Banktop Securities Limited

The Holt Retirement Home

Inspection report

Main Street
Hutton Buscel
Scarborough
North Yorkshire
YO13 9LN

Tel: 01723862045
Website: www.holtretirement.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 9 and 16 October 2018 and the first day was unannounced.

The Holt Retirement Home is a 'care home' situated in the village of Hutton Buscel. 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 supports older people, some of whom may be living with dementia, and can accommodate up to 22 people. At the time of our inspection 20 people lived at the service.

The service is provided in one large building and people have access to communal spaces including a conservatory and a recently landscaped outdoor area.

A registered manager was in post who assisted us throughout the inspection. They had managed the service since 2015. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Quality assurance checks completed by the registered manager and provider did not identify all the issues we highlighted during our inspection. For example, protocols for 'as and when needed' topical medicines not being consistently in place, bed rail checks had not been completed and the recording of reviews and activities required improvement. The management team were responsive and took actions to address the issues we raised.

Detailed risk assessments were completed and control measures to respond to and mitigate potential risks were clearly documented. There were sufficient staff, who worked well together, to safely meet the needs of people who used the service. Staff continued to be recruited safely. Health and safety checks on the building and equipment were completed to ensure people's safety.

Overall, medicines management was safe. We found gaps in one person's medication administration record and protocols for topical creams were not consistently in place. We have made a recommendation that the service ensure their medicines management is in line with best practice.

Staff undertook training to ensure they had sufficient skills and knowledge for their role. Staff had an annual appraisal of their performance and most staff had received a recent supervision. Staff described feeling

supported in their role.

Assessments were completed before people moved into the home to ensure their needs could be met and to understand their like and dislikes. Staff sought people's consent before providing care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Applications to deprive people of their liberty were sought appropriately. The staff worked closely with professionals and sought their advice and input in the care provided. People's weight was monitored and choice of meals and snacks were available according to people's needs and preferences.

People who used the service, their relatives and professionals were positive about staff's approach. Staff were calm and patient with people and promoted their privacy, dignity and independence. Information was available about advocacy services and advocates had aided some people in their decision making process.

People received person centred care from a staff team who understood and responded to their changing needs. Detailed care plans were in place which described people's needs, the support required and contained information about their life history and personal circumstances. The service employed an activities coordinator who arranged a timetable of activities which included visits from performers and craft activities. Information was recorded about people's end of life wishes. The provider had a complaints policy in place, however no formal complaints had been received within the last 12 months. People's relatives were confident that any issues they raised would be listened to and addressed.

We received positive feedback about the management of the service with both the registered manager and provider described as approachable and visible. The management team worked closely with other agencies to ensure people received the care they required. People's feedback on the running of the service was sought and a series of staff meetings were held to share important information about the service and to seek their views.

Further information is in the detailed findings below.

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 has deteriorated to Requires Improvement.	**Requires Improvement**

The Holt Retirement Home

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.

This comprehensive inspection took place on 9 and 16 October 2018. This inspection was unannounced and undertaken by an adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what they do well and any improvements they plan to make. This contributed to our understanding of the service.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We also contacted the local authority commissioning group and the local Healthwatch, a consumer group who aim to share the views and experiences of people using health and social care services in England. We used this information in planning our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We conducted a tour of the environment, observed a lunch time experience and part of a medicines administration round.

During the inspection, we spoke with two people supported by the service and four relatives. We spoke with six members of staff which included the provider, the registered manager, senior care assistant, care assistants and the activities coordinator. We spoke with one healthcare professional during our inspection and received feedback from another healthcare professional following our inspection.

We reviewed documentation relating to three people including risk assessments, care plans and reviews. We looked at four staff files and an overview of staff training, supervisions and appraisals.

We considered information relating to the running of the service including staff rotas, compliments and complaints and a series of policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People who used the service and their relatives told us they felt safe. One relative said, "We went away for a fortnight because I felt safe leaving [Name] with the staff."

Overall, medicines management was safe. Staff undertook training and their competency was assessed to ensure they had the necessary skills and knowledge to safely administer medicines. Medicine administration records demonstrated people received their medicines as required. Checks of the medicines were completed but had not highlighted some areas of record keeping which did not follow the provider policy. Protocols to guide staff on the application of 'as and when needed' topical medicines were not consistently in place and staff had not always signed administration charts when they applied people's creams. Whilst discussions had been held with a person's family and their GP about covertly administering their medicines, advice had not been sought from the pharmacist about the safest way to administer these. No one had been harmed because of these shortfalls and the registered manager took immediate action to address these.

We recommend the service review information relating to best practice around the administration and recording of medicines.

