

Holderness House Trust

Holderness House

Inspection report

373 Holderness Road
Hull
Humberside
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Tel: 01482702657

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27 June 2018

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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? | Good ● |

Summary of findings

Overall summary

Holderness House is a residential care home for 33 people, some of whom may be living with dementia. There are five floors altogether, although two were smaller split levels. All are accessed by a lift and stairs. All the bedrooms are for single occupancy and there are communal rooms/areas for people to use throughout the service.

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.

At this inspection we found the service remained Good.

Staff knew how to safeguard people from the risk of abuse and harm. They completed risk assessments which helped to guide staff in how to minimise risk whilst accepting people liked to be independent. There was sufficient staff employed and they were recruited safely ensuring full employment were in place before they started work.

People's health and nutritional needs were met. Staff contacted people's GPs or other health professionals when required and ensured they received their medicines as prescribed. The menus provided people with a balanced diet and they were very pleased with the meals they received.

People's needs were assessed and care plans produced, which helped to guide staff in how to care for them in the way they preferred. 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 told us the staff were kind and caring and respected their privacy and dignity. They were supported to be as independent as possible and included in decisions such as menus and activities. There were activities for people to join in or simply watch, and the opportunity to access community facilities and events.

Staff had access to training, supervision and support which ensured they had the right skills to care for people. They all said Holderness House was a nice place to work and the registered manager was accessible and listened to them.

Management completed audits and checks so that shortfalls could be identified and addressed. People knew how to make a complaint and felt able to do so. The environment was clean and tidy.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Holderness 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 comprehensive inspection took place on 27 June 2018 and was unannounced. The inspection was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return. 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. We checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Before to the inspection, we spoke with local authority safeguarding, contracts and commissioning teams, Healthwatch and health commissioners about their views of the service.

During the 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 observed how staff interacted with people who used the service throughout the day and at lunchtime. We spoke with five people who used the service and two people who were visiting their relatives. We spoke with the registered manager, two assistant managers, three care workers, a general assistant, an activity coordinator, the chef, maintenance personnel and the administrator. During the inspection, we also received information from two visiting health professionals.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to them such as medication administration records (MARs) for 20 people and monitoring charts for food and fluid intake, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005.

We also looked at a selection of documentation used for the management of the service. These included training and supervision records, staff rotas, accidents and incidents, maintenance of equipment, complaints management, two staff recruitment files, policies and procedures and the quality monitoring system. We completed a tour of the environment.

Is the service safe?

Our findings

At the last inspection on 6 January 2016, we rated the service as Good. At this inspection, we found the service remained Good.

People told us they felt safe living in the service and there was sufficient staff to meet their needs. Comments included, "Yes, I do feel safe. It's very secure and anyone who drives up has to be questioned [there was a gate and security camera at the entrance linked to the reception desk]", "Someone checks and puts their head around my door regularly" and "Staff answer buzzers okay."

Relatives said, "There seems to be enough staff on" and "I think there are enough staff and yes, they have the correct skills." A health professional said, "I've never noticed any problems with staffing."

Staff had received training in how to safeguard people from the risk of harm and abuse. In discussions, they could describe the different types of abuse and the signs and symptoms that would alert them to concerns. They knew what action to take should they witness abuse or poor care. There were systems in place for the safe management of people's monies held in the service for safekeeping.

Staff completed risk assessments for areas such as falls, nutrition, moving and handling and fragile skin. Also assessed was the use of equipment such as bed rails and hoists. Each person had a personal emergency evacuation plan, which indicated the number of staff they would need when evacuating the building. The risk assessments were kept under review. There were some minor additional control measures which could be included in specific risk assessments and the registered manager told they would address these. A health professional said, "They are responsive and refer to the service [falls prevention team] promptly; they also instigate risk reduction."

There was a lift and stairs for the upper floors and also to the basement floor, which led out into the garden. Although there had not been accident on the stairs, the registered manager had recognised the potential for this. One person living with dementia had been seen by staff taking their walking frame down the stairs. The registered manager had put a temporary barrier across the stair access and quotes were being sought for a more solid gated structure. They had also assessed other stair access points and included them in the action to be taken.

Medicines were stored appropriately and people received their medicines as prescribed. We observed staff administer medicines to people at lunchtime, which was completed in a sensitive way.

