of the identified breaches, which included Regulation 11 (Need for consent), Regulation 14 (Meeting nutritional and hydration needs), Regulation 15 (Premises and equipment), Regulation 18 (Staffing) and regulation 17 (Good governance) were assessed as having a low service impact and we dealt with these by issuing a requirement for improvement notice to the registered provider. The registered provider sent us an action plan that contained information on how they intended to meet those regulations and achieve compliance, which was checked during this inspection and we found this action has been completed for these breaches with the exception of Regulation 17 (Good governance) where we identified a continued breach in regulation.

The four remaining breaches were assessed as having a moderate service impact and we dealt with these by issuing the registered provider with a written Warning Notice for improvement for each breach. The breaches we dealt with in this way were Regulation 9 (Person centred care), Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment). A planned focused inspection was completed on the 20 and 21 June 2016 and at that time we found improvements had been implemented and the warning notices were met.

Holgate House provides accommodation for up to 30 older people and younger adults with varying needs that include care and support for learning disabilities, autistic spectrum disorder and/or mental health. At the time of our inspection there were 18 people receiving a service.

Holgate House did not have a registered manager. The previous registered manager submitted an application to cancel their registration to manage all regulated activities and have their registration removed on 15 January 2016. 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 inspection was facilitated by the commercial director. The commercial director told us they had successfully recruited to the post of manager and once the required pre-employment information checks had been completed for the individual they would be submitting an application for the manager to be registered with the Care Quality Commission. .

Despite the improvements and implementation of systems and processes that helped to identify manage and mitigate risks to people, we found that improvements were not consistent or sustained. Where avoidable risks had been identified in people's care plans this information was not always up to date, or reflective of people's current needs. Where reviews had been completed, the information was not available in people's care plans as a point of reference for care workers and other health professionals involved with

people's care and support. Guidance was not robust to help people remain safe from avoidable harm. This meant systems and processes to assess, prevent and raise awareness of risk to provide a basis for appropriate support by staff were found to require further improvement.

Where the registered provider had concerns about people's capacity or where a Deprivation of Liberty Safeguards (DoLS) had expired, referrals had been submitted to the local authority for further assessment under the Mental Capacity Act 2005. However, information on mental capacity assessments was not available in all care plans for people and there was not always information in people's care plans that ensured staff supported the person where a need for a Deprivation of Liberty Safeguarding had been submitted.

Information was documented in people's care plans to record their choices and to help them maintain a healthy nutritional diet. The registered provider had installed small kitchen areas where people could cook snacks and prepare hot and cold drinks. Care workers supported people to eat at meal times but discussions found that they were not always aware of people's dietary needs. Care plans contained up to date information on people dietary requirements and support with nutrition. Information in the dining room file also provided a reference point for people's diet and nutritional needs but this information was out of date. The registered provider had implemented some improvements and people told us they were happy with mealtime arrangements.

We observed an improvement in the way some people presented themselves. However, we observed two people were wearing ill-fitting clothes that were not always clean, did not have clean fingernails and appeared in undignified state. The registered provider was aware of our concerns and ensured people's choice and preferences were respected. However, care workers seemed unsure of how to address the concerns we raised and they told us they thought people's personal care had improved. We found and our observations confirmed there was a lack of comprehensive records to guide staff and despite multiagency involvement in people's personal care, people were not always supported to live in a dignified manner, which meant that their personal care needs may not be fully supported.

The registered provider was in the process of reviewing and updating people's care records. Care workers had received training in care planning and told us that file reviews were 'a work in progress'. We found that information was not consistently updated. It was not clear when information about people had been recorded in daily diary notes, which meant people might have received inappropriate care that did not meet their needs putting them and staff at risk.

Care plans included information regarding people's wishes and preferences however, we found this was not consistent and updated information was not available in care plans for everybody who lived in the home.

Despite the introduction of additional staff to support some people with daily activities, we found staff were not always aware of people's preferences and did not always support them with their chosen activity.

Improvement measures had been implemented by the registered provider that evaluated service performance and the environment of the home. Audits were in place and along with action plans and review meetings progress was evaluated in a timely manner. However, due to the improvements still required and the omissions and inconsistencies of people's records we found these quality assurance measures were ineffective in ensuring people received safe care and support that met with their individual needs, preferences and choices and kept them safe from avoidable harm wherever possible.

The service had been without a registered manager since 15 January 2016. However, there was a management structure in place and recruitment of an employee for the role was in process. The commercial

director acknowledged the recruitment of a manager would bring further stability to the home and would be an asset in driving forward the work required to ensure people's care and support met their individual needs. Despite the measures implemented, that we saw had led to some improvements at the home, we found the above concerns meant appropriate systems processes and management oversight was not always effective in identifying, assessing, prioritising or monitoring and mitigating the risks to the health and safety and welfare of service users and others.

Because of the above concerns that we evidenced during this inspection, we found the registered provider was in continued breach of Regulation 17 (Good governance). You can see what action we told the provider to take at the back of the full version of the report.

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.

People's risk assessments were not always robustly reviewed or up to date and did not always provide information to keep people safe from avoidable harm.

Care workers had received training in safeguarding adults from abuse and understood how to raise their concerns to protect people from abuse and improper treatment.

Systems and processes were in place that helped ensure medicines were managed and administered safely for people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had received training in managing challenging behaviour, however associated information in people's care plans was not always up to date, evaluated or reflective of the persons current needs. Information and guidance was not clear for staff to follow.

