

Crown Care VI Limited

Holyrood House

Inspection report

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13 March 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected Holyrood House on 7 and 13 March 2018. The inspection was unannounced on both days. There were 70 people using the service when we inspected. At the previous inspection in January 2017 we rated the service as requires improvement; we found the provider was in breach of one regulation which related to safe care and treatment. At this inspection we found some improvements had been made.

Holyrood House is a purpose built 85 bed nursing home in Knottingley. There are activity areas which include a sensory room, activity room, two cafes, library, beauty salon and enclosed gardens.

The home has a registered manager. 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 registered manager was present on both days of this inspection.

Prior to the inspection we had received concerns about staffing levels and moving and handling procedures. We looked at these areas during our inspection.

At this inspection we found medicines were better organised than at the previous inspection. There was a system of monthly and more frequent 'mini' audits to check that staff were following the medicine policy. We did however point out some errors which we found on day one of our inspection. These had been addressed by day two of inspection.

Recruitment procedures were in place which helped ensure staff were suitable to work in the care service. However we spoke to the registered manager about exploring gaps in employment history. This was completed by the second day of inspection. Staff received the training and support they required to carry out their roles and meet people's needs. Staff had just completed moving and handling refresher training to ensure they were up to date with any changes. The environment was clean and well maintained. We saw plentiful supplies of PPE throughout the home and we saw staff using these throughout both days of inspection.

People and relatives felt there was enough staff to support people's needs. We saw staff were available and responded promptly to people. Staffing levels had increased on days and nights over the last few months and the use of agency staff had decreased which had resulted in a more stable staff team.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the commission where appropriate. Risks to people were assessed and managed to ensure people's safety and well-being were met. Mental capacity assessments had been completed for people who required these. However one person had bed rails in place and this had not

been assessed. The registered manager arranged to put this in place straight away with speaking with the person and family.

Most people told us they enjoyed the food available and could ask for an alternative if they wanted to. We spoke to the chef about people's needs and preferences. The registered manager showed us pictures of foods on the menu which they said were shown to people to help them choose their meals. We did not see these being used during our inspection. The registered manager told us they would speak to staff at the next staff meeting to make sure this happened at each meal.

We saw some examples of good care practice. Staff were observed to be caring and kind in their interactions with people. We saw activities in the home and people told us they enjoyed these.

We saw people received care tailored to meet their needs however the registered manager recognised the care plans needed more work to fully reflect person centred care being delivered. We saw life stories were not always visible in people's care plans and also some contradictory information. We saw people had access to healthcare professionals such as GPs and district nurses.

People, relatives and staff spoke fondly of the registered manager who they described as approachable. Effective quality assurance systems were in place and we saw actions had been taken when issues had been identified. We looked at January and February 2018 audits. We found where there had been issues they had also been discussed in supervisions and team meetings. Accident and incidents were recorded and analysed for any trends.

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.

Records were accurate in relation to accidents and incidents.

Medicine management was not always effective. However people received their medication on time.

People felt safe and staff understood how to safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Capacity assessments we looked at had been completed appropriately for people. However in one care plan we found this had not been completed.

Staff received appropriate supervision and support.

People received support from outside healthcare professionals.

Good ●

Is the service caring?

The service was caring.

Staff knew how to treat people with dignity and respect and ensured people's privacy was maintained.

Staff knew the people they were supporting well and how to meet their needs.

Staff had developed good relationships with the people who used the service and there was a relaxed atmosphere.

Good ●

Is the service responsive?

The service was responsive.

Care plans we looked at reflected people's preferences around their interests. We spoke to the registered manager about

Good ●

ensuring people's life histories were in place.

People told us they enjoyed the range of activities provided.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

The service was well led.

The provider had systems in place for assessing the quality of the service. Audits picked up any discrepancies and an action log was completed for this.

People told us the service was well managed. Staff we spoke with told us they enjoyed working at the service.

Everyone was given opportunity to share their views about the service.

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.

This inspection took place on 7 and 13 March 2018 and both days were unannounced. The inspection was carried out on the first day by three adult social care inspectors a specialist advisor and an expert-by-experience who had experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector attended.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent the provider a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR within the timescales requested.

During our inspection we spoke with eight people who used the service, three visiting relatives, six members of care staff, the chef, the registered manager and the managing director. We spent some time looking around the building, and reviewed records including six staff recruitment files, 12 peoples care files and other records relating to the running of the home.

Is the service safe?

