

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Holderness House

373 Holderness Road, Hull, HU8 8QX

Tel: 01482702657

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Holderness House Trust
Registered Manager	Mrs. Wendy Jones
Overview of the service	Holderness House is a care home that provides 24 hour care for a maximum of 33 residents in a three story Victorian house set in extensive gardens and grounds. The home has good disability access and is well secured from the main shopping area of Holderness Road. All residential rooms are single based accommodation and are fully personalised with residents own furniture as required.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Safety and suitability of premises	8
Assessing and monitoring the quality of service provision	9
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People who lived in the home told us they felt respected and were involved in making everyday decisions. They also told us they had nothing to complain about but understood how to if the need arises and commented, "The staff can't do enough for me, I am sure they have the wings of an angel" and "It's a wonderful place to live."

People told us they felt safe in the home. They also said they liked their room and the home was clean and tidy. During our visit we also spoke with visiting relatives who confirmed the home offered excellent care and support for their relatives in the home. A relative commented that, "My mother feels safe here and personal care could not be better."

We saw from documentation that people had their needs assessed and were involved in the planning of their care. We looked at staff appraisal records which showed us staff had not undertaken an appraisal to ensure that staff training and development needs were assessed.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. We observed staff providing support in a discrete and professional way to ensure people's privacy, confidentiality and personal dignity was maintained.

The manager told us that "there is a range of activities available for people to engage in." During the inspection we saw that a fashion show was being staged and a number of people attended it. We observed a separate hairdressing salon for the people who live there. The manager told us that, "the people who live here used to have their hair done in their own rooms but through consultation, it was decided to have a separate salon so peoples independence and interaction can be promoted."

We also saw evidence that included photographs and poster displays of future events being planned. A range of information was available to help people make informed decisions and know what to expect from the service.

We found that a range of opportunities were available to enable people to provide feedback about their experience of the service via use of individual discussions with staff, complaints procedures and formal questionnaires. We saw evidence of positive actions that had been taken to develop the service as a result of suggestions that people had made.

We looked at case files belonging to three people that were using the service at the time of our visit. We saw that assessments about them had been undertaken, to ensure their agreement and understanding was reached about support that was delivered.

We saw evidence that people's weight monitoring charts were reviewed and had commented positively about this aspect of their support. We saw comments where health and social care professionals had engaged in further care activity for people with diverse health needs which ensured that people's diversity, values and human rights were respected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan in a way that was intended to ensure their safety and welfare. We looked at the files belonging to three people that were using the service at the time of our visit.

We saw that a range of assessments about them had been completed to ensure they were kept safe from potential harm and that staff knew how to manage known risks and hazards. We saw evidence of risk assessments for example skin pressure care, mobility, nutrition and personal hygiene.

We saw care plans that highlighted the monitoring and evaluations of support that was provided, together with evidence that people had contributed and been involved in aspects of this, to ensure their individual wishes and preferences were met.

We found that each person had a care plan describing how their health and personal care needs would be met. Daily entries were made to each record to ensure there was a consistent approach to delivering seamless care and individual preferences, likes and dislikes were recorded. These gave a clear picture of what the person's needs were and how staff should assist them.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

During our visit we spoke with the registered manager about staff having appropriate Criminal Records Bureau (CRB) checks in place and the manager told us, "All staff prior to working with us will undertake a CRB check". The Administration and Personnel Manager confirmed that CRB checks had all taken place and we observed the staff files to confirm this.

Staff we spoke with had undertaken training in both the protection of children and vulnerable adults, to ensure people were safeguarded from potential harm. Staff we spoke with were able to describe types of issues concerning the recognition of various forms of abuse.

The administration and personnel manager told us, "all staff will shortly be undertaking safeguarding refresh training as part of their ongoing development."

There were policies available for reporting safeguarding issues that staff were familiar with. Staff said they were aware of their responsibilities to report safeguarding issues and were confident concerns would be supported by management.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

During our visit we looked at the environment and saw that the home was well maintained. We saw that the communal areas were homely, warm and comfortable. We observed individual bedrooms of people who lived there which were personalised with their own belongings such as furniture, photographs and pictures.

We observed security arrangements for the building and entry to the main grounds. We also observed fire management controls for both upper floors of the building and the arrangements for evacuation procedures in the event of a fire.

We also spoke with a relative who commented that, "My mother's room has the same carpet we chose for our previous relative who stayed at the home and it is still maintained in top condition."

We observed door entry security codes were in operation and window safety locks were fitted on the first floor accommodation.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service.

We saw evidence that people's views were listened to and complaints were acted upon. People who lived in the home told us they had their views sought and were involved in decision making.

We found a positive approach was taken to receiving feedback from people to enable service provision to be further developed. People we spoke to explained that they could speak to the manager about any concerns. One relative said, "My mother is happy here, she has nothing to complain about."

We saw that questionnaires had been sent out to people who used the service but these were not dated or could be traced to when the activity took place. The manager gave her assurances that the next questionnaire activity which is to be extended to relatives would be completed in December 2012.

We looked at staff files to see whether ongoing appraisals had taken place to ensure staff development needs were suitably monitored and assessed. We found that staff appraisals had not been completed up to date. However, the provider may find it useful to note that staff appraisals were not being kept fully up to date, which made it difficult for the provider to monitor the quality of the service people receive.

At the time of the inspection we attended a scheduled Ladies Committee meeting. Ladies committee consist of external stakeholders, ex general practitioner and appointed persons by board of trustees.

This committee met once every two months and reviewed the current and best practice for the people who use the service in respect of menus, decor within communal areas, complaints feedback and new resident entries. Committee members also visited people using the service on a monthly basis in between committee meetings to assist in improving the service where necessary.

We saw evidence of staff meetings that were held to support and encourage staff to report

incidents or encourage engagement. Operational activities such as handover procedures, housekeeping, care plan, key workers and medication activity were discussed and recorded in the meeting minutes.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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