Where the registered provider had concerns about people's capacity under the Mental Capacity Act 2005, referrals had been submitted to the local authority for further assessment. However, there was not always information in people's care plans that ensured staff supported the person where a need for a Deprivation of Liberty Safeguarding had been submitted.

Information available to help staff support people's nutritional needs was not always consistently recorded.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People did not always receive appropriate care and support; their care plans were not always up to date or reflective of their current needs.

People did not always have their dignity respected. Where

Requires Improvement ●

reviews had been completed information and records at point of reference for care workers and others involved in people's care was insufficient and care workers seemed unsure how to support people with their personal care using the information available.

Risks associated with people's choice to smoke were being managed and policies and procedures followed to keep people safe from the effects of smoking.

Is the service responsive?

The service was not always responsive.

We found that people's care plans, risk assessments and other information had not always been reviewed and updated in line with policy and procedure.

Despite the introduction of additional staff to support some people with daily activities, we found staff were not always aware of people's preferences and did not always support them with their chosen activity.

Information was available in hospital passports to support people and provide information when they needed to move between services for example into hospital or for other health appointments.

Systems and processes were in place to manage and respond to complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The registered provider had implemented a quality monitoring system including service area audits. However, we found these were not always effective in ensuring people's information was reviewed, assessed or up to date in line with policy and procedure to ensure the safety of people who used the service and staff.

The service had been without a registered manager since 15 January 2016 this meant the registered provider was in breach of the conditions of its registration. However, there was a management structure in place and recruitment of a manager was in process.

There was some positive feedback about the leadership, renovations and improvements from everybody we spoke with.

Requires Improvement ●

The registered provider had systems and processes in place to obtain feedback on the service and the home and this was evaluated with resulting actions implemented.

Holgate House

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 was 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 took place on 24 October 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and one specialist adviser for people with mental health needs.

Prior to the inspection, we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned services from the registered provider.

The registered provider was not asked to submit an additional Provider Information Return (PIR) prior to our inspection as this had been previously submitted. 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.

During the inspection, we spoke with seven people who resided at the home, three care workers and the commercial director. We also spoke with two agency care workers who were on duty. We looked at records that related to people's individual care, this included the care planning documentation for six people and other care related records.

We also looked at all care worker's recruitment and training records, the care worker's rota, records of audits, policies and procedures and records of meetings. We observed the way care workers interacted with people and undertook an observation of the mid-day medication round and lunchtime snack in the dining room. We looked at a number of other records including medication assessment records, fire safety records and other audits of how the service was operating. We looked at the overall environment and how well the service was maintained. This included all parts of the home and included people's bedrooms (with their permission).

Is the service safe?

Our findings

At our previous inspection on 03 and 08 February 2016, the registered provider did not have complete and up to date risk assessments in place to form the basis of care and support plans to keep people safe from avoidable harm. Systems and processes for risk assessments, prevention of risk and awareness of risk were found to be inadequate. We issued the registered provider with a Warning Notice to meet with the breach identified under Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider was compliant and people were safe.

During this inspection, we needed to make sure that improvements implemented because of the Warning Notice were sustained and evidenced continuous improvement.

We looked at the systems and processes in place to keep people in the home safe from avoidable harm. Everybody had a care plan. We looked at care plans for six people. We saw these included documented risk assessments but we found that information was not always consistent with their support plans and had not always been up dated as a result of identified changes in people's needs.

For example, where a person had been identified as being at risk of harm from the misuse of alcohol whilst in the community, the registered provider had implemented a risk assessment and a support plan that helped keep the person safe and mitigate the associated risks. The risk assessment was dated 10 May 2016 and was signed on 03 October 2016 to confirm that it had been reviewed. However, we saw that the information documented in the person's risk assessment had not been amended only signed to say it had. The commercial director told us and we saw from the persons file that they had applied for an assessment, to keep the person safe under the Mental Capacity Act 2014 and they were waiting for this to be processed. This meant that despite the concerns by the registered provider regarding the person's lack of mental capacity and the identified risks documented in the person's care plan, systems and processes that reviewed and evaluated the effectiveness of the measures implemented to mitigate the risks were not effective. This meant the person might not be protected from avoidable harm.

Where people, care workers and others were at risk from challenging behaviour from people we saw that the associated triggers and risks were documented. However, one care plan contained a document that was named an advanced directive. An advanced directive indicates what the persons wishes are regarding treatment, should they become ill. On closer inspection, the document was found to be a management and prevention of disturbed behaviour plan. The plan did not give staff a clear directive for how they should act should the person show signs of disturbed behaviour.

Forms included in people's files were used to record and manage people's behaviour. However, the information had not always been evaluated with the person and the corresponding support plans had not been updated. This was despite implementation of this process by the registered provider at our previous focused inspection. At that time, a care worker told us, "The behaviour evaluation forms are a new addition to the care plans and will be included with the monthly evaluation." They continued, "The evaluation will

enable us to monitor the number of incidents by the person and this will help us to identify a reduction or an increase," they continued, "We will be able to use this information to shape the techniques used and to focus on a reduction of incidents by the person." The commercial director told us, "We monitor people's behaviour but they do not always want to be involved with a debrief after an event; this is recorded in the care plans." We checked a care plan and found the associated paperwork had not always been completed. This meant people's behaviour was not effectively managed and staff and others, including people who received a service, were still at risk from avoidable harm. A health professional told us, "The service has put in new paperwork around risk and care planning to help mitigate risk and deliver more personalised care; these are work in progress."

