Holderness House Trust

# Holderness House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Holderness House is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for a maximum of 33 people. The service is a large detached three story Victorian house set in extensive gardens and grounds, which are secured from the main shopping area of Holderness Road. There is good disability access and plenty of parking spaces. All bedrooms are en-suite and for single occupancy. Communal rooms consist of a large sitting room, a library connected to the sitting room which can become one larger room if required for functions, and a dining room. There are also other seating areas within the service. There were 29 people using the service on the day of the inspection. The service is overseen by a Board of Trustees.

The service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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.

We undertook this unannounced inspection on the 6 and 7 January 2015. At the last inspection on 1 October 2013 the registered provider was compliant in all areas assessed.

We found the culture of the organisation was one of openness and a willingness to listen and improve the quality of care for people who used the service. There was an organisational structure in place to support and oversee systems.

The environment was safe, clean and fresh. We noted some areas that required attention to ensure good infection prevention and control and these were mentioned to the registered manager to address.

There were assessments for people to ensure specific areas of risk had been identified but we noted two areas had been overlooked. For example, with the use of bed rails for one person and the risk of pressure ulcers for others; we saw the care people required to keep them safe was in place though.

Staff had received training in how to safeguard people from the risk of harm and abuse. They knew the different types of abuse, signs and symptoms and how report any issues of concern.

We found staff were recruited safely and in sufficient numbers to care for people safely and effectively. Staff had access to training and support to ensure they felt confident when supporting people who used the service.

We observed the staff approach to be kind, caring and attentive. Staff listened to people and provided explanations and information to them. We saw people were treated with respect and dignity and their independence was maintained as much as possible. There was an activity co-ordinator who arranged meaningful occupations and stimulation for people.

We found people were supported to make their own decisions. When people were assessed as not having capacity, the registered provider acted within the law when making decisions on their behalf.

We saw people who used the service received their medicines as prescribed. Staff were aware of people's health care needs and how to recognise when this was deteriorating; their health needs were monitored and met. People had access to health and social care professionals in the community when required.

People liked the meals provided. Their diet was varied with choices and alternatives available to them at each meal to ensure their nutritional needs were met.

People knew how to make a complaint. They told us they would feel able to complain to staff or management and this would be addressed for them.

We found quality monitoring took place and checks were completed to make sure any areas of improvement were addressed quickly. People were able to make suggestions and we saw they were listened to and actions taken when required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Risk assessments had been completed but there were some areas that needed reviewing to ensure staff had full written guidance about specific areas of risk.

The service was safe, warm and clean but there were some areas of practice to improve to ensure good infection prevention and control.

Staff knew how to safeguard people from the risk of abuse. They had completed training and knew how to report issues of concern.

New staff were recruited safely. There were sufficient numbers of staff deployed to meet the current needs of people who used the service.

### Is the service effective?

**Good**

The service was effective.

People's health care needs were met and they had access to a range of health care professionals when required.

People were provided with a varied diet and liked the meals. Staff contacted the dietician if they had any concerns about people's nutritional intake.

People were supported to make their own choices and decisions and when they lacked capacity, the registered provider acted within the law.

Staff were provided with training, supervision and support to help them feel confident when supporting the people who used the service.

### Is the service caring?

**Good**

The service was caring.

Staff approach was kind, patient and caring. They respected people's privacy and dignity.

Staff gave explanations to people prior to tasks being completed and ensured they had information available with which to make informed decisions.

Personal information about people was held securely.

## Is the service responsive?

Good

The service was responsive.

People had assessments of their needs and care plans helped staff to provide care that was person-centred.

There were activities for people to participate which helped them to have meaningful occupation.

People knew how to raise concerns and complaints in the knowledge they would be addressed.

## Is the service well-led?

Good

The service was well-led.

The culture of the service was inclusive, open and focussed on improving the quality of life for people.

There was a quality monitoring programme which consisted of audits and seeking people's views. Any shortfalls identified or suggestions raised were acted upon.

