

Yellow Rose Lodge Limited

Holyrood House

Inspection report

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21 December 2018

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 and 21 December 2018. The first visit was unannounced and we announced the second visit.

Holyrood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 29 people. At the time of our inspection 23 people were using the service.

There was a registered manager in place. 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.

The last comprehensive inspection took place in May 2017, when the service was rated Good.

At this inspection the home has been rated Requires Improvement. This is the first time the home has been rated Requires Improvement.

Risks to people were not always appropriately assessed, monitored and mitigated. This had the potential to put people at risk, and meant staff did not have the information to support and keep people safe. The quality assurance framework was not sufficiently robust and had not identified all the issues we found during the inspection. When actions had been identified, the quality assurance process had not always ensured that these were completed.

People were supported with food and nutrition but records relating to this had not always been consistently or effectively completed.

Care plans were in place but did not provide staff with guidance that was up to date to meet people's needs in a personalised way.

A complaints procedure was in place and displayed so that people would know who to talk to if they had a complaint. However, not all complaints were dealt with in line with the provider's policy.

Accidents and incidents had not been reported where required in line with company policy. This prevented the service implementing prevention methods to avoid reoccurrences.

The environment was clean and tidy, but two people's bedrooms had strong odours. The registered manager took action during the inspection to resolve this.

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. People's needs and choices were assessed and mental capacity assessments were undertaken. People were supported to access health care services.

We saw some warm, friendly, caring interactions between staff and the people they were supporting. Staff made efforts to communicate with people in a way they could understand. Visitors were made to feel welcome.

People and their relatives were involved in the running of the service, through meetings and surveys.

People were positive about the registered manager. The registered manager was working reduced hours at the service and this had impacted on service delivery. The registered manager was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of this 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.

Risks to people were not always managed in a safe way. Some accidents and incidents were not recorded.

Staff understood safeguarding procedures and how to protect people from potential harm.

There were sufficient staff to meet people's needs. The provider had checked staff's suitability to work within the home.

People received their medicines as prescribed.

There were infection control procedures in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were supported with hydration; however, this was not effectively monitored.

People were not always supported with oral hygiene.

Best interest meetings were carried out when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were kind and caring.

We saw people's privacy and dignity was respected.

People's communication needs were documented in their care plans.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Care plans did not always contain information that reflected people's needs.

We saw one complaint had not been responded to in line with the company's policies.

There was provision for people to participate in activities.

Is the service well-led?

The service was not always well-led.

Audits had failed to identify areas of concern found at this inspection. Systems had failed to ensure identified risks were mitigated.

People and their family were involved in the running of the service. People were positive about the registered manager.

Requires Improvement ●

Holyrood House

Detailed findings

Background to this inspection

This inspection visit took place on 20 and 21 December 2018 and was unannounced. The inspection was carried out by two inspectors. We brought forward this comprehensive inspection due to information of concern we had received, relating to the safe care and treatment of people within the home. These concerns were currently being investigated by the local safeguarding team.

Immediately following the inspection, we received some further concerns in regard to the management of the service. We spoke to the provider about this and also shared this with the local authority.

Prior to the inspection we spoke with commissioners of the relevant local authority, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by the service. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons must tell us about.

As the inspection was brought forward the provider had not yet completed a Provider Information Return (PIR), at the time of the inspection. This is information we require providers to send us at least once annually 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 four people who used the service and six relatives of people using the service. Some people at the service were unable to communicate with us so 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 looked at medicine administration records, and the care records for six people. We checked that the care they received matched the information in their records. We also looked at records involved with the day to day running of the service. We spoke with eight members of staff, including the registered manager, one kitchen staff, and six care staff. We spoke with six relatives and four people who lived at the service.

Is the service safe?

