

***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

Date of Inspection: 01 October 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</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 rooms are single based accommodation and are fully personalised with people's own furniture.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## 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 1 October 2013, 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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The assistant manager told us that appropriate consent was obtained by talking to family members or holding a best interest meeting. They went on to say that where people do not have the capacity, key workers reviewed and read the care plan arrangements to the people who used the service.

We observed the lunchtime experience and saw that the food was well presented and was plentiful. Food was presented on shared warm trays and allowed people to serve themselves which promoted independence.

We looked at medicine administration records (MAR) that was accurate with the amount of drugs that remained in stock and the amount of drugs that was administered. These records were found to be accurate, precise and transcribed in a clear and consistent manner.

We spoke with three members of staff who told us they had been on a range of training courses and that their personal development was supported. They also told us management was really effective about supporting their career progression.

People we spoke with said they knew how to make a complaint and felt assured that if they needed to make a complaint they would be satisfied the service would deal with it effectively .

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The assistant manager told us that appropriate consent was obtained by talking to family members or holding a best interest meeting. Best interest meetings are planned with people and their relatives in order to decide the appropriate course of action needed. They went on to say that where people do not have the capacity, key workers review and read the care plan arrangements to the people who used the service.

The assistant manager also told us, "Staff understand the concept of consent and they are aware to use 'offer and ask' in advance of any support or care activity."

Three care plans we looked at did not include the signature of people who used the service. Ensuring care plans are signed gives assurances that people are engaged with their care and support and these arrangements are understood by them.

Care plans did not include an appropriate section to identify a person's consent to care and support.

The assistant manager told us they would be updating the care plans to include a formal document for people to sign and agree their care plans and where people did not have the capacity to sign, consent signatures would be sought from an advocate or appointed representative.

We looked at the policy for people who lacked capacity to consent which was up to date and provided clear guidelines to staff when recording capacity assessments, best interest meetings and where to record the supporting information.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We saw that people who used the service were provided with a choice of nutritious food and drink.

We saw the weekly menu presented on the notice board which indicated the day's food choices available to people who used the service. We spoke with the cook who told us, "We go to each resident on a Sunday and provide them with the weekly menu of choices available. If someone does not want a particular choice then they can request anything else they want and we will do it for them."

The cook was provided with information about people's specific dietary needs. We looked at records that confirmed specific dietary needs were recorded in a monitoring book and in a person's care plan following their meal. This ensured that people were supported and protected from potential risk of harm.

A visiting relative told us, "My mum needs a very special diet and a segregated area is provided for her to make sure nothing can contaminate her food. They even met my mum's dietary needs when she went to a recent hospital appointment which really impressed me."

We observed the lunchtime experience and saw that the food was well presented and was plentiful. Food was presented on shared warm trays and allowed people to serve themselves which promoted independence.

We saw there was a lot of waste being returned to the trolley, which suggested that people did not enjoy their food. However; staff we spoke with told us, "Appetite levels constantly change and some days they are higher and other days they are lower. The waste is an issue for the service but not for the residents as there is always plenty of food available for them."

We saw that where people required assistance to eat and drink, they were supported appropriately by members of staff.

We observed the partners of people who used the service were involved in the lunchtime experience. They told us "The food is good here and if there is something else you want that is not on the menu, they will get it for you."

We saw that people's food intake was monitored and if anyone was having a poor nutritional intake this was monitored closely, the relevant professionals were involved and risk assessments put in place. This ensured people were receiving the correct diet to meet their needs.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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Appropriate arrangements were in place in relation to obtaining and recording of medicine.

We saw prescribed medication was stored in locked trolleys in the manager's office. Medicines that were intended for return to the pharmacy were retained in this room in a locked cupboard along with the returns documentation.

During our visit we observed an overstock of medication retained in a locked cupboard. The assistant manager told us, "We have an overstock of medication that the pharmacy has delivered but no longer required by the person who needs them." The assistant manager gave us their assurances that this situation would be reviewed and resolved immediately.

We looked at medicine administration records (MAR) that was accurate with the amount of drugs that remained in stock and the amount of drugs that was administered. These records were found to be accurate, precise and transcribed in a clear and consistent manner.

There was a process for checking and recording the temperature of the room where medicines were stored which was completed on a daily basis. We also saw that this included a fridge to store medicines at cooler temperatures as directed. We looked at records of the last pharmacy audit which took place in May 2013. The provider took account of actions and ensured these were implemented following the pharmacy visit.

Controlled medication was held securely, were recorded appropriately and arrangements were in place to dispose of them safely. We looked at records that confirmed controlled drugs were regularly audited by the manager and had been returned to the issuing pharmacy when they were no longer needed. Signed documentation and an appropriate entry in the controlled drugs record book confirmed this.

We saw there was system of checking medication into the building and a record of any medication returned to the pharmacist.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Staff received appropriate professional development.

The assistant manager told us, "All staff have a supervision meeting five or six times per year where training requirements are discussed. In addition to this a new annual appraisal takes place to review staff performance and development needs."

The manager provided us with a new annual staff performance appraisal procedure. The procedure identified that staff appraisal and development opportunities would be identified by staff first completing a pre-appraisal questionnaire. All staff would then receive a performance appraisal appropriate to their development needs.

We looked at records provided by the training manager that confirmed all essential training was either up to date or being currently planned. The manager told us, "Each staff members' training record is placed into a subject file and I have my own colour coded system that quickly identifies when training is due for review."

The training manager also told us that a 'staff and training' report is produced and sent to the board of trustees to keep them up to date with staff and training needs. We looked at record that confirmed this.

The provider had identified certain training as essential for all staff which included, amongst other topics, first aid, safeguarding adults, moving and handling, fire safety, dementia and food hygiene.

We spoke with three members of staff who told us they had been on a range of training courses and that their personal development was supported. They also told us management was really effective about supporting their career progression.

Staff we spoke with commented, "Staff are encouraged to complete their training and my supervision highlights any further training that I may need", "I get full support from management and I can approach them anytime" and "I have enough time to do my job and I even take people out before my shift which enables me to learn more about what their

needs are."

Staff were also provided with an opportunity to undertake further professional development in the form of recognised qualifications appropriate to their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw there was a complaint procedure in place which was displayed in the main office. The procedure described that complaints should be made firstly verbally and then in writing.

The procedure also included an escalation process whereas a person could write to the chairperson of the ladies committee if the complaint was not resolved satisfactory and then to the CQC.

We looked at records that confirmed complaints were recorded and the provider took account of complaints and comments to improve the service.

The assistant manager told us that compliments had not been recorded for some time, they told us they would start doing this again. Recording compliments is a way of measuring the success and positive aspects of the service.

People we spoke with said they knew how to make a complaint and felt assured that if they needed to make a complaint they would be satisfied the service would deal with it effectively.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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

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