Staff were recruited safely and were deployed in sufficient numbers to meet people's needs. The recruitment and selection process included references, an identity and police check, and an interview to assess the candidate's suitability to work in a residential home.

The service was very clean and tidy. Staff had access to personal, protective equipment to help them control the spread of infection.

Is the service effective?

Our findings

At the last inspection on 6 January 2016, we rated the service as Good. At this inspection, we found the service remained Good.

People told us staff looked after them well. Comments included, "I had an early morning doctor's appointment and they arranged a taxi for my son and I. If my son couldn't attend they would organise for staff." A relative said, "They keep us informed of doctor's visits."

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. Staff had received training in MCA and in discussions, they described how they obtained consent before carrying out personal care task. They said, "We ask people; if they refuse care then we would keep trying and let the manager know."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the criteria for DoLS and had made five applications to the local authority. Three of which were awaiting authorisation. They were in the process of checking to see if more applications were required.

People were supported to maintain their health and records showed they had access to a range of health professionals. Staff contacted emergency care practitioners for advice and treatment when people had accidents and sustained injuries. In discussions, staff could describe the actions to take to prevent specific conditions such as pressure ulcers and urinary tract infections.

People received balanced and nutritious meals. The menu indicated there was one main choice at lunchtime, although the chef said they would provide additional meals if people did not like the main choice on offer. We saw this happened in practice on the day of the inspection. People told us they liked the meals provided. Comments included, "The food is excellent; I have gained weight. You get a set menu and then you can ask for something different" and "Yes, it's lovely; the cook is brilliant. If you don't like what's on the menu, you can change it. You get the menu given for the week."

Staff had access to a range of training, of which they were expected to attend. Staff confirmed supervision with their line manager took place and they felt supported in their role. The administrator ensured the registered manager was notified when training updates were required.

The service was arranged to make areas more accessible for people with mobility difficulties. There were ramps to the garden and outside seating areas. There were grab rails in corridors and bathrooms, a lift to the

upper and lower floors, assisted baths, raised toilet seats and walk-in shower rooms. Several people had profile beds with adjusted height function to assist them getting in and out. There were signs to help people find their way around and bright, easy to read communication boards.

Is the service caring?

Our findings

At the last inspection on 6 January 2016, we rated the service as Good. At this inspection, we found the service remained Good.

People who used the service told us staff were kind and caring. They also said their privacy and dignity were respected. Comments included, "The staff are nice; I don't need a lot of support. They are very good", "Oh yes they do, they do listen to me" and "Yes, they knock before they come in; they are respectful." One person made a comment and we agreed to raise this with the registered manager. The registered manager told us they would speak with the person privately and ensure their comment was addressed.

Relatives said, "We looked at a number of homes; this is a care home and staff do care. Care is personal to the resident. I think the level of care is very good" and "I have nothing but praise. It's a good home, well-led and the carers are good."

In discussions with staff, they described how they promoted people's privacy and dignity and how they supported them to be as independent as possible. All bedrooms were for single occupancy and all had an en-suite toilet, which gave people privacy; five bedrooms had a shower installed and one had a bath.

During the inspection, we saw staff had developed good relationships with people. They spoke with people in a friendly way, shared a joke and laughter with them and asked questions about their relatives. Staff were attentive to people's needs throughout the day and provided explanations before tasks were carried out. There were signs near call bells which said, "Please press me to call for assistance. Do not hesitate, we're here for you."

Staff provided information to people who used the service. There was a menu board in the dining room, which the registered manager said was under review to make it look more inviting and accessible. Each person received the weeks menu at the start of the week so they could alert the cook if they wanted an alternative to the main meal. There was a complaints procedure on display, minutes of resident's meetings (in large print), an activities board and a colourful monthly newsletter. There was a 'service user's directory' available and given to people when they were admitted to Holderness House.

Visitors were welcomed and each bedroom had a telephone, which was free of charge and helped people to remain in touch with family and friends. Relatives told us they could stay for lunch, for a small charge. The service also had a guest bedroom for relatives to stay, if they travelled a distance or their family member was unwell and they wanted to be with them.

Staff were aware of the need to maintain confidentiality and held meetings or telephone conversations in private. People's personal care and medication records were stored securely. Staff records were stored in the administrator's office. Computers were password protected for security.