Our findings

Appropriate measures were not always detailed in people's care records to minimise the identified risks to individuals and keep them safe. For example, staff told us one person was at risk of choking. We found they did not have an accurate risk assessment in place to inform staff how to support the person if this occurred. All the staff we spoke with were unable to explain what action they would take if the person began to choke. This placed the person at risk of harm.

Care plans and risk assessments were contradictory. There was a clear lack of information for staff to refer to in relation to people's specific health needs. For example, we identified a person who had diabetes. There were no clear instructions on how to monitor and manage this health condition. We looked at the persons dietary records, there were no details of their diabetes. We spoke to a member of the kitchen staff who told us no one in the service was diabetic. This meant people were not kept as safe as reasonably practicable.

Another person had a risk assessment in place for distressed behaviour which contained no details of the persons presentation when they became distressed, nor associated guidance for staff to follow to support, reassure or redirect the person during times of upset. Staff we spoke with told us the person would at times hit out, nip and scratch; two staff showed us marks on their arms from when the person had become upset and physically aggressive. We saw three recordings in the persons records from November and December which said the person had been physically challenging toward staff, and distressed. The registered manager assured us a referral to an appropriate healthcare professional would be made for the person.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the above concerns with the registered manager who told us they were aware the current care plans and risk assessments for people were not as detailed as they should be. They assured us risk assessments would be reviewed and completed, without delay.

Some accidents and incidents were reported using an electronic system. Incidents had taken place in November and December but had not been reported or recorded. This meant no analysis had been carried out to identify and trends or patterns, and whether any additional actions or training were needed. The registered manager told us they were unaware of any of these incidents as they had not been reported by staff. There were some improvements needed in the analysis of incident information, to ensure lessons were learnt and changes made when things went wrong.

The environment was clean and well maintained. We did note a strong smell of urine in two people's bedrooms upon entering them. The registered manager disposed of a comfy chair, and ordered a new chair for one person's bedroom during the inspection. They told us a quote for new flooring in the other persons bedroom had been received. We saw that where required, staff wore gloves and aprons to prevent cross infection. Appropriate hand washing facilities were provided to further prevent this risk.

We spoke with people who lived at the service and their family members who all told us they felt they or their relatives were safe and had confidence in the staff to ensure people were cared for. One person said, "[Staff] look after me very well, they are very good."

The staff we spoke with knew what constituted abuse and what to do if they suspected someone was being abused. All said they would be confident to blow the whistle and would report their concerns to the management, local safeguarding team or the CQC.

People and their relatives had no concerns about staffing levels. Comments included, "They [staff] always answer my buzzer, and they always make sure I have it" and "There are enough staff. I can always find them." The registered manager told us there were five people who needed two staff to support them with personal care and to mobilise. On the days of our inspection there were four care staff on 12-hour shifts during the day, and two staff during the night available to complete this.

Staff we spoke with said they felt confident that people were treated well and that they did everything to ensure their wellbeing. One member of staff told us, "There is enough staff, we don't struggle. I did a night shift on Monday night. There are two carers on and this is manageable." Another said, "Yes [there are enough staff]. But there are times when people ring in sick, more on a weekend. We do get agency staff, some aren't so good and some are good." In addition to care staff the service employed general assistants, domestic and activity staff.

We reviewed staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

Equipment had been serviced and maintained as required. Records were available confirming fire systems, and electrical equipment were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the premises.

We observed medication being administered to people safely. Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication.

Is the service effective?

Our findings

During both days of our inspection we observed that people were offered food and drinks. We observed people in the lounge and dining areas having drinks and various snacks placed near to them and support was offered to consume them if needed. All people were having their fluid intake monitored. We found concerns with the consistency and recording on the people's fluid charts. For example, one-person care plan for infection/urinary tract infection stated 'encourage [Name] to take one and a half to two litres of fluid daily.' We checked the persons electronic fluid intake records from 9 to 20 December 2018 and found they had not received these amounts on any of those dates. We spoke to the person who told us they were happy with their care and had no concerns. They commented, "The staff look after me very well."