We acknowledged the registered provider was implementing systems and processes to keep people safe from harm. Records for people and other paperwork had been implemented and new methodology was in place to manage people's care and support. However, despite this, we found that improvements were not sustained or continuous. This meant systems and processes to assess, prevent and raise awareness of risk to provide a basis for appropriate support by staff were found to require further improvement. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At our previous inspection on 03 and 08 February 2016, the registered provider did not use a staffing dependency tool and there was insufficient staff, who lacked the appropriate knowledge and skills to meet people's changing needs and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We issued a requirement for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements.

During this inspection, we checked and found the provider was now meeting the requirements of this regulation. The nominated individual from the home told us on the action plan 'The staffing tool was not used as levels were agreed with [local authority].' We saw that staffing had increased with some people receiving one to one support. The commercial director told us, "We are having ongoing discussions with the local authority to increase the number of staff we employ, we are recruiting a new manager and we have taken on some additional new staff." Care workers told us, "Staffing is much better than it used to be; we are trying to have four or five staff on per shift but we are reliant on the use of agency staff." "We should have four staff on at night time but we have two awake staff and one bank staff; there is not enough permanent staff and two of those on nights are agency." "They [agency staff] don't always understand people or their needs which makes it harder for us [full time staff]" and "We don't have a cleaner, we have to do the cleaning which takes our time away from being with people who need our support." The commercial director told us, "We use some agency to increase our numbers and we have one bank staff, the bank staff was employed as a cleaner but they were then recruited as a care worker; cleaning is now spread out across the care workers." They continued, "We are actively recruiting for permanent staff but it is taking time to find and employ the right people."

At our previous inspection on 03 and 08 February 2016, we found that people were not always kept safe from abuse and improper treatment. Care workers had not all received training in safeguarding adults from harm and abuse and some care workers we questioned, were unable to identify types of abuse to look out for when providing care and support to people. This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was served with a Warning Notice to meet the breach.

At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented improvements, which meant they had achieved compliance with this regulation.

During this inspection, we checked and found the registered provider had continued to maintain the improvements they had implemented.

We saw that training for care workers in safeguarding was up to date and the care workers we spoke with understood how to recognise signs of abuse and harm and how to report their concerns. The registered provider used a multiagency policy and procedure in line with the local authority safeguarding team's requirements. This included a threshold information toolkit, which was used to decide when to escalate concerns for further investigation. Safeguarding alerts had been undertaken and investigations completed that were dependant on the severity of the concern. These were discussed and evaluated at quarterly health and safety meetings. Care workers understood how to undertake whistleblowing should this be required. A care worker told us, "I am aware of the procedure and would report any concerns to the Care Quality Commission [CQC]." This meant people were being protected from abuse and improper treatment and the measures implemented by the registered provider.

The registered provider had a Health and Safety (H&S) policy in place. We were provided with a copy dated 2011 with some revisions dated 2016 and a copy dated 2013. However, these were general policies and not specific to the service. Provision to record other weekly checks were in place for disinfecting showerheads, bath checks, and chair checks however, we found these had not been completed. We spoke with the commercial director about this and they told us, "These checks have been picked up as part of audits and measures have been implemented to ensure they are completed and recorded following our procedures." We saw this had been discussed at staff meetings and care workers we spoke with were aware of their responsibilities to complete this information. These checks helped the registered provider to mitigate associated risks of the spread of infections.

The registered provider had an up to date fire certificate. The commercial director showed us a 'Fire File'. This contained monthly-recorded fire drills, Fire Marshall training for three care workers and fire training for all other care workers. A fire risk assessment had been completed by the fire and rescue service and risks identified in the associated report had been completed by the registered provider. These measures helped to keep people safe from the risks of a fire.

Care plans contained Personal Emergency Evacuation Plans (PEEP) for people. We saw PEEP's contained appropriate information on any assistance required by the individual to evacuate the premises in the case of an emergency. All care workers understood the importance of these documents, a care worker said, "All files have a PEEP so we know who needs assistance in the case of an emergency such as a fire so we can evacuate them in safely in a controlled manner."

The registered provider had completed a range of risk assessments that helped to ensure access to the home, the environment and equipment was safe for everybody to use. These included weekly room checks, pathways, gardens, flooring and window restrictor checks. Electrical wiring, gas certificate and Portable Appliance Testing (PAT) were up to date and Control of Substances Hazardous to Health (COSHH) data sheets were up to date. The home was still under refurbishment and these outside areas had access restricted that helped maintain everybody's safety.

At our previous inspection on 03 and 08 February 2016, we found that medication was not managed in a safe way for people. We found care workers had a lack of medication training and awareness. Medication was not administered in a timely manner in line with people's requirements, we saw that recording and control of medication was ineffective. We issued the registered provider with a Warning Notice to meet with the associated breach identified under Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities).