Staff undertook infection control training and had access to personal protective equipment, such as gloves and aprons. The service was clean and there were no malodours. Some minor issues relating to infection control practice were addressed during our inspection, including appropriate storage of slings. A toilet on the ground floor needed updating to ensure this could be effectively cleaned. Plans were in place to complete this.

Bed rail checks were not completed to ensure these were safe. Following our inspection, we received a copy of the bed rail checks to confirm these were now being completed. The provider also agreed to change the window restrictors to ensure these were tamper proof. All other health and safety checks were completed to ensure the safety of the service.

Detailed risk assessments were completed which guided staff on how to reduce risks in areas such as falls and nutrition. Staff understood their duty to report and record any accidents and incidents which the registered manager reviewed to identify any patterns or trends.

There were systems and processes in place to protect people from the risk of harm. The registered manager appropriately reported concerns to the local authority, staff received or were in the process of receiving safeguarding training and understood about the types and signs of abuse.

Staffing levels were safe and people's needs were attended to. On the first day of our inspection, a replacement for a staff member who was unwell could not be found. The staff team, including the registered

manager, worked closely together to ensure people's needs were met.

The provider continued to recruit new staff safely and appropriate checks were completed before starting in their role. The provider used agency staff when there were gaps in the rota and profiles were in place to confirm they had the necessary skills. Inductions were completed to ensure agency staff understood the service, their procedures and people's needs.

Good

Is the service effective?

Our findings

At our last inspection we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Staff received training and support to enable them to effectively carry out their duties. Staff undertook training the provider considered mandatory, which included understanding dementia, first aid and moving and handling. Appraisals of staff's performance were completed and supervisions were up to date for most staff. Staff told us they felt supported in their role. New members of staff completed an induction to ensure they were competent in their role. We discussed with the registered manager and provider about ensuring probationary reviews were documented to reflect the support and monitoring provided to new workers.

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. Where there were concerns about a person's understanding, capacity assessments and best interest decisions were recorded and showed involvement from professionals and people close to the person. We requested the registered manager and provider ensured copies of Lasting Power of Attorney were in place to confirm people had the legal authority to make decisions on a person's behalf. Staff sought people's consent and encouraged people to do things at their own pace.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty were sought appropriately.

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively.

People's meals looked appetising and different options were available according to preference and need. Any concerns about people's weight, food intake or other issues relating to their health and well-being were discussed with the relevant professionals. A healthcare professional told us, "Staff are not afraid to come and chat things through; they are reflective."

People's bedrooms were personalised with furnishings, pictures and plants and had their photograph on their door so they knew which room was theirs. As the home is located within an old building, there were some physical limitations with the environment. Staff understood for most people living at the service they required their guidance and support to safely move around.

Good

Is the service caring?

Our findings

At the last inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

We received positive feedback about the staff's approach. One person said, "They'll (the staff) do anything for you here." A relative told us, "The care is first class. We went round different homes, some were more modern, but nothing like the love, care and attention people get here." Another relative stated, "I can't fault the staff; they're brilliant. They are so caring. [Name] had a stroke and the staff were outstanding. The hospital said they wouldn't get their movement back, but with their support they did."

Professionals were also positive about the care provided to people. Comments included, "They (the staff) know the people they support" and "I think it is a really, really good home. Staff are always friendly and residents are well looked after. If ever my mum and dad needed support it would be here. You get a nice feeling when you come in."

We observed kind and patient interactions between staff and people who used the service. Staff laughed with people and gently encouraged them by placing a reassuring hand on their back or their arm. Staff ensured they spoke with people at eye level. People were addressed in a manner of their choosing and for one person this was a nickname they had in their previous employment.

Staff encouraged people to make their own day to day decisions and were mindful to promote people's independence. For example, they encouraged people to complete personal care tasks they were able to, such as setting the table at mealtimes and walking independently.

Staff were aware of and responded to people's emotional needs. We observed a person who used the service in a distressed state asking where they were. A member of staff approached them and gently asked if they could help. The staff member calmed the person and then requested the activities coordinator spend time with them engaging in an activity they would enjoy.

Staff respected people's privacy and dignity. Staff knocked on people's doors before entering, closed the door when providing personal care and discreetly asked whether people needed assistance to use the bathroom. People's care plans reminded staff of the importance of maintaining people's dignity. For example, 'Please use discretion when supporting in the shower to help [the person] maintain his dignity.' People's information was stored securely to ensure confidentiality.

Advocacy information was available within the service. Advocacy organisations provide independent support to people to enable them to make decisions about their lives and to speak up about the things that are important to them. The registered manager understood when an advocate may be required and had supported people to access this service.

Good

Is the service responsive?