# 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 January 2016 and was unannounced. The inspection team consisted on one adult social care inspector and an Expert by Experience [ExE]. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who accompanied us has experience for caring for someone living with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke with local authority safeguarding and contracts and commissioning teams. Following the inspection we received information from a health professional. There were no concerns expressed by these agencies.

During the inspection, we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with six people who used the service and three people who were visiting their relatives. We spoke with the registered manager, the two assistant managers, two care workers (one of which was a senior), a cook, a laundry worker, the activity co-ordinator and maintenance personnel. We also spoke with the receptionist, the clerk to the Board of Trustees and a visiting health professional.

We looked at five care files which belonged to people who used the service. We looked at other important documentation relating to people who used the service. These included medication administration records for 14 people, and monitoring charts for people's weight and food and fluid intake. We also looked at

accident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the environment to check it was safe, clean and tidy.

Requires Improvement

# Is the service safe?

## Our findings

People told us there was always plenty of staff to support them and they felt safe living in the service. Comments included, "Yes, the building is safe, my room is nice and nobody bothers me; I'm here to be looked after", "The home is safe, nobody can get in", "Yes, I call it Fort Knox , no one can get in; I feel safe with the staff", "No strangers can get in; the staff are great", "There's always night staff around; it's good to know someone's there", "There is always someone close by even at night", "There's always someone you can ask; the staff do have a little chat, it's friendly", "I don't need a call button as I am independent", "The domestics do good work to keep our home clean" and "Yes, if you want them you press the call button, you do have some quality time with them." Visitors said, "They can't go wandering about as carers are there all the time", "I know she is safe by the way the staff are with her; she tells me", "Mum likes it here; I'm 100% confident she is being looked after well", "I come every day and there's always enough staff about."

People also said they received their medicines on time. Comments included, "They give me them at night, hopefully at the right times" and "They are really efficient [with medicines]." A relative said, "They usually stay and watch her take them [medicines]."

We saw there were policies and procedures in place to guide staff in safeguarding people from the risk of harm and abuse. Staff had received training and in discussions were able to list the different types of abuse, the signs and symptoms that may alert them to concerns and how to report them. The day to day finances/personal allowance of people who used the service was managed by the human resources manager. Each person had separate account documentation and receipts were obtained for monies in and out. The accounts and monies were checked every few months by the clerk to the Board of Trustees which oversaw the running of the service. This helped to ensure any monies held for people who used the service was managed appropriately. Some people managed their own finances or had support from their families.

We saw individual risk assessments had been completed for a range of people's needs. These included, nutrition, falls, individual physical or mental health issues, moving and handling, and the use of equipment such as walking aids, stairs and the lift. We found some people used bedrails but risk assessments had not been completed for everyone who used them. One person had a bedrail which had not been secured properly. This was addressed on the day and a new profile bed identified for them which had integrated rails. This would help to prevent any potential entrapment issues with the bedrails; a risk assessment would have identified the issue. Also in one of the care files we looked at, the person was at risk of developing pressure ulcers but there was no risk assessment in place to guide staff. However, we saw the person had the correct equipment in place to prevent pressure ulcers, staff practice was good and they had not developed any. The registered manager told us they would complete risk assessments for the shortfalls identified and ensure all staff were aware of them.

We saw the home in general was safe, clean and there were no malodours. Communal rooms and bedrooms were clean and tidy and equipment used in the service was checked and maintained. We found some areas of the service needed attention to ensure good infection prevention and control was adhered to. For example, the linen room was cluttered, with items on the floor and in need of tidying. In the laundry, we

found some towels on the floor instead of in baskets, which were waiting to be washed and we observed some linen had not been washed on the correct temperature to ensure good infection control. There was an absence of hand hygiene signs above sinks in communal toilets and bathrooms. These were used to remind people of good hand hygiene techniques to prevent the spread of infection. There was no designated room to wash commode pans; staff told us they emptied and cleaned these in each person's en-suite room. In the kitchen freezers, some items of food had not been stored in sealed bags and labelled satisfactorily. On the drinks trolley, there were no lids for the coffee and sugar containers. All these issues were mentioned to the registered manager and they told us they would address them straight away. The registered manager told us they had two extra bathrooms that had very limited use and one of them could be refurbished as a sluice room. They told us they would raise this with the Board of Trustees and keep us informed of the outcome.

