Yellow Rose Lodge Limited

Holyrood House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Holyrood House is registered to provide accommodation and personal care for a maximum of 29 older people, some of whom may be living with dementia. The service is situated in Hedon, which is a small town in the East Riding of Yorkshire. It is within walking distance of local shops and other amenities. Accommodation is provided over two floors and there are a selection of bedrooms for single occupancy and communal areas which include a lounge, dining room and a large pleasant garden available for people who live at the service.

The service had a manager in post as required by a condition of registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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.

We last inspected the service in November 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People we spoke with told us they felt safe living at Holyrood House. We observed warm and positive interactions between people, the staff and the registered manager, and people were relaxed and at ease in their home environment.

We found that people's individual needs were assessed and the registered provider had put risk assessments in place to manage and reduce the risk of avoidable harm. The registered manager was aware of their obligations in relation to managing and reporting any safeguarding concerns.

The staff we spoke with understood the risks to people's wellbeing and knew what action they must take to help minimise risks. Service contracts were in place to ensure equipment remained safe to use. The environment had undergone some refurbishment in the year prior to our inspection. The registered provider employed domestic staff but we found some areas of the home had not been maintained and cleaned effectively. These issues were addressed during and immediately after the inspection.

We found that the management and administration of medicines was safely carried out. Staffing levels on the day of our inspection were adequate to meet people's needs. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support people living at Holyrood House.

People told us staff were caring. People were involved in decisions about their care and we observed people being offered choices, such as what they wanted to eat and drink. People's privacy was respected.

We saw that people were supported according to their person-centred care plans, which reflected their

needs well and which were regularly reviewed. We found that people were supported to access healthcare services.

People received suitable nutrition and hydration to maintain their levels of health and wellbeing. People told us they had enough to eat and drink, and enjoyed the food. We saw people had access to refreshments and snacks during the day. The mealtime we observed was relaxed and organised. Food was presented well and people were able to choose what they wanted to eat.

People were supported to eat in a supportive and calm setting that provided an opportunity to socialise as well as eat.

People had the opportunity to engage in various pastimes and activities if they wished to do so.

There was a complaints procedure in place and people were able to raise concerns.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Holyrood 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 26 May 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day of the inspection and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit, we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that have occurred at the service. We also received feedback from the local authority's quality monitoring and safeguarding teams which was used to inform the planning of the inspection.

Prior to the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with seven people who used the service, seven relatives, a visiting health professional, nine care staff (one of whom was a senior staff member). We also spoke with the registered manager, registered provider and a director of the organisation, who assisted us with the provision of information during the inspection.

We looked at three people's care records, five people's medication records, four staff recruitment and training files and a selection of records used to monitor the quality of the service. We spent time in the communal areas of the home on both days of our inspection and observed staff interacting with people. We also completed a tour of the environment.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "This [the service] is safer than home. I can push my wheelchair straight through, there aren't any steps."

The majority of relatives we spoke with said they felt their loved ones were safe living at the service. Comments included, "I think they keep [Name] safe, they always have the sides up on the bed and there are always staff to assist [Name]", "It's a really safe environment. The best there is" and, "I've got peace of mind, [Name] is in a safe place and cared for." We received one concern during the inspection in relation to the staffing levels and the care and support of one person. We discussed this with the registered manager who agreed to address this and provide us with an outcome.

We saw the registered provider had invested in refurbishment in areas of the property in the two years prior to this inspection. The registered provider also had an up to date infection control policy and employed four domestic staff. We found the level of maintenance and cleanliness in the service was satisfactory. However, there were some areas of the service that needed attention including a bathroom floor, skirting boards in one en-suite, dusty pipework in the laundry and dust behind furniture in one person's bedroom and a stained duvet. We found three further stained duvets, these were not in use and all were disposed of immediately by the registered manager, along with a worn pressure cushion we found. We checked a further 11 peoples bedrooms (with permission) and found these to be clean and tidy. One person told us, "My room is always clean and my bedding is always cleaned" and another said, "My room is kept as clean as possible." Relatives told us, "It's [the service] always clean. There are never any smells" and, "[Names] room is always clean. I have supplied bedding and none of it has gone missing." Armchairs in the lounge were in good condition, however we noted twelve of them required cleaning.