Our findings

At the last inspection we found some discrepancies around medicine management. At this inspection we found improvements had been made. We spoke with the nurses and registered manager in relation to people who were prescribed medication to be given 'when required' or 'as directed'. This information was not always in the persons medication file as it had not been transferred over from the previous month. We saw this on two people's records. However, we found that the management of medicines had improved and there was no longer a regulatory breach in relation to medicines management.

At the last inspection there was no system in place to ensure safe receipt of medicines when they were returned to pharmacy; there were no signatures or receipts to confirm medication had been returned. At this inspection we saw improvements in relation to staff signatures when returning medication. We saw weekly orders were checked against stock to ensure that only medicines needed were re-ordered. All medicines were checked on arrival and booked in by two staff. Staff told that this took just over an hour for each floor. Medicines handover was staggered between the floors so that it was not too big a task at any one time which helps reduce risk of mistake. Stock check took place every Sunday to ensure sufficient medicines were held.

We looked at medication storage. We found the storage cupboards were secure and clean. We saw daily staff signatures for keys was in place and accurate. The thermometer for the fridge had not been working. This had been reported to maintenance which had been actioned the following day. We spoke to the nurse on duty about this who contacted the GP to ensure the medication stored was fit to use.

Controlled drugs (CDs), which are medicines liable to misuse, were locked securely in a metal cupboard and the controlled drugs log was completed and correct and signed by two members of staff.

The nurse administering medicines did so in a safe and friendly way. People were given their medicines at the right times. For example, medicines that should be taken on an empty stomach were given 30 to 60 minutes before breakfast. We compared one person's medication administration record (MAR) with the number of antibiotic tablets left in the container and found that this medicine had been given as prescribed. We did see some discrepancies in some people's tablets when these had been counted up at the end of the day. We saw the audit had picked these issues up and 'situation supervision' had been completed which discussed stock balances.

We saw staff had completed competency checks which were previously annually. These were now planned to be completed 6 monthly. Regular development sessions had been set up to enable staff to talk through their practice and discuss and resolve issues together as a group. Staff told us they felt this was a positive move forward in developing an open culture.

People told us they received their medication on time. One person said, "I get it morning and night." Another person said, "I don't know what medication I take but they give it to me every day at the same time."

Everyone we spoke to told us they felt safe. One person said, "Yes I do feel safe living here. Ever since I came here I've been happy. I'm lucky to be here. I've been here for two years." Another person said, "Yes I feel safe living here. There are bell pulls if we need them. I am here on respite care. I have stayed here before."

We observed moving and handling in the home. This was completed safely and staff communicated with people throughout. We saw staff had completed training in this.

We looked at the staff rotas for the previous two weeks and the next two weeks. These showed the home to be safe in relation to staffing. We saw where there was a shortfall in relation to annual leave or sickness this had been covered by staff or agency workers to ensure the home was safe. We observed staff supporting people and people did not have to wait long periods of time when they asked for support.

People and relatives felt there was enough staff to support people's needs. One person said, "Yes there seems to be enough staff they are good. They come as soon as we can." Another person said, "I do believe that there are enough staff and they seem to be highly skilled." Staff we spoke with who had recently commenced employment told us they had attended an interview and employment checks were completed to ensure they were suitable. We spoke to the registered manager in relation to exploring gaps in employment. This had been addressed by the second day of the inspection.

Staff we spoke with understood their responsibility to protect people from abuse and harm, and were confident if they raised any concerns the management team would respond appropriately and promptly. Training records showed staff had received safeguarding training. Accidents and incidents were recorded appropriately and discussed during staff meetings.

We looked around the premises as part of our inspection and saw people lived in a spacious, clean home. Maintenance documents such as fire alarm checks, fire drills, and electrical certificate records confirmed these to be up to date and an accurate record. We were notified of building work at the home due to flooding issues. This home was safe while work was on going and people and relatives had been notified of this. We saw personal protective equipment such as gloves and aprons, alcohol hand gel and liquid soap was readily available and staff used these at appropriate times.

Is the service effective?

Our findings

People told us staff knew how to do their job properly. One person said, "Yes they do seem to have the right skills and experience. They help me to get dressed." One relative said, "Yes the staff appear to understand (their) needs completely. Although (person) has difficulty communicating they do have the banter and the crack and have a chip at each other in good humour."