At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented improvement measures, which meant people received their medication as prescribed, but guidance for the safe administering and management of medication was generic and not tailored to the home. Care workers were unable to adhere to this guidance, which in turn reflected in the lack of complete medication records in people's files. The registered provider had failed to keep accurate, contemporaneous records of the care people required, and that had been delivered. This was a continued breach of Regulation 17 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we observed the administration of medication with people in the privacy of their own rooms and we saw the system and process was effective in ensuring people received their medication in a safe way. We checked the management of medications and found measures in place to receive, store, record, return and administer medicines were safe. We looked again at the policy and procedure in place that was used to provide care workers with further guidance. We were told this had not been updated since our focused inspection however, information was available to guide care workers in the process and procedure. The commercial director told us, "We are reviewing policies and procedures and they will be updated where any changes in the process we use are identified." This meant the systems and processes implemented to ensure people's medicines were managed and administered safely were effective.

Is the service effective?

Our findings

At our previous inspection on 03 and 08 February 2016, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We found evidence that the service was not working within the principles of the MCA. This was a breach of Regulation 11: Need for consent under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements.

During this inspection, we found care workers had received training in and had a basic understanding of the requirements of the MCA. The 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 Act 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. The application procedures for this in care home services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, we checked and found the registered provider was working within the principles of the MCA. We asked for details of people with a DoLS. The commercial director told us three people had a DoLS and these had expired. Where the authorisations for DoLS had expired, the registered provider had submitted new applications to the local authority and was waiting for these to be completed. We saw that where the registered provider had concerns about people's capacity under the MCA an advocate or an Independent Mental Capacity Advocate (IMCA) had visited people at the home. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard and they are supported on issues that are important to them. The commercial director told us, "We do try and provide additional support for people and we involve advocacy services but people are not always willing to accept this support, so we respect this."

Despite the above systems and processes in place to meet legislation under the MCA and an understanding of the principles of the MCA by staff, we found the associated care plans for people, who the registered provider had identified as having a lack of capacity, were not always up to date. We found daily handover notes that provided information for care and support workers on any daily concerns or wellbeing for the person had not always been completed and were not always up to date. Where risk and support plans had been reviewed information in people's care plans as a point of reference for care workers and others involved in people's care and support was not up to date with trends and information to help meet the person's needs.' A care plan included paperwork that stated a DoLS request (standard Authorisation) had been sent to the local authority for assessment in September 2016. The person's care plan was detailed regarding their strengths and needs, social skills personal relationships, living skills and personal care. However, documentation was not available that informed care workers and other health professionals, that they had previously been assessed under the MCA with a lack of capacity. We spoke with the commercial

director about our concerns and they told us that care plans were being reviewed and updated and they were waiting for further capacity assessments for people. The above concerns meant there was a lack of accurate complete and contemporaneous records for people. There was insufficient information for people considered to have a lack of capacity. This meant care workers might not always ensure people were able to make an informed decision, that those decisions were recorded and that evidence was provided that confirmed they were taken in line with the requirements of the MCA or where relevant, the Mental Health Act 1983 and their associated codes of practice. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 03 and 08 February 2016, we found the registered provider did not have systems and processes in place that effectively met the nutritional and hydration needs of people who lived in the home. This was breach of Regulation 14 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements.

At this inspection, we found the registered provider was meeting with this regulation. People living at the home told us that mealtimes and choice of food and drinks had all improved. They said, "We have got our own kitchens if we want to use them, we can make drinks whenever we want", "The food is good and we get what we like" and "I actually buy my own food because I am on a diet and I use a lot of Quorn because it's healthier with no fat in it." A health professional told us, 'They [registered provider] changed the dining experience so residents could eat at times of their choice, in the location of their choice, and when residents tried this, most didn't like the changes and wanted to go back to having shared mealtimes.' They also said, 'They have been able to make those changes, whilst still giving choice to people who wanted to eat alone or at different times.' One person told us, "Meal times are better now we all sit back in the dining room." We observed the midday snack and saw people were supported to eat, if necessary by care workers. One person chose to eat soup and bread as they had been to the dentist. Another person was supported and encouraged to chew their food and care workers did this patiently. Cold drinks were available and people were able to make hot drinks using the facilities provided.

Diet and nutritional needs profiles for each person were maintained in the kitchen area as a point of reference for care workers during meal times. However, we were concerned to find this information had not been reviewed and updated since April 2016. Care workers told us that up to date information was available in people's care plans. We checked this and found support plans included information to help people maintain a healthy diet. Information included a nutritional assessment that included a weight chart and in the files we looked at and this was completed monthly.

Records in a care plan included assistance with eating that a person required to avoid choking. We asked a care worker if a speech and language team (SALT) had been involved in assessing the person's needs and if they had provided additional guidance with food choices that ensured the person received a balanced diet. The care worker was not aware of this involvement or any associated guidance. We spoke with the commercial director about this and they confirmed and we saw from the person's care plan that a referral and assessment had been made. We were concerned the care worker was not aware about this guidance and the associated lack of communication the agency worker had received that ensured the person was supported according to their dietary needs.

This meant despite assessments of people's nutritional needs and involvement of other health professionals where the provider had concerns, all appropriate information was not always consistently recorded, regularly reviewed or updated. Communication was not effective that ensured care workers were always

aware of the support people required to meet their nutritional and hydration needs. Whilst we noted improvement, the above concerns meant the registered provider was in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 03 and 08 February 2016, we found care workers had not always completed an appropriate induction programme or training to provide them with the necessary skills and knowledge that supported them in their role. Regular supervisions had not been completed and annual appraisals had not been implemented. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We issued a requirement for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements.