These issues were of low risk to the people using the service and had a low impact on their daily lives. We gave feedback to the registered manager that they needed to closely audit the levels of infection prevention and control and maintenance within the service to make sure their practices were effective. The registered provider updated us immediately after this inspection to inform us that the above issues had been addressed and the cleaning and maintenance schedules had been amended to be more rigorous in these areas.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date.

Risk assessments were in place for people, which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as pressure care, health, moving and handling and choking. The choking risk assessment for one person whose file we reviewed included detail about the impact of the person's health condition and the measures to follow such as stage one thickener in fluids, a soft diet and good posture during mealtimes. This meant that risks had been identified and were minimised to protect people. Regular reviews were undertaken, to ensure that the risk assessments in place provided the right guidance for staff to support people in a safe way. Accidents

and incidents were monitored and analysed. Action was taken if concerns were identified.

Staff received training in safeguarding vulnerable adults from abuse or harm and there was a safeguarding policy and procedure in place. Staff told us they would report any concerns to senior staff or to the registered manager and were confident any issues would be acted upon straightaway. One member of staff told us, "Safeguarding is making sure people are safe from harm. I would report to my senior staff member and if I was not happy with that I would go to the local council safeguarding or CQC."

When we asked people who used the service if there were enough staff on duty, overall we received a positive response. Comments included, "Sometimes I have to wait at night for them [staff] to answer my bell but in the day time it's okay." Relatives told us, "There always seems to be adequate staff and they very rarely use agency staff" and, "I think there is enough staff, they are busy but always come as soon as needed. I've no problems."

Discussion with the staff indicated that they felt they were busy at times but that they worked together well as a team to make sure people received the care and support they needed. Comments included, "It depends how busy we are, but I like being busy" and, "When the shift is full there is enough staff. We have one senior, three care staff and a person on nine am to one pm. We also have [Name of activity worker] Monday to Thursday. We sometimes don't have a lot of time to give people the social element of care."

We discussed staffing levels with the registered manager who told us, "Much of the staffing was already in place when I started but since the last inspection we have increased the staff to include one person from nine am to one pm seven days a week to support residents getting up. We have had a vacant post on and off for a year now and were just fully staffed again and we have a total of four domestic staff now."

The staff team consisted of senior staff, care staff, domestic workers, an administrator, activity coordinator, catering staff and maintenance personnel (that visited the service when required).

We examined staff recruitment procedures and saw that these were robust. Background checks of prospective employees were carried out to confirm they were suitable to work with people living at Holyrood House.

The arrangements for managing people's medicines were safe. There was a medicines management policy and procedure in place and staff received training before supporting anyone with their medicines. Appropriate and up to date best practice guidelines were available for staff to refer to. We observed that medicines were stored and administered to people in a safe way. The medication administration records (MARs) we reviewed were appropriately completed and medication audits were completed regularly.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at Holyrood House understood them well and had the knowledge to care for them. These views were echoed by the majority of relatives we spoke with. Comments included, "I think the staff are good. The people are attentive. We are very fortunate" and, "They [staff] let me know everything about [Name] and she is kept comfortable and in no pain."

We saw that the registered provider had systems in place to ensure staff received the induction, training and gained the experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. Some training was provided via online training and other courses were face to face training courses. Staff we spoke with confirmed the training they had received and told us, "I am social work qualified and I have done a NVQ level 4, infection control and medicines training" and, "The day I started I completed a checklist which included the fire procedure, talking about the residents and talking to them. I did three shadowing sessions and have done my Care Certificate." National Vocational Qualifications (NVQ) are designed to equip learners with the skills and knowledge needed to care for others in a broad range of health or social care settings. The Care Certificate covers the new minimum standards that should be learned as part of induction training for new care workers, as identified by Skills for Care. Skills for Care are part of the National Skills Academy for Social Care and help create a better-led, skilled and valued adult social care workforce.