Staff we spoke with told us they received supervision and felt supported by the registered manager to do their work. We saw evidence of regular supervision in the staff files we looked at and evidence of further supervisions booked. We also saw appraisals in the staff files we reviewed. The supervision matrix showed the majority of staff had received supervision since the last inspection in January 2017 and on-going appraisals were in place. We saw evidence of thorough induction and training in the records we reviewed for six staff. This included areas of mandatory training such as dementia, safeguarding and mental capacity.

The registered manager told us they visited and carried out a pre-admission assessment with people before they were admitted to the home. This meant people's support needs and preferences could be discussed and agreed and ensured the appropriate resources and equipment were in place before the person moved in.

We reviewed the care records of 12 people. Each record we reviewed included completed malnutrition universal screening tool (MUST) assessments which were up to date, including records of regular weight checks in line with people's specific needs. However we spoke to the registered manager around how the computer's electronic system recorded these weights. The registered manager told us the electronic system was been looked into. There was evidence in the care records of referrals to, and involvement of dietetic services.

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 so that they can 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 spoke to the registered manager about one person who had bed rails in place where a capacity assessment had not been completed. We spoke to the person who said, "Yes they make me feel safe." We saw mental capacity assessments and best interests decisions recorded in other people's care files we looked at. We saw people's relatives and advocates had been involved in this decision making process. Staff said people had the right to make their own decisions. For example, people chose when to get up, what to eat and drink.

We observed lunch time in two of the dining rooms. We saw people were supported to eat where required.

People told us they could choose what they wanted to eat and were asked by staff the day before. However on day one of inspection the choice for lunch was lasagne or vegetarian lasagne. People told us they liked the food. One person said, "The food is very good but sometimes I don't bother and sometimes I eat in my room." Another person said, "I think the food is lovely. I'm having lasagne for lunch and tuna sandwiches for tea." We were shown pictures of the food by the registered manager which were to be shown to people so they could choose their meals. We did not see this on the residential or nursing floor at the time of inspection. We spoke to the registered manager who said this would be brought to the attention of staff to make sure this was completed at all times.

We spoke to the chef who told us there was no one at present who had allergies or particular religious or cultural needs regarding food and drink. If they did they told us this would feature on the list of dietary requirements kept in the kitchen. The chef was aware how to fortify food. To take into account people's needs, the chef ensured the unit for people living with dementia received more food so people could physically see the choice. The chef acknowledged it was difficult for a person living with dementia to make a choice regarding food the night before. They told us the person may forget what they asked for or change their mind when they saw the food. The chef told us they had received appropriate training regarding food hygiene. They had also completed an online dementia course which they had found useful.

We saw throughout the day that people were asked if they wanted drinks. We saw that there was plenty of good interaction between people living at the home and care staff. People were having conversations between themselves and staff and there was some joking and laughter between staff and people.

Is the service caring?

Our findings

People told us they felt well cared for by staff. One person said, "Yes I'm certain that the staff care about me I do appreciate what they do for me. They are wonderful. The staff always care for my privacy and dignity. I'm a bit wobbly in the morning and they help me to dress." Another person said, "My visitors are always made to feel welcome." Another person told us, "I do feel that the staff care I've no complaints at all." A relative said, "Yes they really care when it's time to change [name of person] I obviously go out of the room but when I go back in they tell me that [name of person] likes a joke and (person) does."

Staff told us people's independence was promoted. One member of staff said, "We encourage people to do things for themselves. People can shower themselves. People can rub in their own cream." We observed people walking freely in and out of the back garden and around the home.

There was good interaction between people living at the home and the staff. We observed people laughing and joking with staff. We did not see any poor interaction as everyone appeared to be relaxed in their surroundings. People were engaging in conversation with staff and other people.

People looked well cared for, clean and comfortable and were dressed with thought for their individual needs. This is achieved through good care standards. We saw staff treated people kindly. Staff were friendly, patient and kind in their interactions with people. It was clear they had got to know people well and developed good caring, supportive relationships with them.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity was respected. They said they always made sure any personal care was given in private with doors closed. They said they encouraged people to respect their own and other people's privacy. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care needs. Staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. However people's life histories were not always reflected in their care plans.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

We saw information on advocates in one person's care plan we reviewed. The registered manager told us where people needed an advocate this would be recorded in their care plan.

Is the service responsive?

Our findings

People told us they felt their needs were met and they could make choices of what they would like to do. One person said, "Yes I have control over my routine I have no complaints. If I want to stay in bed they bring tea and biscuits." Another person said, "Yes I do have choice and control over my daily routines I can do what I like. Staff asked me if I want to get up and get involved so they know as I need a hoist. Yes I like to take part in the activity which dominoes are my favourite."

