

Holderness House Trust

Holderness House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holderness House is a residential care home providing accommodation and personal care to up to 33 people. There are five floors altogether, although two were smaller split levels. The service provides support to ladies, some of whom may be living with dementia. At the time of our inspection there were 23 people using the service.

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

Governance systems in place were not always effective at identifying and addressing issues. Audits were carried out and identified areas for improvement, but action plans were not always developed.

Medicines were not always managed in line with best practice, records were not always in place, such as protocols to guide staff when to administer as and when required medicines and special instructions were not always recorded. Medicines were stored safely, and staff had received medicines training. We have made a recommendation about this.

Checks were not always in place to ensure risks were managed, such as window safety checks. Some single pane glass did not have measures in place to manage the risks. The provider started to address this during the inspection. Care plans and risk assessments were in place but required further detail. We have made a recommendation about this.

Staff had been recruited safely and we received positive feedback regarding the staff. The provider used a dependency tool to assess the staffing levels, however information in this did not correspond with people's care records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, some records were not sufficiently detailed.

People were happy with the support they received, and we received positive feedback regarding the staff. Staff were supported in their roles and felt there was good teamwork at the service. Communication systems were in place to engage with staff, people and their relatives such as meetings and satisfaction surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holderness House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to governance at this inspection and recommendations in relation to medicines and risk management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holderness House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Holderness House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holderness House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 1 relative about their experience of the care provided. We also spoke with 11 members of staff including the CEO, the registered manager, deputy manager, cook, activities coordinator, housekeeper, senior care staff and care staff.

We reviewed a range of records. This included 3 people's care plans, 2 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed in line with best practice. For example, detailed guidance specific to each person on how to administer medicines prescribed as and when people required to them, known as "PRN" was not always available to staff.
- Some people were prescribed a variable dose i.e., 1 or 2 tablets to be given when required at regular intervals. The quantity had not always been recorded, meaning that records did not accurately reflect the treatment people had received.
- Instructions for medicines which should be given at specific times were not available. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine.
- The service did not have individual fire risk assessments in place for people who were prescribed paraffin-based skin products.
- Thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used.

We recommend the provider seek advice from a reputable source to ensure best practice in relation to medicines management is implemented.

- People's medicines were stored safely and securely. There were records of people's preferences to indicate how they wanted their medicines to be administered.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place. However, some did not contain sufficient detail.
- Risks in relation to nutrition and hydration were not always effectively monitored. People's fluid targets were not always recorded and records were not consistently completed to enable people's fluid intake to be monitored.
- Checks were not always in place such as window safety and wheelchair safety checks. Some single paned glass windows did not have any protective covering in place. This was addressed during the inspection.

We recommend the provider seeks advice from a reputable source regarding risk management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. However, some records requiring MCA required further detail.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accident and incidents reports were completed and reviewed by the management team and a monthly report completed. However, this did not include themes, trends and lessons learnt.
- Staff had received safeguarding training and understood their responsibilities to report any suspected abuse.
- People felt safe at the service and were happy with the support they received.

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- Day time staffing levels were sufficient. Nighttime staffing levels had recently been reduced; however the provider had not taken into account the layout of the building and potential fire risks. The provider increased the staffing levels during the inspection.
- The provider used a dependency assessment, however the information in this did not always correspond with care plans. The registered manager told us they would review all dependency assessments.
- The service had consistent staff who we received positive feedback about. People told us, "The staff are lovely, the care is very good, I can't grumble about anything at all."

Preventing and controlling infection

- The service was clean and tidy. However, some areas required attention such as heavy foot fall areas on some carpets. The registered manager confirmed they would commission an industrial clean.
- Staff had received infection control training and understood their responsibilities to reduce the risk of spread of infection.
- Personal Protective Equipment (PPE) was available to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems were not effective. The provider carried out audits, however these had not always identified or promptly addressed the shortfalls found at this inspection.
- The provider had failed to identify or address the concerns we found with medicines, risk management, inconsistencies in dependency levels, risk assessments and some health and safety checks.
- Where shortfalls had been identified, action plans had not always been developed to improve the service. For example, a dining experience audit identified shortfalls in November, an action plan was not developed, and the same shortfalls were identified in December.
- Although action was taken following complaints and accident and incidents, themes and trends and lessons learnt reviews were not always completed to fully learn from these and improve the service.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and honest during the inspection. They were receptive to feedback given and started to address these areas.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed at the home and on the provider's website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider submitted notifications to CQC; however, we noted a minor few that had not been submitted in a timely manner. The provider submitted these during the inspection.
- When accident and incidents or complaints had occurred people and their relatives were informed.

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

- People were happy with the care and support they received. One person told us, "The care staff are excellent, you get a feeling of good care, empathy and understanding. Most importantly the staff listen."
- Staff we spoke with were happy in their roles and felt there was good teamwork. One staff member told us,

"We work well as a team, we're there for each other, know each other's whereabouts, can discuss problems with the ladies and each other. We have got a good team there."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people living at the service and staff to gather their views.
- Satisfaction surveys were conducted to gather feedback from people, their relatives and staff. The registered manager had developed an action plan following staff feedback.
- The service worked in partnership with health professionals, such as GP's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service and manage the risks in relation to health and safety. 172(a)(b)(c)