Another person's records we looked at said staff were to encourage fluids as part of their bowel care plan. There was no detailed amount of how much fluid the person required. Records contained various amounts of fluid recorded in several different places. For example, over two days we saw fluid intake was recorded on the electronic records for fluid, bedtime checks and supper/food records. This made it difficult to be clear how much the person had drunk.

Staff we spoke with were unaware why people's fluid was monitored. One told us, "Everybody is recorded for food and fluid. [Name's] target is 700ml per day – I have no idea why its lower to be honest."

We recommend that the provider take advice and guidance in relation to people's fluid intake.

Our judgment was that people were receiving support with hydration but that this was not always effectively monitored or recorded.

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

The service had a picture menu in place which detailed choices of meals available. We observed the meal time experience. People who required support with their meals were supported.

We reviewed one record relating to daily care. One person's care plan stated staff are to assist or supervise twice a day with brushing teeth. Within an eleven-day period there was no record this person had been supported with their oral hygiene. If people are not helped to clean their teeth regularly, this can impact on their ability to eat and drink, and effect their comfort and well-being.

Staff told us they participated in shadowing as part of their induction. One person told us, "I did three days shadowing as part of my induction." People received training in subjects the provider classed as mandatory such as, safeguarding, first aid and equality and diversity. Staff told us, "We have received lots of training this year, I have recently done manual handling training." Some staff received regular supervision but this was not consistent for all staff. For example, we saw one staff had received one supervision in the past 10 months, another staff member had received four supervisions. Staff told us they felt supported, one staff member told us, "The manager is always checking we are ok."

People were supported with access to health and social care professionals. People told us they had attended hospital appointments and seen their GP's as necessary. One person said, "They organise the GP for me, I asked for a doctor today and one has been out to me." Records detailed people's health visits.

The registered manager had a communication system in place to update all staff. This was used by a messaging system and meant the registered manager could see when staff had read the information. The registered manager informed us they carried out an update meeting with the staff during the day to ensure information was shared between all staff. We observed this being carried out during the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 homes and hospitals are 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 were being met. We reviewed how the registered manager had ensured people's freedom was not restricted. The service ensured that where necessary DoLS applications were made. Best interest meetings took place when people were unable to make decisions themselves. The decision agreed was recorded, for example in relation to a person having bedrails in place.

Is the service caring?

Our findings

People who lived at the service told us staff were kind and caring. One person told us, "The staff are very nice, they look after me very well." Another person told us, "Staff are all caring and helpful." People were observed to be comfortable around the staff.

We saw people laughing and joking with staff. One person told us, "I am happy here, they care about people that's the most important. They have a laugh and a joke." We saw mainly positive interactions during the inspection. For example, we saw staff having meaningful conversations about people's previous past. We did observe one negative interaction when one person was being supported with eating and the staff members changed over and did not explain this to the person.

Staff supported people to maintain existing relationships by welcoming visitors into the service. Relatives told us they were made to feel welcome and there were no restrictions on visiting times. One person told us, "They organised a singer for my wedding anniversary and invited all my family, that meant a lot."

People's privacy and dignity was respected. We observed staff knocking on people's doors and waiting for permission before entering. People confirmed staff always did this. One person told us, "Staff always knock before they come in and they only come in if I want them to." People's relatives told us their family members independence was encouraged. One relative told us, "[Name] lives an independent life within the home, she chooses what she wants to do that's a good summary."

People's cultural and spiritual needs were respected. The service organised for a church service within the home to support people who were unable to access the church. The registered manager told us staff had received training on equality and diversity.

Staff considered any sensory impairment that affected people's abilities to communicate. There was information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they understood. For example, one person's care plan explained how staff should speak in short clear sentences and ensure the person has a writing pad and pen available to write their responses.

People, and their relatives if applicable, were involved in planning their own care. An initial assessment was carried out and then an annual review to discuss and review the persons care plan. One relative told us, "I attend reviews and we all go through the care plan."

