

Yellow Rose Lodge Limited

Holyrood 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holyrood House is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

Accommodation is provided in one adapted building, with bedrooms and communal facilities being spread over two floors. There is a lift to the first floor.

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

There was evidence of improvement around leadership, oversight and management within the service. This meant risks to people's health and safety was reduced, although additional work was needed to ensure the new practices were sustained.

Improvements had been made to infection control and prevention practices. Equipment and the environment were clean and there was sufficient cleaning taking place to keep people safe from the risk of infection. We gave the registered manager advice on where to find appropriate guidance to make further improvements.

Staff were recruited safely; further work was needed to ensure there was a clear audit trail in the staff files to show when recruitment checks had been obtained or followed up where needed.

The provider had made improvements to the environment to reduce the risk of harm to people.

Care plans and risk assessments were in place for people's support needs. These had improved in quality since our last inspection. However, further work was needed to ensure all care records were kept up to date and reviewed regularly. The registered manager had an action plan in place to address this.

Risks towards people's health and safety were reduced. The assessment, monitoring and mitigation of risk towards people who used the service had improved.

Improvements had taken place to the management of medicines. Staff had positive links with healthcare professionals which promoted people's wellbeing.

People, relatives and staff felt there were positive changes taking place and the registered manager was listening to their views and opinions.

People felt safe and well looked after. Relatives said they were confident that staff provided good care in a safe way.

Staff were patient, kind and respectful towards people. Care was person-centred and staff had time to chat

with people during the day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Families confirmed that they were able to contribute their views on their relative's care and support.

A registered manager had come into post since the last inspection. They were making positive changes to the service, and people, staff and relatives spoke highly of them.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 23 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Holyrood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Holyrood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave a short period notice of the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two care staff during the site visit; we also had a video conference with two care staff and a member of domestic staff and telephoned three relatives to talk about their experience of the service.

We walked around the service and observed care and social interactions throughout the service using infection, prevention and control and socially distanced practices.

We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We requested copies of a variety of records relating to the management of the service, which were sent to us and reviewed as part of the inspection process.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence, either taken away from the service or sent to us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection, the provider had failed to appropriately assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, many of these improvements were relatively new and the provider needed to sustain them to achieve a good rating.

- People were kept safe from avoidable harm.
- Improvements to the safety and security of the first-floor windows had been carried out by the provider. New window restrictors had been fitted where needed and window frames had been repaired and repainted. A window risk assessment had been completed and safety film fitted where there was single paned glass.
- Improvement to the assessment of risk had been made. Staff had received risk assessment training from the provider and the quality of the risk assessments in the care files had improved. The assessments were individualised and provided staff with information of risk and guidance on the support people needed. We found one person did not have an appropriate care plan and risk assessment of a 'high risk' medicine. The registered manager sent evidence that this was put in place following our inspection.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- Health and safety training had been completed. The majority of staff had attended moving and handling, infection prevention and control and fire drill training.
- Maintenance contracts were in place for equipment and gas, water, electric and fire systems. Regular safety checks of wheelchairs, bed rails and window restrictors were being completed.

Using medicines safely

At our last inspection, the provider had failed to safely manage medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. Improvements had been made to the recording of 'as and when needed' (PRN) medicines and topical medicines such as creams and ointments.
- Staff received medicine management training and competency checks were carried out.

Preventing and controlling infection

At our last inspection the provider failed to ensure that the premises and equipment used to deliver care were properly maintained and kept clean for the purposes for which they are being used. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The environment and equipment used during care and support was clean, safe and maintained.
- A programme of refurbishment and redecoration was ongoing. This included new flooring in bedrooms and communal areas, redecoration of corridors and new furniture where needed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes protected people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Families were confident the service let them know if anything was wrong. One relative said, "Staff notify me of any changes to [Name's] mental health and wellbeing or if there have been any behavioural incidents."

Staffing and recruitment

At the last inspection we made a recommendation that the provider seeks advice from a reputable source about best practice in relation to the recruitment of staff to ensure people are protected from unsuitable staff.