During this inspection, we checked and found people received effective care, which was based on best practice, from staff who had the knowledge and skills they need to carry out their roles and responsibilities. A care worker told us, "All new care workers complete an induction programme that lasts about two and a half weeks; it includes some shadowing of existing care workers to gain a better understanding of how the home works and peoples individual needs." The registered provider showed us a training matrix they used to manage training for care workers. We saw twelve care workers had completed and three new employees were working towards completion of the induction programme. This information was recorded in the files of four care workers that we inspected. We saw that other training was well maintained and recorded. Care workers had completed a range of training for mental health awareness and associated issues that included bipolar, schizophrenia and psychology and also training in practical skills such as moving and handling, medication, infection control and fire awareness. A care worker told us, "As part of the training we receive, the trainer completes competency assessments to ensure we have understood what we have learnt and that we can put theory into practice." Training records for care workers confirmed this information was recorded.

Care workers told us they felt supported in their roles. They said, "I have regular supervisions, they are a good opportunity to discuss any concerns." "I have just had supervision it was informal and we discussed my progress and I was updated about the changes around the home." We saw people had supervisions documented in their files. Some had quite detailed feedback but others did not contain much information, at times only one line was documented. Annual appraisals had not been completed. The commercial director told us, "Once we have the registered manager in post they will schedule in the annual appraisals." This meant staff received appropriate support to undertake their role.

Is the service caring?

Our findings

At our previous inspection on 03 and 08 February 2016, we observed people in the service were not supported with their personal care, and care workers did not always treat people with dignity, consideration and respect. We issued the registered provider with a Warning Notice in respect the breach of Regulation 10 Dignity and Respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider had taken appropriate action to meet the Warning Notice. During this inspection, we needed to make sure the improvements, implemented because of the Warning Notice, were sustained and evidenced continuous improvement.

We observed an improvement in the way people presented themselves. Systems and processes had been implemented to record people's preferences and support plans implemented to provide care workers with some guidance on providing personal care for people. Staff we spoke with understood the importance of treating people respectfully in a dignified manner. A care worker told us, "Some people have improved along with the improvements in their environment but others are slower to respond to the changes; we have to be respectful of people's wishes and we encourage them in maintaining their dignity and personal care." We observed staff knock on people's doors and waiting to be allowed in and we observed staff speaking to and addressing people how they wanted to be addressed. This meant that systems and processes were in place that meant people could be supported with dignity and treated with respect.

However, we saw these processes were not always effective. Documented information on personal care for people was not always meeting their needs and care workers seemed unsure how to respond. We observed some people were wearing dirty, ill-fitting clothes and one person had old trousers with numerous cigarette burns in them. A care worker told us, "It's an on-going process; people like to wear clothes that they are comfortable in, we are making improvement with some but others are not interested in our suggestions." The commercial director told us, "Some people choose to spend their money on cigarettes and can't always afford then to buy new clothes; that's their choice." It was clear people's wishes were respected but we did not evidence what the registered provider was doing to help people to obtain new clothes where they had chosen to spend their money on cigarettes.

One person was not bathing and had not done so in over a year. We observed the person had multiple layers of clothing, which were food stained and they had food around their mouth. The registered provider had a DoLS in place for the person due to their lack of capacity and care plans were available that included information that provided some guidance for staff that provided personal care. Despite this information, discussions with care workers indicated that they did not appear to know how to address the concerns we raised and they told us they thought personal care had improved for the person. We spoke with the director about this and they told us, "[Name] makes the choice not to bath and we respect that, we have a support plan in place for their personal care and staff have made progress with this." They said, "[Name] has a DoLS in place and has complex support needs; we involve other health professionals in their support package."

Despite the systems and processes implemented by the registered provider, our observations confirmed these two people required further support with basic personal care. We were concerned that where

alternative support from other professionals had been sought, that guidance documented was had not improved their personal care. Care workers we spoke with seemed unsure what else they could do that promoted people to live in a dignified way. We found there was a lack of comprehensive records to guide staff who were unsure what to do to meet and improve people's personal care needs.

We were told the hairdresser still visited and a care worker told us this was now every eight weeks and not monthly as they had done at our previous focused inspection. One person told us, "I like to have my hair done and look nice, I go shopping with [care worker] and can buy nice new clothes too."

At the previous focused inspection, a person told us, "I have had my nails done recently and when the hairdresser comes; I tell her what I want done." Despite this previous improvement, during this inspection, we observed two of the resident's nails were long and dirty and one person had swollen feet and legs. A care worker said, "We do not help with personal care that involves wet shaving, or cutting hair or nails, we have made referrals for people to be seen by a podiatrist and chiropodist but this takes time due to the waiting lists." The commercial director confirmed staff were not allowed to use sharp instruments when providing personal care. We saw referrals had been made but we did not see where people's personal care had been reviewed and risk assessments implemented that mitigate the associated risks with using sharps by care workers. We were concerned that associated alternative guidance for staff was not recorded that provided people with alternative safe care and support that met with their personal care needs. For example, alternative methods that helped maintain peoples personal nail care, such as using a nail file and scrubbing brush and not scissors was not documented along with guidance from other health professionals.

The registered provider had implemented changes that had resulted in some improvement in the care and support people received with their personal care. However, we observed some people appeared in a neglected state of dress and were not always robustly supported with their personal hygiene. We were informed this was due to people's choice and preferences and we saw staff were respectful of those decisions. However, some people had been identified as not having full capacity under the MCA and this information was not always available for staff in people's care plans. Records were not detailed. There was insufficient management oversight and information provided as guidance was not always detailed, reviewed or updated and staff at times were unsure of alternative methods that encouraged and supported people with their personal care.