We found new staff were recruited safely. Recruitment records included full employment checks prior to new staff starting work. For example, application forms were completed so that gaps in employment could be assessed, references were obtained and checks made with the disclosure and barring service to see if they had been excluded from working with vulnerable people. Potential staff attended for an interview and the two interviewers made a record of the questions asked and the candidate's replies.

Rotas highlighted there were sufficient staff on duty at all times; this was confirmed in discussions with staff and people who used the service. On each morning shift there was an assistant manager and four care workers (on occasions there were two assistant managers on duty). In the afternoon /evening shift there was a supervisor and four care workers. In addition to care support there was a selection of other staff such as a general assistant on each day shift, a human resources manager, an administrator, an activity coordinator, catering, laundry and domestic staff, a receptionist and maintenance personnel. The registered manager was supernumerary to the rota and worked five days a week and there was a management on call system for support out of usual working hours. There were three care staff on duty at night.

We saw medicines were managed safely; they were stored securely in two trolleys, a cupboard and a fridge in the registered manager's office. There was a system in place to reorder medicines in a timely way so people did not run out of them. Records showed people received their medicines as prescribed. We saw there were some minor recording issues and on some occasions people had been asleep at the time when their medicine was due so they had missed it. There were also some protocols needed for when people took their medicines 'when required'. These would provide clearer guidance to staff. These points were raised with the registered manager to address.

Good

# Is the service effective?

## Our findings

People told us staff looked after them well and arranged visits by health professionals when required. Comments included, "There is for me [enough staff] and they know what they are doing", "Yes, they are nice ladies [staff], you can have a good giggle with them", "Yes, they [staff] are really nice", "The ones who deal with me are skilled", "The senior staff are great and very efficient", "I have seen a doctor a couple of times when I wasn't very well - the ladies [staff] do look after me; I saw a chiropodist yesterday", "I've seen a doctor. He was ever so good and got my oxygen levels higher", "The doctor came last week, the district nurse came and saw to a cut on my chin and I've seen a chiropodist, a dentist and an optician", "If I don't feel well they will get a doctor, and a district nurse comes to take my blood" and "Doctors visit when needed." Relatives added, "She has seen a doctor recently" and "She has injections from the nurse and sees a doctor."

People told us they liked the meals prepared for them and said staff knew their likes, dislikes and food intolerances. Comments included, "I am a diabetic and I eat well", "The food is nice, there is good choice and they will do anything for you", "There is a very good cook, and I can judge cooks. I like all the vegetables and the meat pie is good; the gravy is five out of five", "No worries about food, it is adequate; they know my likes and dislikes", "The kitchen staff provide us with homemade meals. The Christmas menu was excellent; they worked very hard" and "I have put on over a stone in here; the food is smashing and the steak pie is lovely. It's all homemade stuff." Relatives said, "Yes, they're good with diets, she's mentioned food is good", "The meals are beautiful; I've had them here" and "They get a menu and a choice, I have tried the food and it was good."

People also told us staff gained their consent about care and they were able to make choices and decisions about aspects of their lives. Comments included, "I think so [in control of their life], I would be lost without them [staff]", "Yes, [can make their own decisions] but I would like to go out more, my son is coming to take me out today", "They ask if I would like a bath", "Yes, if you want to do things you can" and "Yes, I am in charge of my life." Relatives told us, "She has never complained, she gets what she wants and they are given choices" and "She is a person in her own right here."

We saw people who used the service had access to a range of health care professionals such as GPs, community nurses, dieticians, emergency care practitioners and the falls team. Staff contacted them when they had concerns about people's physical health needs or when routine check-ups were required, for example with hospital outpatients, opticians, dentists and chiropodists. In discussions, staff were clear about how they would recognise signs of deterioration in people's health and the action they would take to seek advice and treatment from appropriate professionals. Records were maintained of visits from health care professionals. A visiting health care professional confirmed staff listened to advice and followed instructions. They also said they kept them informed about important issues affecting their patients. They said, "They are quick to call us at the first sign of any skin breakdown; I have no concerns."