Staff had regular supervision sessions and an annual development review. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. One member of staff told us, "Supervisions are about every 12 weeks and we talk about any concerns, safeguarding, team morale and our development and training." There were also regular staff meetings. This meant that staff had the opportunity to reflect on their practice, identify training needs and discuss concerns.

We saw that communication within the service was good between the management team, the staff, people that used the service and their relatives. Methods used included daily logs, telephone conversations, meetings, notices and face-to-face discussions. People that used the service and their relatives were seen to ask staff for information and exchanged details so that staff were aware of people's immediate needs. One person told us, "They have been really respectful to me and I've had chances to talk about [Name of loved one], they [staff] have been very, very, very good. No faults at all." Relatives of people that used the service told us, "The staff are getting to know [Name]. I can't fault them" and, "They [staff] always tell me when something is going on with [Name], they will ring me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff received training in MCA and DoLS. They understood the importance of obtaining people's consent to their care. One member of staff told us, "Peoples capacity can fluctuate on a day to day basis. I always ask the questions about what a person wants to eat, drink, what clothes they want

to wear and getting up and going to bed." At the time of our inspection six people who used the service was subject to a DoLS authorisation with a further five applications awaiting an outcome from the local authority.

People had their nutritional needs met by the service because people had been consulted about their dietary likes and dislikes, allergies and any needs due to medical conditions. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. The service had sought the advice of a Speech and Language Therapist (SALT) when needed to ensure people were able to eat and drink safely.

Menus were on display in a picture format for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "Staff sometimes bring me a cup of tea and a little sandwich during the night as I get hungry", "The food is lovely, its home made you know" and, "I love the scrambled eggs, I have them every day for my breakfast. They are tasty." People were offered a choice of meals and we saw the food served looked hot and appetising. At lunchtime most people ate together in the dining room to encourage interaction between people who used the service and staff. We saw one person was encouraged to eat their soup at lunchtime independently and when this was achieved the person was highly praised by everyone which showed how pleased and proud they were of the person's progress. We saw drinks were available throughout the day and observed people were encouraged by staff to drink, as the weather was very warm.

We saw evidence in people's care records that staff supported people to access community health care services such as GPs and district nurses. A healthcare professional told us that staff were always, "On the ball with patients." They went on to say, "If we give them instruction for pressure care, they [staff] keep a chart and are good. I can guarantee if the person's skin starts to deteriorate they are on the phone to get the support needed. They are responsive and I've never had to ask for anything twice."

We observed the environment was suitable for the needs of people using the service, and was comfortable, well-lit and homely. Attention had been paid to the environment for people living with dementia. We saw bedroom doors were brightly coloured and toilets and bathrooms had clear signage on them. This made them more easily visible to people with perception difficulties. There was also a large, attractive garden which enabled people to enjoy outdoor space and pleasant views. The registered provider had made a number of changes to the environment and during our discussions with them they demonstrated an awareness and intention to continue throughout the service with these improvements. We saw the dining room had been redecorated and new plain flooring had been fitted in the ground floor communal areas. One member of staff told us about the improvements, they said, "In all fairness [Name of registered provider] has replaced a lot of the flooring. The communal areas have been re-painted and the main kitchen was gutted. What is the dining room, used to be the lounge and that has changed. A new nurse call system has been fitted and the lift has been practically renewed. Improvements have also been made to the garden."

Good

Is the service caring?

Our findings

The feedback we received about the quality of care at Holyrood House was in the most part positive. Relatives told us, "If I needed to be in a home I would want to be in here" and, "Sometimes there is a lack of common sense and that's when issues can occur." The service had a visible, person centred culture which was evident from our discussions with staff and the comments of all the people we spoke with who lived at the service. People told us staff treated them with kindness and respect at all times, and one person told us, "Staff are great and don't let anyone tell you otherwise."