Is the service responsive?

Our findings

At the last inspection on 6 January 2016, we rated the service as Good. At this inspection, we found the service remained Good.

People told us staff were responsive to their needs and listened to them if they had concerns. They also said they enjoyed the activities on offer. Comments included, "No, I don't think there is anything they could do better", "They had a barbecue yesterday in the garden", "The activities are brilliant. Yesterday we had a lady who brought in animals; snakes, rabbits and stick insects."

Relatives said, "They always ring me up and always let me know" and "They lay on a lot of things [activities] but they don't always want to go to them. They have a friend now and so is doing more; they went to the barbecue yesterday."

A health professional described how staff were responsive to people's health care needs and said, "They are very good at contacting GPs and district nurses when needed."

People had assessments of their needs and risk assessments completed. These were used to formulate care plans to guide staff in how to meet the needs. There were some minor shortfalls in the care plans, which when addressed would make them more individualised. The registered manager told us they would address this straight away. Staff said they read care plans and wrote the daily records of care provided to people; they also completed monitoring charts when people required additional observation. In discussions, staff could describe people's needs and it was clear they knew people very well. Some members of staff had worked at the service for several years and provided a stable staff team.

People were able to remain at the service for end of life care. The registered manager told us they liaised with health professionals and relatives when they thought people were nearing the end of their life so this could be planned in accordance with known wishes.

People's bedrooms were very personalised and they had brought in items, and occasionally small pets, to make it feel more like home.

The service had an activity coordinator who worked four hours a day, five days a week. They varied the time between mornings and afternoons depending on the activity. They organised group and individual activities with people. For example, one person preferred not to join in arranged activities but would assist with watering plants. Recent activities included visiting entertainers, barbecues, a sunflower-growing competition, crafts, quizzes and pamper days. There had been trips out to a tea dance at Hull city hall, bowling, over 55 clubs and a celebration buffet lunch after people had watched the royal wedding in May. Staff and families took part in a sponsored walk over the Humber bridge to raise money for the resident's fund. There was a church service each month. There was a large library room where people could quietly and read if they wished.

The provider had a complaints policy and procedure and people told us they felt able to raise issues. A person who used the service said, "I have complained a few times; I think it was dealt with." A relative told us, "Yes, I know how to complain. I have no complaints at all; nothing but praise" and "If I have a concern, I can go to them [staff]."

Is the service well-led?

Our findings

At the last inspection on 6 January 2016, we rated the service as Good. At this inspection, we found the service remained Good.

The service had 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.

People who used the service knew the name of registered manager, as did their relatives. They told us they could see the registered manager when required and discuss issues with them. Relatives said, "It's a good home; it's well-led and the carers are good", "I haven't been to the resident's meetings but I have filled in a survey" and "Yes, there is a positive culture; there have never been any negative vibes."

The registered manager told us they tried to make sure there was always a warm, welcoming and inclusive atmosphere in the service. They also said it was important to be there for staff, be approachable and listen to their suggestions and ideas. Staff told us they felt supported by management, could go to them with concerns and communication was good. Comments included, "We have regular staff meetings and various topics come up", "It feels more like a family than a business; [Name of registered manager] really cares" and "It's a good place to work. We had our hours cut and we all complained; it got sorted and resolved."

The service had a quality monitoring system in place that consisted of audits, checks, meetings and surveys. Results of audits and checks were collated into a report and discussed with the Board of Trustees. Members of the Board visited the service and spoke with staff and people who used the service. They also audited finances monthly. This ensured the Board had oversight of the service and regular contact with the registered manager. The audits and checks covered the environment, medicines, care plans, laundry, domestic tasks and staff training. Action plans were produced when shortfalls were identified. The quality monitoring information was held in various places and following discussion, the registered manager told us they would produce one file to ensure this was all collated and easily accessible.

The records of meetings with people who used the service and with staff showed they could make suggestions and were kept informed about changes. For example, in February 2018, the head cook attended the resident's meeting to talk about the new design of menus and to ask if people had any suggestions.

The registered manager had developed good relationships with health professionals. Comments from the latter included, "Management and staff are always helpful and on hand when required" and "I feel that the service is well-led and the management appear to be receptive to joint working. I have no issues with the home working in partnership with the falls team when we have seen a patient and devised a plan of care."