We saw people's nutritional needs were met. There was a varied menu with choices and alternatives at each meal. People had their nutritional status assessed using a recognised risk assessment tool and weight

monitoring was carried out in line with this; some people were weighed monthly and others more frequently if required. We observed the lunchtime experience for people and saw the dining room was bright and airy with tables and chairs set out in placements of four people at each. There were table cloths, place mats, small vases of silk flowers and condiments on each table; there was also choice of fluids to drink. We saw people were encouraged to serve themselves with vegetables and gravy when they were able. We saw staff supported people discreetly to put on clothes protectors when required, to cut up food and to encourage people to eat their meals. The meals prepared on the day of inspection were well-presented, had good portions and looked hot. One person asked for a smaller portion and this was quickly changed. Those meals delivered to people in their bedrooms were covered and served on trays. Care workers chatted to people and made the meal a social occasion. We saw staff asked people if they had finished their first course before taking plates away then dessert was offered and provided to them.

Catering staff had information about people's dietary needs, likes and dislikes. They told us they visited each person daily to find out their choices for lunch and the evening meal. Although most people were able to make choices about the meals, we did not see any pictures of prepared meals, which could assist some people should their memory impairment increase. We also saw one person struggled slightly to eat their meal and an adapted plate and/or cutlery may make this easier for them. These points were mentioned to the registered manager to discuss with the person and address if required.

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. In discussions with staff, it was clear they had an understanding of MCA and the need for people to consent to care provided. Staff said, "We ask people, if they refuse we can't do it. You can't force people. We would document it and discuss with the manager" and "If people decline care, we would leave them a little while and go back later; we have never had any issues about this." Staff spoke of the need for assessments and best interest meetings should there be concerns about people's capacity to consent to care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was working within the principles of the MCA. For example, the registered manager had identified the possibility that three people may meet DoLS criteria and had discussed these with the local authority supervisory body. They had completed capacity assessments and applications for DoLS were underway; we were told these would be submitted when completed. We found the registered manager and staff had completed training in MCA and DoLS.

We saw staff had access to a range of training relevant to their role. This included what the registered provider considered as essential and also some that was specific to people's needs such as dementia care. There were plans in place to ensure all staff completed dementia care and end of life care this year. There was a system in place to monitor when staff required refresher training. Staff told us they received sufficient training and support to ensure they felt confident when assisting people who used the service. Staff confirmed they received supervision and support from the management team.

Although the current people who used the service were able to find their way around the home, we saw signage could be improved to support them should any memory impairment develop or increase. For example, with pictorial signs for bedroom doors, toilets and bathrooms. We also discussed with the registered manager how the service could factor in a dementia friendly environment in any future

redecoration and refurbishment plans.

Good

# Is the service caring?

## Our findings

People told us staff were kind, caring and attentive to their needs. Comments included, "I think we get well looked after, it's nice and clean and the help is good", "It's very, very good, I like my room and I have a lovely view", "It's great, they [staff] are all friendly and nothing is a bother for them", "This is my home", "I don't think you would find better, I mean company and help", "Yes, I get on with them all; they talk to me and I know them", "The staff are canny lasses, I can't fault it", "They are all nice; I can have a laugh with them and they are caring and they like to know you are alright", "They are dedicated and happy; what they did for Christmas and New Year was wonderful", "Staff are pleasant, pretty good and they often come in for a talk", "They do everything for my welfare" and "They [staff] are wonderful and they deserve medals."

One person who used the service heard we were inspecting and wrote us a letter. They said, "I have been a resident for 10 years. Holderness House is a wonderful home to be in. I have always known it as my home". They also said, "There is plenty of love and care. Everyone is marvellous and nothing is a bother for them. When I came out of hospital, the response from the girls was lovely. I needed a bit of TLC and they did just that. We all had a lovely Christmas and Santa came."