We saw from our observations that staff interacted very well with people and were caring and compassionate towards them. There was a relaxed, friendly atmosphere with plenty of chatting and laughter. Staff talked about people in a respectful way and we observed they offered assistance discreetly and in a way that protected people's dignity. Staff we spoke with were proud of the work they did. One member of staff told us, "I hope we excel in things like dignity and Holyrood House has always had a good name" and another said, "It's a second family. It's not just a job."

It was evident that staff knew people well. For example, we saw staff responding to people in an attentive manner whilst smiling and sometimes holding hands with people, stroking their hair and face and sometimes kissing people's hands. If anyone became anxious or confused staff were available to spend time with them to offer reassurance and comfort. For example, we saw one person become upset whilst walking around in the service; staff approached the person immediately and offered support to calm and comfort them. We saw people responded very well to the staff approach.

A relative whose loved one had recently moved to the service told us, "[Name] has settled in very well. It's marvellous. [Name] is sleeping well, eating and drinking well and I've seen many improvements since they have been here. I feel [Name] is happy and she has told me she has good friends here. I can sleep at night. I can have a life whilst [Name] continues on her journey." We asked the relative what they thought had contributed to their loved ones improvement and they told us, "Care."

We saw that visitors/relatives and healthcare professionals came to the service throughout the day and were made welcome by staff. It was apparent they had a good relationship with the staff and managers. One relative told us, "I come four days each week and my daughter comes to visit [Name] three days, so [Name] has someone visiting every day." We saw the service also supported a resident to remain in contact with their relatives who lived abroad, using Skype. Skype is an instant messaging application that provides online text message and video chat services.

Staff provided a dignified service and had good knowledge on how to protect a person's dignity. We saw when people required support with their personal care this was done with doors closed and staff spoke to us about people in a respectful manner. A relative told us, "I have visited at all different times and have heard the staff with [Name of relative] and others and they are lovely" and another said, "[Name] is very well cared for and is kept clean and tidy."

People were supported to maintain their independence. A member of staff we spoke with said, "[Name] can still shave himself with some support" and another told us, "[Name] helps us out around the home, [Name] can choose her own clothes and [Name] goes out on her own." We observed the person going out into the community during the inspection.

People's care plans included details about their individual needs and preferences and people told us they were involved in decisions about the service, their daily routines and their care. For instance, we saw regular meetings were held for people using the service in which their views were sought on the food, activity and staffs practice.

The registered provider had a policy and procedure for promoting equality and diversity within the service. We saw that the personalised approach to care ensured that people's emotional, spiritual and social needs were met. Staff ensured people's individual needs, such as their faith, were met. A priest visited the home regularly and 'Elders' visited another person at the service.

Good

Is the service responsive?

Our findings

The records we viewed, and feedback from peoples relatives, showed us that staff were person centred in their approach to people's needs. Relatives told us, "Although [Name] has not been here long, everybody knows me and who I am and this gives me confidence. This is [Name's] home" and, "When [Name] first came here [the service] they [staff] asked me all sorts. The local authority and I had also done a book on [Name's] life story."

We saw staff provided people with person-centred care. This is when treatment or care focuses on people's individual needs and preferences. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids, pressure relieving cushions and mattresses. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedroom or communal lounge areas. People told us they were able to get up when they wanted to and go to bed at their preferred time. We saw people were able to bring in items such as furniture, ornaments and pictures which they could use to personalise their bedrooms and the bedrooms we saw were individual to the person.

We saw each person who used the service had a care plan, which was kept electronically on a 'Care Management System' (CMS). CMS is an electronic system that is designed to manage day to day care and staffing needs. The plans we reviewed were detailed. Each person had a care plan for every aspect of their lives including their personal care, emotions, communication, diet, safety and wellbeing and medical conditions. Each element had a corresponding risk assessment (where required) to ensure people were supported consistently and effectively according to their needs and preferences. Person centred information included individual information about a person's life so far, current and past interests, important routines and how to communicate with the person. For example, one person's care plan specified they liked to live near the coast and enjoyed watching boats come in. It also said the person like to get up, have their breakfast and then go into the lounge to see everyone. We saw the person doing this during the second day of this inspection. People's care records were reviewed and updated regularly and as people's needs changed to make sure people received the care and support they required.

