

Crown Care VI Limited

# Holyrood House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

Holyrood House is a care home providing personal and nursing care to up to 85 people, some of whom were living with dementia. There were 61 people living in the home at the time of this inspection.

Holyrood House accommodates people in a purpose-built property. Each person had their own bedroom with en-suite facilities. There were indoor and outdoor communal areas.

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

Accidents and incidents were recorded and analysed. However, we identified some trends in relation to falls. We made a recommendation about staffing levels and equipment used to manage risk of falls.

Medicines were being given as prescribed and most records were accurate. However, we identified some improvements were required in the records related with people's medication and these had not been identified by the provider during their medication audits. The registered manager developed an action plan to address the issues found.

People told us they received safe care. Risks to people's care were managed appropriately and most risk assessments and care plans were detailed.

The provider was following current guidelines in relation to infection and prevention control, visiting and vaccination as a condition of deployment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support to maintain good nutrition and hydration and their healthcare needs were understood, met and relevant records kept. The service worked well with other healthcare professionals to meet people's needs.

There was a person-centred culture at the service. We observed positive interactions between people and staff. Staff enjoyed working for the provider and told us they felt well supported by a regular programme of training, assessment of competencies and supervision.

There were several quality assurance processes in place. The home had a quality action plan that identified areas for improvement and timescales. We received positive feedback about the registered manager being approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good ( published 25 April 2018)

### Why we inspected

We received concerns in relation to the management of medicines, falls, moving and handling and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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](http://www.cqc.org.uk).

### Recommendations

We have made a recommendation for the provider to review information about people's falls and ensure staffing levels were adequate and equipment used to manage people's risk of falls was effective.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 conducted by three inspectors, a pharmacist inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people using the service and three relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We also gathered information from nine members of staff including the registered manager and received feedback from four healthcare professionals who had worked with the service.

We reviewed a range of records. This included seven people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, accident and incidents, policies and procedures and further records of care.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe.

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

- People told us they felt safe. Their relatives agreed; comments included, "Yes I think [person] is safe, the care is good." Healthcare professionals visiting the service also shared positive feedback about people being happy and safe.
- Accidents and incidents were recorded and analysed. People who were at risk of falls had relevant risk assessments, care plans and equipment in place to manage this risk. However, we found trends around people's falls. We made a recommendation for the provider to review this information and ensure staffing levels were adequate and equipment used to manage people's risk of falls was used in an effective way.
- Behavioural incidents were not always recorded in the incidents' matrix, these were recorded in people's care notes. Having incidents recorded in one place facilitates a better oversight and use of this information when reviewing people's care. This was something the registered manager told us they had already identified during a safeguarding investigation.
- We found relevant risk assessments were in place and detailed. One person's diabetes risk assessment and care plan required further details about how staff should support them with their diabetes. We shared feedback with the registered manager, and they took immediate action.
- Staff were knowledgeable about people's risks.

Using medicines safely

- People received their medication as prescribed.
- We identified improvements were required in some medication records. For example, times when paracetamol had been administered had not always been recorded. This is important to make sure there is a 4 hour gap between dosages. We found most 'as and when' required medicines had protocols in place to guide staff however, we also found some examples of protocols not being used and some not in place.
- These issues had not been identified by the provider during their medication audits. The registered manager developed an action plan to address the issues found.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- The registered manager was aware of their responsibilities under safeguarding and staff told us they were confident that any concerns raised to the management team would be appropriately dealt with.

Staffing and recruitment

- People told us there were enough staff to meet their needs. Their comments included, "Yes, there are

enough staff, there are agency staff sometimes but all very nice." Relatives shared mixed views regarding staffing. Comments included, "Some days there are enough staff and some days no." Staff told us the shifts were busy but there was enough staff. One staff member said, "There are times where you would like more staff. We always manage to give the care we need to give, we prioritise, the times when you would like more staff it's to spend more quality time with residents." Feedback from healthcare professionals included, "I have no trouble finding staff."

- We discussed about staffing levels with the registered manager and they told us how they regularly monitored this by using a dependency tool, gathering feedback from staff and in their routine observations of the care delivered.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service.

#### Preventing and controlling infection

- 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide care and support. This means the service could make sure staff were able to effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.
- The service ensured people were treated equally and fairly in line with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to ensure they had the right skills and knowledge to support people.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals.
- Relatives told us they felt staff had the necessary knowledge to support people. Their comments included, "The staff have good knowledge of [person]'s needs, and when they come in here they are so caring".

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

- People were supported to maintain a balanced diet. During the inspection, we observed people were supported appropriately with their nutrition and hydration.
- People's specific dietary needs and the support required were recorded in people's care plans. For example, we saw in one person's care plan details of their meals and how they liked them.

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

- People were supported to maintain their health. Staff supported people to access other health care professionals when required and records confirmed this. For example, one person's care plan had a letter from the eye clinic for the person to attend for an eye test.
- The service worked well with other healthcare professionals to meet people's needs. Healthcare professionals working with the service shared positive feedback. Their comments included "Staff present are receptive to my requests and advice", "Each time I need to speak to the staff they are responsive. I have a good working relationship with the manager" and "The care home have followed up with suggestions from family and professionals."

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

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 MCA 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.

- Mental capacity care plans and best interest decision were completed for relevant decisions. DoLS authorisations were applied for when required.
- Staff received MCA training and supported people in line with MCA and best practice guidance.
- Staff sought consent from people prior to providing support. One person told us, "Staff knock on the door and wait".

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had several quality assurance systems in place. Although some improvements were required with the medicines audit tool used, we saw evidence that confirmed the management team was conducting regular audits, for example, on care records, staff files and staff practice. When required, action plans were generated to drive improvements. This ensured there was good oversight of the service.
- The home had a quality action plan that identified areas for improvement and timescales. The registered manager told us all actions had been actioned.
- During this inspection we received positive feedback from staff and healthcare professionals in relation to the registered manager and the management team being very approachable and supportive. Comments included, "It's a big home, [registered manager] is always busy, but she is approachable and there has never been a time that I was not able to speak with her. If I want to speak privately, [registered manager] she is always there"; "The manager is very nice and I have no complaints" and "I find [name of registered manager] is particular easy to communicate with and this is done via direct email and where needed she is able to contact me directly on my mobile phone."

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

- There were systems in place for gathering the views of people using the service. Regular meetings with people using the service were conducted and relevant areas were discussed, and people's views were also sought via surveys. When we reviewed these records, we saw people had shared positive feedback about the service.
- The systems in place promoted effective communication with staff, including handover meetings and staff meetings. Records we looked at demonstrated this happened regularly. The provider also asked staff to complete a staff survey.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.

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

- People and relatives told us they were satisfied with the care provided. Comments included, "I would recommend this home" and "The staff are very kind and friendly."

- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.

#### Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team such as GPs, social workers and commissioners of people's care.