The three relatives spoken with had equally positive comments about the staff team. They said, "I would like to retire here; she is happy here and staff are good with them all", "Since she has been here, she has said the carers are marvellous; the staff are lovely", "The ones I have seen are bubbly and helpful and I have never come across any bad staff", "Very friendly and caring, they knock on doors before they come in", "There is warmth and they put the care into caring" and "I have seen staff treat people with dignity and respect. If they are worried or upset they are ever so nice with them, they hug people and always have time to listen."

A relative also spoke about the kindness shown to people when it was their birthday. They told us the cook asked them what meal they would like to see on the menu and this was prepared for everyone (with an alternative). They also said there was cake and sherry to celebrate and everyone was treated in a 'special way'. The cook said, "When it's their birthday, they get to choose the menu for that day" and "I also do special birthday party food."

We observed positive interactions between staff and people who used the service. They spoke to them in a friendly and patient way and gave them time to make responses. We observed a care worker assisting a person from a chair into a wheelchair; this was completed correctly, in an unhurried way and the care worker chatted to her throughout the task. We observed care workers chatted to people throughout the day and everyone knew their names. During lunch we overheard staff asking people what they wanted to eat and sat down next to people to encourage them to eat their meal. We observed staff answered call bells quickly. Staff told us they used Skype and email messages to help people keep in touch with their relatives who lived away.

We saw people's privacy and dignity was respected. Everyone looked well-dressed, with their hair tidy and shoes or slippers on. The hairdresser visited and ensured everyone who wanted to have their hair done had this completed even if it meant returning the next day. People were able to choose where to spend their

time during the day and some people chose to remain in their bedrooms; staff respected this decision. We observed staff knocking on people's bedroom doors prior to entering. We saw everyone had their own bedroom with an en-suite which consisted of a sink and toilet. Two people also had a shower in their en-suite. Each person had their own named laundry bag in their bedroom in an attempt to prevent the misplacement of clothes. In discussions, staff were clear about how they promoted people's privacy, dignity and independence.

We noticed there were signs near the call button in each person's bedroom which stated, "Do not hesitate, we are here for you." This was accompanied by a smiley face symbol and reassured people it was perfectly acceptable to press the call button for assistance.

The registered manager told us there was accommodation available for relatives to use should they wish to stay and be near their family member if they were ill or receiving end of life care. They also said the library was used for families to get together and at Christmas a family used it to have lunch with their relative.

People were provided with information in the large reception area. There were notices about the planned activities and events, which staff were on duty, and what services were provided in Holderness House. There were also copies of a newsletter produced by staff. People who used the service told us this was an excellent way of keeping up with the news about the home and their peers.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. People's care files were kept in a lockable cupboard near the reception so they were secure but accessible to staff. Medication administration records were held in the registered manager's office. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff records were held securely in lockable cupboards in the administration office.

Good

# Is the service responsive?

## Our findings

People told us staff were responsive to their needs and care was delivered in a way that met their preferences and wishes. They all stated they felt able to raise concerns if needed and the registered manager was very helpful. Comments included, "I like to stay in my room, I get on very well with the staff", "We each have our own carer and she takes me out once a week", "Yes, they go above and beyond", "Nothing to grumble about", "I never have [complained], I would say though", "I would talk to the girl that looks after me; they are nice people", "I would tell [registered manager and assistant managers' names]; there is always somebody around. I've never had any complaints." One person told us they had a complaint once and it was quickly addressed. Visitors told us they had seen staff respond to people quickly. They also said the registered manager and assistant managers were very approachable. Comments from relatives included, "The office door is always open."