The above concerns are a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 03 and 08 February 2016, we found people were not always included in the decisions about their care; their care plans were out of date and did not reflect their current needs. We issued the registered provider with a Warning Notice to meet with the breach identified under Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented systems and processes to meet with the Warning Notice requirements for the breach of the associated regulation.

During our previous inspection on 03 and 08 February 2016 the registered provider told us that staff were undergoing a programme of care plan training and we were shown a blank copy of a new style of care plan due for implementation. They told us, "Management need to get to know people" and "Staff will rewrite the care plans once the training has finished and management will review them [care plans] on a monthly basis."

At this inspection, we saw that all care workers had completed training in care planning. A care worker told

us, "We are reviewing peoples care and support plans but we have been short of staff to complete them all." The commercial director told us, "Reviews of care plans including the support and risk assessments is on-going." They showed us paperwork in the office that had been updated but had not, at the time of our inspection been implemented. A care worker told us, "Care plans and other information available to us has improved and we also document daily notes after each shift so information on people is available to the next shift." We looked at people's daily diary notes and found it was not always clear when these had been completed. This meant staff did not always have up to date information that helped them to understand or provide appropriate up to date care and support to people as this was not documented. This meant people might receive inappropriate care that did not meet their needs putting them and staff at risk.

Some care plans contained provision for documentation that had been discussed with people. This included individual Health Plans. We were told this information was completed a section at a time as people were often reluctant to engage and document their agreement with the information. We saw some care plans contained information that acknowledged the person did not wish to sign, agree or take part in their care planning. We saw that some people had only signed some areas of their care plan. One care plan contained the information, 'I do not want to read or sign my care plan' and this was dated with the review date. We saw that where a person was able to sign their consent to the planned care and support this had been included but was inconsistently recorded.

The commercial director told us care plans would be reviewed as a minimum monthly but we found some care plans had not been reviewed since our previous focused inspection, which meant the information, was not always reflective of people's current needs. We were unable to evidence where additional support or assistance had been explored that provided people with opportunities to be involved in and make decisions about their care planning.

We found that some improvement to the systems and process implemented had continued and everybody had a care plan. However, we found information had not been updated for everybody living in the home and that where associated records had been reviewed information had not been updated at the point of reference for care workers and others involved with people's care, which meant they were unable to consistently meet with people's individual needs. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people using the service had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation we found that the registered provider had recorded and responded to those needs. For example, one person liked to visit church but had limited mobility. Arrangements were in place and the priest visited the person at the home. Another person had a lack of mobility and equipment was in place that helped them to mobilise. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

At our previous inspection on 03 and 08 February 2016, we found that although the service had a zero smoking policy in place, people continued to smoke in their rooms and in the communal areas. There were no details in people's care plans of how they were supported with smoking or any documented involvement of other health professionals to mitigate the associated risks to the person or others living and working in the service. This meant the environment was not healthy for people and others and people's care was not being effectively managed to keep people safe and well. We issued the registered provider with a Warning Notice to meet with the breach identified under Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented systems and

processes to meet with the Warning Notice requirements for the breach of the associated regulation.

At this inspection, we saw where people had completed and signed a 'Smokers agreement'; care plans included a smoking risk assessment and information on how to support the individual. During our focused inspection on 20 and 21 June 2016, the nominated individual told us, "People have been allowed to smoke in and around the service, including their own personal rooms for many years." They continued, "We have brought in the fire brigade to raise awareness of the risks of smoking in rooms", "We have involved other health professionals to encourage smoking cessation and we have built a smoking shelter outside to help enforce our no smoking policy."

During this inspection, we found people were adhering to the no smoking policy in communal areas of the home and outside areas had been developed that allowed people to continue smoking if that was their choice. However, we looked in two peoples rooms with their permission and saw that carpets had cigarette burns and there was a smell of cigarettes that drifted into the corridor of the home. The commercial director told us, "Some people are reluctant to stop smoking and we have outside areas for that purpose but others do still smoke in their room." They continued, "We are exploring options to move one person to a room with direct outside access and we will continue to enforce the policy of no smoking in the home."

This meant sustained improvement had been made and policy and procedures implemented to minimise the risks associated with people smoking in the home were being followed. This work was ongoing and enforcement of the policy was being worked towards by the registered provider.

Is the service responsive?

Our findings

At our previous inspection on 03 and 08 February 2016, we saw some people living in the home were left in avoidable isolation and were not receiving person centred care and support in line with their preferences. We issued the registered provider with a Warning Notice to meet with the breach identified under Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented systems and processes to meet with the Warning Notice requirements for the breach of the associated regulation.

Care plans we looked at during this inspection included details on how to support people with communication, social skills, personal relationships, leisure and social activities, daily living skills, personal care, material goods, spiritual and cultural needs, personal choice, mobility, finance and independent living skills. Where this information had been reviewed, we found people's records had not always been updated. A care worker told us, "We try and provide care and support that not only meets with essential needs such as medication but also other social needs and activities" and "It is taking time but we are making progress, some people are more responsive than others."