People's personal information was kept private. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

We reviewed people's care records and found they did not consistently contain information that reflected people's needs. For example, we saw one person's daily notes recorded they refused personal cares, this was not recorded in the person's care plan. This meant there was no guidance for staff of what to do in the event this person was refusing personal care.

People's care plans did not always contain person centred information. We saw one person's care plan stated staff are to be aware of the person's likes and dislikes but these were not recorded. Another person's care plan detailed their religion, this conflicted with another part of their care plan which stated the person was a different religion.

One person's falls risk assessment said they had a history of falls prior to moving to the service. We saw information in their records that they should have been referred to the local falls team upon admission to the home. The registered manager could not tell us if this had been done.

We reviewed the complaints the service had received. We saw one complaint had not been responded to. The registered manager informed us this complaint had been sent directly to the provider. The registered manager spoke with the provider and told us they had not responded to the complaint. This meant the service had not investigated, taken any required action or learnt lessons from this complaint. We saw other complaints had been responded to by the registered manager.

The provider had used technology in the format of electronic care plans and daily notes. This meant daily notes were time specific. The system also alerted staff when people required support with certain tasks such as repositioning. We saw technology was also used to support people to maintain relationships with their family who lived in a different country.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which requires that people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw people's communication needs were detailed in their care plans. The registered manager informed us they provided people with information in different languages and in large print. Picture formats were also around the home, such as a picture menu and pictures of staff who were on shift that day.

People told us they were satisfied with the regular activities available. The service employed an activities coordinator. One person told us, "I like taking part in the quiz." One relative told us, "They do quizzes, crosswords, and trips out." We observed a variety of activities taking place during the inspection such as, people playing bowls, carol signing from the local school and visit from the Mayor. The registered manager told us their vision was to support people to access the community. They told us they had started working towards this by supporting people to attend activities in the community such as, going out for meals and visiting parks.

The service was not supporting anybody on end of life care at the time of inspection. People's wishes at the end of life had been explored and were recorded in their care plans.

Is the service well-led?

Our findings

We found audits were carried out by the service but they had not always identified areas of concerns found at inspection. For example, staff not having information available to them to provide safe care. Records and risk assessments were not always up to date or in place, to ensure people received safe and person-centred care. The provider's systems and quality assurance procedures had failed to ensure that identified risks were mitigated. This meant there was a lack of robust governance and monitoring of the service.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At the time of inspection there was a registered manager in post. The registered manager had also been managing another service, meaning they was spending limited time at the service. Staff told us they felt this impacted on the service delivery and that relatives had expressed their concerns. The registered manager was aware the them not being full time at the home had a negative impact but informed us following concerns they would now be increasing their days to four days per week. 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.

Staff and relatives were positive about the registered manager. Staff told us, "The manager is approachable" and "She is always available on the end of the phone." One relative told us, "The manager is very competent, I could go to her if I have any problems."

People and their family were involved in the running of the service by attending resident / relative meetings. One relatives told us, "They have regular relative meetings and even if you don't attend we get minutes sent, so we are kept up to date." We saw surveys were also carried out with people and their relatives to gain feedback on service delivery and the results were analysed.

The registered manager told us they have staff meetings and daily team building meetings. Staff told us they had opportunity to raise any concerns. One staff told us, "We have monthly staff meetings and staff have opportunity to discuss anything they want to."

The registered manager told us they kept up to date with best practice and develop partnership working by attending managers meeting, provider forums and subscribing to newsletters.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the main reception and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Appropriate measures were not always detailed in people's care records to minimise the identified risks to individuals and keep them safe. Some risk assessments contained contradictory information meaning people were not kept as safe as reasonably practicable.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's hydration was not effectively monitored and recorded. Governance and monitoring systems had failed to identify areas of concerns found at inspection. Systems had failed to ensure risk to people were mitigated.</p> |