Our findings

At the last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received person-centred care which responded to their changing needs. A relative told us, "If you ring up, they put you straight through to a care worker and they can tell you about the night they had, how they are and whether the GP had been. They are on it."

Detailed, ability focused care plans were in place in relation to elements of people's lives including their personal care, nutrition and emotional needs. One person's care plan we reviewed was not updated with information about some recent difficulties with their weight loss and skin integrity. The staff were, however, aware of the person's needs. Monthly evaluations were completed to ensure people had all the necessary documentation within their care files. However, these lacked person-centred information about how people were and any progress they had made. We highlighted to this to the registered manager who agreed to ensure these were updated. Annual reviews of people's support took place. The records for these discussions were detailed and demonstrated involvement from the relevant professionals and people's family members to ensure people were happy with the care being provided.

A staff member responsible for activities was present within the home five days each week and arranged a variety of activities. This included visits from musicians, such as a harpist and singers, a person who did pottery with people and different craft activities. They also spent time with people doing colouring or simply sitting and talking with them. A variety of events were held for special occasions such as Christmas and Mother's Day where people's family members were encouraged to participate. Ways to reduce potential social isolation for people were considered and people's documentation encouraged staff to make the most of their interaction with people. For example, one person's care plan stated, 'At times they appear to enjoy the social aspect of eating together and this should be promoted to minimise the risk of [the person] becoming socially isolated within the home.' There was limited information recorded about the activities people had taken part in and their response to this. We discussed this with the registered manager who agreed to address documentation around the activities to ensure these were meeting people's needs.

The registered manager worked closely with the palliative care team. They were in the process of reviewing information relating to people's end of life wishes to ensure this important information was clearly documented for when people approached the end of their life. The registered manager and provider wanted people to remain in the home for as long as possible if this was their wish, and they worked closely with professionals to provide people with dignified end of life care.

The provider had a complaints policy in place and information about how to make a complaint was available within the home. No formal complaints had been received within the last twelve months. Any informal concerns were addressed appropriately. People's relatives expressed their confidence that any issues would be addressed and resolved. The service had received compliments about the care provided. For example, 'It was lovely to be with you again and see how everyone was getting on. The Holt is such a

warm and friendly place with everyone so committed to helping the residents. You all do such an important job – thank you all for this.'

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service had deteriorated to Requires Improvement.

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

The provider visited on a regular basis and completed their checks of the service. Alongside this the registered manager completed numerous checks including medicines, care plans and infection control. An independent company was also commissioned to do regular quality assurance visits. This demonstrated to us the provider's commitment to the safety and improvement of the service. Whilst the audits had identified some areas for improvement, they had not consistently highlighted the issues we found during our inspection. For example, protocols for topical medicines were not in place, bed rail checks were not completed and some minor issues relating to storage of equipment which did not promote optimum infection control. Documentation relating to people's reviews of their care and activities also required further development. The registered manager and provider acknowledged and responded to the points we raised. Following our inspection, the registered manager advised they would now include topical administration records within their medicine audits, bed rail checks were completed and the minor infection control issues were addressed during the inspection. The provider and registered manager welcomed feedback and saw this as a way to improve the quality of the service delivered to people.

People's relatives were positive about the registered manager and described how approachable and visible they were within the service. A person told us, "I can't speak highly enough of [the registered manager]; they are very communicative, and care for [the person.] I feel they know and care for their residents." A relative stated, "I visited at 5:30 or 6:00pm and [the registered manager] was there helping with the meals as staff had phoned in sick. The staff take their lead from them."

People also commented on the active role the provider took in the management of the service and told us they would not hesitate in speaking with them directly. A relative told us, "If [the registered manager] isn't there the owner (provider) is. You see them going around with a cloth and also caring for people. A resident wanted to go out into the garden so they (the provider) took them."

People were positive about the improvements made through the input of the registered manager and provider when the owner took over the management of the service. A relative stated, "When [Name] first moved in, we hung in there as we knew it was been sold. The difference is unbelievable. Now I wouldn't dream of moving them. They have more staff and spend more time with people. There are activities and they keep me informed."

Residents and relative's meetings were arranged to seek people's views on the running of the service. People's relatives told us when they were unable to attend a meeting, minutes of these were sent to them. Questionnaires had also been sent to the staff team and the provider was in the process of analysing their

feedback.

A series of meetings were held with the staff team which included maintenance staff, domestic assistants and senior carers. Minutes showed staff had opportunities for open discussion and to share their views. Updates about the service and issues highlighted through the monitoring of the service were discussed.

The registered manager and staff worked in partnership with other agencies, including healthcare professionals and local authority staff, in their support of the people who used the service and shared information with them appropriately.

The registered manager understood in what instances statutory notifications to the CQC would be required and had notified us appropriately.