The registered provider had bought a car that was used to transport people out on activities such as shopping, days out and appointments. A person said, "We have a car now but it's only available when staff are available who can drive it." We found there was a lack of meaningful and structured activities on offer for people. The commercial director told us they hoped activities for people would improve with the employment of more staff and a new manager. They said, "Some people have one to one support which is great as they have a lot of support with things like shopping, going out for lunch and cooking" and "It's harder for others as some are happy just pottering around the home; we try and encourage them with things they are interested in and we record where they refuse to be involved."

We observed one person who was receiving direct one to one support from a care worker. The care worker was from an agency and they were sitting next to the person who was asleep. When the person awoke, they told us, "There is not much to do; I like to colour pictures but that's all in my room." There was minimum conversation between the agency care worker and the person, who appeared unsure of how to support the person and what activities they liked to do.

The above concerns meant information regarding people's wishes and preferences was not always up to date or available in people's records. People's choices and preferences were not effectively communicated to staff who were unsure of how to support people with their preferred activities. This meant the registered provider had failed to maintain accurate and complete records. This was in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "I really like it here now because things are better with the décor, we are modern now." Another person said, "We sometimes do craft work and I had some on a notice board but it's been taken down for decoration; I hope it will be put back up" and "We go out for Christmas lunch every year and we are thinking of going out in the summer as well."

A health professional told us, "We have seen how residents are encouraged to mix with other residents from other homes," "On the day of my last visit on 31 October 2016, some residents were going by minibus to a party at one of the registered providers other York homes." They also said, "We have feedback on the need to improve activities, and Holgate House have accepted this." "They are looking to implement a different model to try and encourage residents to partake in activities."

People had a documented named key worker and a list of people involved in their care however, people we spoke with did not know who their key worker was. We saw care plans included a communication and visit record. In a care plan, we looked at this included communication, visits and updates with the person's family. People were not left in avoidable social isolation. One person had chosen to remain in their room and care workers spent time with them during meals and throughout the day. The person told us, "I stay in my room now because it's peaceful and I don't see any family anymore because there is only my brother and because he is as old as me he can't get here."

During our previous inspection, we found that ineffective procedures were in place for people to transition between services. We issued the registered provider with a Warning Notice to meet with the breach identified under Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At a focused inspection on 20 and 21 June 2016, we found the registered provider had implemented systems and processes to meet with the Warning Notice requirements for the breach of the associated regulation.

During this inspection, we checked that the measures implemented were still in place and we saw that people's care files included a 'Hospital Passport'. This contained appropriate personal information that included any health, medication, mobility or other information that a hospital or other health professional would need to know when a person was admitted from the service to help them to receive appropriate treatment.

The registered provider had a complaints policy and procedure in place and this was dated January 2016. Guidance included an easy read document and a complaint form that included pictorial images that helped people with learning disabilities to understand how to complain about the service. The complaints form included details of the complaint and outcomes. For example, a person had complained about meals and the food. The recorded outcome included changes to the menu, introduction of a comments box in the dining area, assessment of peoples likes and dislikes and a meeting was arranged to pan a four-week menu. This meant the registered provider had systems and processes in place to record and evaluate complaints to mitigate re-occurrence.

Is the service well-led?

Our findings

At our previous inspection on 03 and 08 February 2016, we found systems and processes such as audits and quality assurances were not always effective to assess, monitor and improve the quality and safety of the service. Systems and processes were not always effective in identifying, assessing, monitoring and mitigating the risks to the health and safety and welfare of service users and others and there were ineffective audit and governance systems. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a notice for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements.

At this inspection we were shown a quality assurance file which management used to evaluate performance within the home, service and the environment. We saw audits in the file had been completed to review policy and procedures, medication, health and safety, infection control and operations. These had been completed monthly and evaluations helped management to monitor areas that required improvement. We saw these included actions required, the responsible person and timescales for completion. For example, the operations audit included audits for customer satisfaction and person centred care. Outcomes for this audit were 89.3% for effectiveness of systems and processes in place that achieved improvement in July 2016 and 87% in September. The commercial director told us there was still a lot of work to do both with the renovation and in improvements of the home and in ensuring people's records were up to date and reflective of people's needs.

The registered provider had implemented improvements but there was a lack of management oversight to ensure the measures had been sustained and were consistent across all areas. We found from our inspection that although people now had a care plan, information in people's care plans was not always up to date. This meant the registered provider had failed to maintain accurate and complete records in respect of each service user. Systems and processes in place to assess monitor and mitigate risks relating to the health and safety of service users were not always effective, as the registered provider had failed to identify and respond to the concerns we evidenced during our inspection. For example, we found concerns that risk assessments in place did not always keep people safe from avoidable harm in the community and in the home.

Systems and processes implemented by the registered provider had not always been maintained and updated. Insufficient information for people considered to have a lack of capacity meant care workers might not always ensure people were able to make an informed decision, that those decisions were recorded, and that evidence was provided that they were taken in line with the requirements of the MCA or where relevant the Mental health act 1983 and their associated codes of practice.

Quality assurance systems had failed to ensure that consistent record keeping was made for people, which meant they might not always receive appropriate safe care and support that was responsive to their current needs. Where people required support with dietary needs and nutrition information was not consistently up dated in all points of reference and staff lacked awareness of people's needs because of poor

communication. Where a multiagency approach had been taken to people's care and support checks had failed to ensure people's records contained up to date information and there was a lack of awareness by staff on how they could meet people's personal care needs and that they ensured were always treated with dignity and respect.