We saw people had an assessment prior to admission which was added to when they arrived in the service. This was divided into areas such as physical, social, cognition and psychological needs. Risk assessments were also completed for specific areas. People who used the service and their relatives had been involved in the assessment process and in providing important information for care plans. This was confirmed in discussions with people. One relative told us, "They have shown her the care plan and I filled in all sorts, for example a potted life history." The assistant managers developed care plans from the assessments and we saw these provided staff with information on how to support people. Some care plans were very detailed whilst others could be personalised further so that important minor details are written down to help guide potential new staff. However, when we spoke with the registered manager, assistant managers and care staff, they all had detailed knowledge about people's individual likes, dislikes, and preferences for how care should be delivered to them. We saw the assessments and care plans were read as one document so staff could refer to each of them if they wanted to check any information or make changes and updates.

We saw care was provided to people in a person-centred way. People had choices about the times they went to bed and got up in the morning, what clothes they wanted to wear, where to spend their time during the day, what activities to participate in and meals. There were personal histories recorded in care files which helped staff to see the person as an individual. Relatives told us there were no restrictions on the times they could visit and they said they felt part of a family.

We saw bedrooms were personalised to a very high standard and each had a telephone. People had brought in personal items of their own such as small pieces of furniture, display cabinets, armchairs, televisions, pictures, ornaments and fridges. One person told us she had asked staff to wallpaper her bed room in the same paper she had at home and they had done this for her. One person had brought in a budgerigar and enjoyed taking care of it.

Most people had views of the gardens from their bedroom windows and some had installed bird tables and feeders so they could watch the wildlife.

We saw there was an activity co-ordinator employed for the service. They ensured there was a weekly

programme of activities for groups but also one to one sessions with people. There was information about what was provided each day in the reception area. These included, church services, quizzes, painting, craft work, flower arranging, bingo, sing-a-longs, entertainers, games, history talks, pamper days for nails and hand massages, play your cards right, film and popcorn, and jigsaws. There was also movement sessions such as 'Active Gold' armchair exercise, indoor netball, hoopla and ten pin bowling. We saw there were seasonal activities such as hoopla and hook a duck games at Hull fair week for those who don't wish to attend, a garden party in the summer and Christmas festivities. People who used the service and staff had held a Macmillan coffee morning to raise funds for this nursing service. There had been trips out into the community to local parks, theatres and landmarks. Singing groups from local schools visited to entertain people and clothes and gift shopping sessions were held at the service so people could make their own purchases. A relative told us they visited daily and confirmed they had seen a range of activities taking place.

The activity co-ordinator told us they gave a quiz sheet out each morning to those people who wanted to participate. The quiz on the day of the inspection was maths; these were collected in and marked then returned to people. We saw people were pleased with their results and enjoyed testing their memory and knowledge in this way. Records were maintained of the activities each person participated in

We saw the environment had been adjusted to respond to people's physical needs. For example, bedroom and corridor doors were linked to the fire alarm system so they could remain in the open position. This made it easier for people who had difficulty manoeuvring through the door frames with their walking aid. There were hand rails in corridors and grab rails in toilets and bathrooms. There was a passenger lift for the upper floors; a chair had been strategically placed near the lift in case people wanted to sit when waiting for it. There were chairs in specific areas for people to use. For example, there were comfortable chairs in a part of the service which had large glass windows and roof that overlooked the gardens. People used this area to watch the wildlife in the garden and in summer it was like a conservatory. The call bell system could be removed from the wall in bedrooms so it could be within reach when people sat in their chairs.

There was a complaints procedure on display which informed people how they could make a complaint and how to escalate it if required. People had the option of discussing concerns with staff or the registered manager so they could address them. We saw staff knew how to manage complaints and any issues raised were dealt with quickly. If people wanted to take their complaint further, they were able to discuss the issue with the chairperson of the Ladies Committee. The Ladies Committee were volunteers who had previous connexions with Holderness House. They visited the service to monitor quality and met monthly. One of the volunteers was also a representative on the Board of Trustees who had responsibility for overseeing the service.

Good

# Is the service well-led?

## Our findings

People knew the registered manager's name and told us they thought the service was well-managed. Comments included, "It is well-managed, they look after me well and the top ladies are lovely", "It is flowing okay", "Yes, well organised and really efficient." When we asked if there could be any improvements made, people who used the service could not think of any. Visitors said, "Every time I come in there is a warm welcome. You would like your own parents to be in a place like this", "Yes, they have a committee here. If they weren't happy they would sort it; it is run professionally" and "I love it here and mum likes it. The ethos of the place hits you and it feels like an extended family."