- At this inspection we found that staff were recruited safely. However, further work was needed to develop a clear audit trail of the actions taken by the provider, to ensure recruitment checks were followed up and completed. Following the inspection, the provider sent information that showed a more robust recording system was in place.
- There were enough staff on duty to meet people's needs. We observed that the service was calm, quiet and well organised. People were clean, their requests for attention were dealt with quickly and staff were working in an efficient way.
- Relatives told us, "Staff are lovely, they are good at keeping us up to date with how [Name] is doing" and "I have no concerns about [Name's] care and support, staff are brilliant and always do their best."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure people's consent to care and treatment had been sought in accordance with legislation. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, many of these improvements were relatively new and the provider needed to sustain them to achieve a good rating.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty, had the appropriate legal authority and were being met.

- Systems and processes to assess capacity had improved.
- People (and relatives with power of attorney) were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food and nutrition, but records relating to this had not always been

effectively completed. The registered manager said the electronic record system needed refreshing with information from the staff 'hand held' tablets. We were sent up to date records, following our inspection, to show people were receiving adequate fluids and were being weighed in accordance with their risk level and care plans.

- People had access to a varied and balanced diet. People had drinks available in their bedrooms and in communal areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a robust admission policy for people during the Covid-19 pandemic. This explained the checks and guidance for people being admitted to the service, including information such as isolation timescales, daily temperature checks and monthly testing for the virus.
- The registered manager completed Covid-19 risk assessments for all people using the service in line with current government guidance.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place.
- The staff supported a number of people with complex needs however, specialist training based on people's specific needs had not been completed. For example, diabetes, Parkinson's and epilepsy training. The provider said that this would be sourced from external trainers once the Covid-19 pandemic was over.
- Staff were supported through supervision and appraisals. The provider ensured competency checks were completed with staff, for example with medicine administration, and observed their practice; they received feedback on their performance.
- Staff were confident they had the skills and knowledge to carry out their roles effectively. One member of staff said, "We have on-line training and senior staff work with us as needed."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. They had accessed a limited range of healthcare services during the Covid-19 pandemic, but everyone's needs had been met.
- Staff followed professional advice. A relative said, "Staff keep us up to date with everything. If a health care professional has visited or given a change of treatment, they ring us and tell us how [Name] is doing."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The service design and layout met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and lifting equipment also meant people were comfortable when in bed or being assisted by staff to move from bed to chair.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

At our last inspection the provider's governance and monitoring systems had failed to identify areas of concerns. Systems had failed to ensure risks to people were mitigated. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, many of these improvements were relatively new and the provider needed to sustain them to achieve a good rating.

- The registered manager had made significant and widespread changes to improve the quality and safety of the service. For example, improvements had been made to risk management and cleanliness and hygiene standards, issues with the environment had also been addressed. A relative told us, "I would recommend this home because there is good care and I feel that [Name] is well looked after by kind and caring staff."
- Whilst there were some areas that required further improvement, for example, in relation to the environment, records and risk assessments, systems had been put in place. There was an awareness of what was needed, and work was ongoing to deliver the planned improvements.
- Audits carried out by the provider and the registered manager identified areas of the service that required further improvement; work was still in progress to address some of these issues. The registered manager had an action plan in place and support from the provider to move the service forward.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager had worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service.

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

- There was a positive, calm and friendly atmosphere within the service. Staff told us they felt supported by

the registered manager and one member of staff said, "Staff are working more as a team. [Name of manager] will work with you and offers help and advice as needed."

- The warm and welcoming atmosphere showed the registered manager was working hard to provide a well-managed service. People were treated with respect and kindness. A relative said, "Staff are lovely, they talk to us and give reassurance about [Name]. It is a very happy place."

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

- There was good communication with people and families. One relative said, "The manager and staff are all approachable and responsive to queries."

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

- During the coronavirus pandemic the service had used phone calls, emails and IT (virtual meetings) to ensure people and relatives remain in contact with each other.