The commercial director told us that reviews of people's paperwork was ongoing. They said, "People do have very complex needs and it is taking time to engage with other health professionals to ensure reviews are holistic." They showed us paperwork that required implementation in people's files and they told us this would form the basis of people's support plans with ongoing reviews that would be led by the new manager once they had commenced their role.

We found that although some improvements were evident, further work was required to ensure that accurate complete and up to date records were in place.

This was a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home required a registered manager. The intention of this regulation is to ensure that people who use services have their needs met because the regulated activity is managed by an appropriate person. At the time of our inspection, there was no registered manager in place and the home had been without a registered manager since January 2016. The commercial director told us that they had recruited to the post of Manager and were waiting for pre-employment checks to be completed before the individual commenced their role. We have written to the registered provider about this.

At our previous inspection on 03 and 08 February 2016, we found the home was not clean, secure for people and others, and was not properly maintained. Standards of hygiene were not maintained in the shared living or service areas. This was a Breach of Regulation 15: Premises and equipment under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement for improvement for this breach of regulation and asked the registered provider to submit an action plan to detail how they intended to make the required improvements. During this inspection, we checked to see if the provider was now meeting the requirements of this regulation.

We saw the home was secure with key pads in use for both the external entrance and internally within the home. Everybody who needed access including people who lived at the home was aware of the codes and were able to move freely about.

The home was clean and care workers had been allocated this responsibility as part of their duties. There were no mal odours in the communal areas. Where the smell of cigarette smoke was still evident, the provider was progressing plans to address those areas of concern.

Building and renovation work was evident and we saw associated rubble and waste was piled behind the home. We asked the commercial director about this and they told us, "The skip lorry cannot fit down the back so the builders pile up the rubbish until there is enough to fill a skip; they then briefly block the drive with the skip, load it with the rubbish and take it away."

The outside garden areas had been tidied up and people told us there were plans to use the area for sitting outdoors in summer and to have barbecues when the weather improved.

We saw the measures implemented by the provider had led to improvement of the home environment.

Standards of hygiene had improved and the home was clean and secure for people. Work was ongoing but audits were effective in identifying areas of concern such as the smell of cigarette smoke and plans were implemented to address those concerns.

Everybody spoke positively about the improvements that had been completed to the home and the environment. It was recognised that further improvement was still required. We found that the main building was still under renovation and other areas of the home were still in need of update and further works. The commercial director told us they hoped the main building would be completed in time for Christmas, other bedrooms, meeting rooms and areas of the home would be completed in the New Year.

The registered provider worked with other health professionals as part of their improvement plan for the home. Quarterly meetings with the local authority were documented that discussed and reported on ongoing actions. A health professional told us, "[Management] who we've been working with to improve concerns at the home have been very willing to engage and improve and get things right." They continued, "They [management] know residents very well, and are able to give me a lot of detail on how they like to be supported, and how they like to live at Holgate House."

We looked at how the registered provider had obtained feedback from everybody involved at the home and how the feedback was used to evaluate and improve the service for people. We were shown the outcomes of a questionnaire which the registered provider had sent out to staff, professionals and relatives in August 2016. The responses had been evaluated and an action plan to address the issues raised had been implemented. This had been discussed at team meetings and followed up in September with an additional audit conducted in October to ensure the actions had been met.

We looked at minutes of service user group meetings. One meeting had discussed the new mealtime arrangements and people had asked for this to be put back to everybody eating together. The commercial director told us, "We asked people about their meals and they told us they wanted a communal meal time so we have responded and made the changes." One person told us, "The meals have improved, the food is good and we can eat back in the main dining room again."

We asked care workers how they were kept up to date with best practice. They told us they attended monthly staff meetings. One care worker said, "The staff meetings are good for getting up to date with all the changes, it is an exciting time for us all and everybody is very positive about the progress we are making." We saw minutes of the meetings included information that helped to keep everybody up to date and provided additional feedback on areas of concern, training and new employees.

We looked at the culture of the organisation and its ethos. The registered provider had an up to date statement of purpose that highlighted aims and objectives of the service. It was clear from the staff meetings that standards of care were reinforced and care workers told us they understood their roles and responsibilities. The commercial director told us, "we are always trying to push people to maintain their independence, we have built in kitchen areas near to people's rooms to encourage them to prepare their own food and they can make their own drinks when they need to." They continued, "Some are more responsive to this than others, some people have lived here for many years and they may be slower to embrace the changes."

All care providers must notify the CQC about certain changes, events and incidents affecting their service or the people who use it. The registered provider had submitted notifications to the CQC and management knew about their registration requirements under their registration.

The public has a right to know how care services are performing. To help them to do this, the Government has introduced a requirement for providers to display CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. This regulation, which came into force on 1 April, says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website (if they have one). We looked at the registered provider's website. The home was not listed on their web site but there was a link to the CQC web site where the ratings could be seen. We checked inside the home and found the ratings were not displayed. The commercial director told us, "We are waiting for a photograph of the home before we put information on our website but there is a link to the ratings." They continued, "We are decorating the home and have removed the notice board where the ratings were displayed." "They will be put back up as soon as we have the new board in place."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effective to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p> <p>Systems and processes were not effective to ensure accurate, complete and contemporaneous records were maintained for each service user that included a record of the care and support provided to the service user and in the decision taken in relation to the care and treatment provided.</p> <p>Systems and processes to evaluate and improve practice were not effective to ensure that audit and governance systems remained effective.</p>

The enforcement action we took:

Warning notice