People confirmed they attended meetings and were asked for their views about the service. Comments included, "I do attend, and they cover a lot of areas. They get the cooks in and they listen to what we want. They also tell us about trips" and "They want to know what we like, if anyone is not satisfied they tell [registered manager's name]." A visitor stated, "I have attended [residents and relatives meeting], it gives a voice."

We spoke with the registered manager about the structure of the organisation and its values and culture. The service had a Board of Trustees (Board) which looked after the fund set up to manage Holderness House, left in trust to provide for 'gentle ladyfolk' by Sir Thomas Ferens. The registered manager had meetings with the Board to present reports and had contact with the Chair when required. We spoke with the clerk to the Board during the inspection. They had an office on site and told us the service was well-managed. They spoke to people who used the service and visitors and reported any issues to the registered manager.

We saw there was also a Ladies Committee who had an input into the quality of the service provided to people. They met monthly with the registered manager and as one member was also a representative on the Board, they presented information and issues for discussion at both meetings. The registered manager told us the culture of the organisation was one of openness, of listening and involving, of staff being available and approachable and having time for people to discuss their concerns. They said, "We have a culture of understanding and inclusiveness; you just have to put yourself in their place." We saw this happened in practice with interactions between staff and people who used the service and their relatives. For example, the registered manager told us about the involvement of one relative who wrote a story about the service for the newsletter at Christmas. They spoke with staff for additional information and the registered manager said they enjoyed the writing process. The story was read to people who used the service and they enjoyed it. Some relatives provided music sessions and they were encouraged to have meals with their family members. The registered manager said, "It's important for people to carry on those traditions such as having lunch with mum."

The registered manager was aware of their responsibilities regarding notifying specific agencies of incidents that affected the welfare of people who used the service. This was to enable the agencies to follow up any concerns and to check how they have been managed. The Care Quality Commission received notifications appropriately although we found on two occasions these had been overlooked. The registered manager told

us they would ensure the monitoring form was reviewed to prompt staff to record when notifications had been sent.

Staff confirmed they were able to raise concerns with the registered manager or assistant managers at any time. They confirmed there was effective communication within the service. They said, "You can go in anytime you want to speak to them. We have staff meetings and you can say what you want", "It's a good place to work and a friendly team", "We have handovers and get information in meetings" and "I would have my mum here; there are not really any improvements I can think of." We observed a shift handover session in the afternoon; oncoming staff were provided with information about each person who used the service and whether there were any issues to follow up. Meetings were held with staff and we could see from the minutes that issues were raised and addressed. For example, night staff had alerted the registered manager to an increase in care needs and an additional member of staff was put in place following consultation with the Board.

We saw people's views were obtained. The registered manager told us every alternate month, a member of the Ladies Committee visited each person who used the service to check if everything was alright; they reported any concerns back to the registered manager to address. There was a suggestions box in the entrance and a comments section on the newsletter for people to make their views known. The registered manager told us they visited each person who used the service every day to check on their wellbeing. We saw the minutes of a meeting held with people who used the service in November 2015. These included menu suggestions, activities, use of the summer house in the garden, an increase in night care staff, an introduction of new staff and a reminder that people can raise any issues at any time. There had been a questionnaire for families and friends of people who used the service in 2015. Two issues were raised and we saw these were dealt with.

We saw there was quality monitoring taking place which consisted of audits and seeking people's views. Environmental checks with maintenance personnel were carried out and we could see any repairs of items were identified and actioned in a timely way. Staff also had a book to record any areas they identified; maintenance personnel checked this daily to address them, for example replacement light bulbs. Other audits included checking care plans, accidents, medicines, housekeeping, finances and staff training. Although there was an audit process this was not carried out in a systematic way. The registered manager told us they would review the quality audit process to make it more structured throughout the year.