People enjoyed a range of activities. The service employed an activity worker for 30 hours each week and a volunteer was due to commence at the service shortly to support activities. We spoke with an activity worker who was on duty during the inspection. They told us that people enjoyed reading books, magazines, poetry and hand massage. They went on to tell us that activities were recorded on a daily plan but this was flexible and activity was led by what the residents wanted. We were also told that people took part in seasonal activities. For instance, we saw there was an abundance of Easter bonnets at the service that people had made. We saw a quiz taking place in the garden during our inspection and people were encouraging each other with answering the questions.

The registered provider had a complaints policy and procedure which was displayed in the entrance hall of the service. We received some concerns during the inspection which we have reported on in the safe section of this report. None of the people who used the service and that we spoke with had made a formal

complaint. They told us if they had a problem this would be rectified immediately. Relatives told us they knew how to raise a concern or complaint if they had one, and would feel comfortable doing so. One relative told us, "I have all the information I need and this tells me how to complain. If anything cropped up I would speak to [Name of registered manager]."

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered manager since September 2016. During this inspection the registered manager told us they would be leaving the service in June 2017. The registered provider told us they had started the recruitment process for a new manager of the service.

The registered manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.

In discussions during the inspection the registered manager told us they tried to maintain an open door policy. They told us, "This is a very person centred service and resident led. It feels like a family. I can't remember my last supervision with the registered provider but I know he would listen to me. I try and make sure the staff team are supported and regularly talk to people."

Our observation of the service was that the people who used it were treated with respect and in a professional manner. The registered manager told us they kept up to date with best practice and legislation via regular training, attending local authority provider engagement forums and internal managers meeting within the organisation. They told us, "This month we have just started manager and senior staff meetings for all the organisations services. The subject we discussed was MCA and DoLS." They went on to tell us they shared key information about best practice and any legislative changes with staff in team meetings.

We spoke with staff about the management and leadership of the service and the support provided to them. Comments included, "The management want to give the best possible care people can have" and, "[Name of registered manager] is not one to sit in the office. She helps us out in a morning and lunchtimes" and, "I really like [Name of registered manager]. I can talk to her if I needed to and she would address any issues I had."

People we spoke with felt the service had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "Generally good", "Felt warm when you came in the service" and, "I think it's a lovely home. The staff are lovely and in Hedon it [the service] has a good reputation."

We saw from records we reviewed that the last meeting for relatives was held in 2016. The registered manager told us, "We hold a relatives meeting yearly however this years has been postponed as we are awaiting news on permission for a car park at the service." A relative told us, "We sometimes have relatives meetings and I met the owner last year." A concern over the frequency of these meetings was raised with us during this inspection. We discussed this with the registered manager and registered provider who agreed to address this issue and plan more frequent meetings with people's relatives.

There were records of regular staff meetings, which showed staff had received guidance and reminders about various topics, including the care certificate, staff changes, quality of recording and the environment.

There was a quality assurance system in place, which involved a range of audits. We saw that there were quality audits completed on a regular basis on areas including accidents/incidents, complaints, health and safety, care plans, nurse call system, kitchen, laundry and infection control. We saw that a health and safety and quality audit had highlighted some of the issues we found during this inspection, in that new flooring was required in a bathroom and some carpets required cleaning. Both of these audits had been conducted in April 2017 and the findings had yet to be addressed. We also saw that the need for deep cleaning at the service had been identified in a domestic meeting held in May 2017 and an increase of two hours per week had been made to the domestic hours to address this. A fourth domestic staff member had been employed at the time of this inspection. We noted that the audits had not picked up some of the issues we identified such as dust behind furniture and poor quality bed linen. We discussed this with the registered manager and provider who agreed to review their systems to ensure they were effective. We recommend the registered provider continues to review and develop the current quality monitoring systems to ensure the appropriate auditing of the cleanliness and maintenance of the environment.

The service's statement of purpose focussed on providing key values which included treating people as equally important individuals and responding to people changing and evolving needs. We found these aims were met in practice.