We observed activities on the unit for people living with dementia at around 11am. We saw people attended and participated in music and ball and balloon bouncing. The activities coordinator was infectiously enthusiastic. On speaking to the activities coordinator we found that a substantial range of activities were planned and varied each day. Including reminiscence times, ball games and crafts.

We saw throughout the first day of inspection people were engaged in activities they choose to do. On the second day of inspection there was a mock cruise ship launch which was Spanish themed as Spain was one of the cruise ship destinations. We saw staff dressed up and handed out Spanish tapas and drinks to people. Everyone looked to be enjoying the day. One person said, 'Ola' to the staff as they passed by.

Care plans did not always reflect people's life histories. We spoke to the registered manager who told us this was something they were looking into with support of the activity coordinator. Care records were held on the computer and we saw staff updated these with information on the care they provided. We were told the information which was inputted into the computer was an accurate time line. External professionals were invited to put their records onto the system. For example we saw mental health reviews were detailed and clearly personalised. People who used the service and their relatives said they had been involved in developing and reviewing their care plans. One person said, "With regard to my care plan my family look after that, I had a bad headache this morning and they gave me paracetamol." A relative told us, "Yes we are involved in making decisions."

We looked in one person's recreation and activities care plan it documented that [name of person] used to love to read but in the last few months this had stopped. In the daily notes the records showed that a member of staff had been reading to the person. This meant staff were aware of the importance around people's choices and their interests.

We saw resident and relative meetings were in place. These were set at different times and days. People and relatives who attended these showed a positive response to the home.

The provider had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service and relatives we spoke with said they just spoke to any of the staff and had not needed to use the complaints system. One person said, "I would just speak to someone if I needed to complain." People told us they felt confident to speak to staff if they were unhappy. A relative told us they felt listened to whenever they brought any issues up.

Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints and concerns received and it was clear from the records people had their comments listened to and acted upon. The registered manager said any learning from complaints would always be fed back to staff through meetings or supervisions.

We discussed with the registered manager about meeting the Accessible Information Standard. The provider and registered manager said this was something they were already looking into. They told us there was no one in the home or families who needed any information in an alternative format at that time. The registered manager said, "If we did we would make sure we had this in place."

Is the service well-led?

Our findings

People and their relatives were mostly happy with everything at their home. One person said, "My view of the management is that they are fantastic. When I came here I was so happy and after a few weeks I told the manager how much I appreciate the care for me." Another person said, "Yes I can approach staff at any time and I have nothing but praise for them." A relative said, "With regard to the manager. I don't really know her. If she's anything like her staff she's good. I have no complaints." Another relative said, "My opinion of the management is that the upper management is conspicuous by its absence we never see them." A third relative said, "I do feel that I can approach staff and the manager at any time and would expect a positive response."

One member of staff said, "I love my job. I would be happy for a member of my family to live here." Staff commented that the registered manager had an "open door" policy. Another member of staff said, all the staff are really good. We are a team and can put forward ideas." All staff we spoke with told us they felt the service had improved."

The registered manager, area manager and the managing director carried out a number of quality assurance checks and audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

At this inspection we found audits were undertaken as part of the registered manager's home audit, which covered a range of areas including care records and medicines. Medicine records were audited on a monthly basis and covered the following areas: Ordering and receiving medications, storage, administration of medication and records, controlled medication, care plans, disposal and homely remedies. Records showed improvements each month had been noted. We saw actions to be completed by staff and the registered manager and team meetings were held on the back of these audits to make staff aware. The registered manager told us, "We are continuously speaking to staff and ensuring documentation is up to date and accurate.

We received documentation after the second day of inspection of a three monthly internal quality assurance audit which had replaced the former audit tool. The managing director said, "Although this was an excellent audit tool the attached mirrors the observational and case tracking style of auditing that CQC adopt in accordance with recent changes with their Key Lines of Enquiry." The service was looking to implement this into the home at the end of March 2018. This meant the provider was always looking at improving the quality of the service to ensure people received good care.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. There had been minimal accidents and incidents since the last inspection.

We looked at how the service gained feedback from people, relatives and professionals. A survey had just recently been sent out in February 2018. The service was awaiting feedback. The registered manager told us,

"Once we receive this feedback we will analyse this to make improvements to the service."