



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Holyrood House**

**Baxtergate  
Hedon  
Hull  
East Yorkshire  
HU12 8JN**

*Lead Inspector*  
Rob Padwick

*Unannounced Inspection*  
17th November 2006      1:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	<a href="http://www.csci.org.uk">www.csci.org.uk</a>

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	Holyrood House
<b>Address</b>	Baxtergate Hedon Hull East Yorkshire HU12 8JN
<b>Telephone number</b>	01482 899340
<b>Fax number</b>	01482 890195
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Humberside Independent Care Association Limited
<b>Name of registered manager (if applicable)</b>	Mrs Rosemary Delph
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	29
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (29), Old age, not falling within any other category (29)

# SERVICE INFORMATION

## Conditions of registration:

1. The category OP to include one named service user under the age of 65 years.

**Date of last inspection**      2nd March 2006

## Brief Description of the Service:

Holyrood House is a care home providing personal care and accommodation for up to 29 older people, some of whom may have a dementia care need.

It is owned and operated by Humberside Independent Care Association Ltd.

The home is situated on Baxtergate, Hedon, which is to the east of the city of Hull. The home's location provides service users with easy access to all local shops, pubs and services.

Holyrood House occupies a period property and the accommodation is set out over two floors, accessible by a passenger lift. Nineteen of the bedrooms are for single accommodation.

Holyrood House has accessible well-maintained grounds, which include lawned gardens and flower beds. The home participates in an annual local 'open garden' event.

The standard fees charged by the home range from £249 to £440 with additional charges made for hairdressing, chiropody, toiletries etc.

Holyrood House provides information about the home to service users in its Statement of Purpose and Service User Guide.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This visit lasted for 6 hours and included a tour of the building and checking the progress in implementing the recommendations from the previous inspection. During the visit time was spent talking with residents in the lounge areas of the home and observing their daily lives. Other time was spent reading care plans and files and talking to staff.

A Pre Inspection Questionnaire asking for information about the home was sent to the manager before this visit and information from this was included as part of the inspection process. Other information that was used included reports from monthly visits carried out by a senior manager from the parent company and notifications received by the Commission for Social Care Inspection about serious incidents that had taken place in the home.

Questionnaires were sent out to relatives and Health and Social Services staff associated with the home. Four replies were received from the group of relatives who were contacted, all of these commented favourably about the home, but two of these expressed some concerns about the staffing levels in the home. However these concerns could not be substantiated from evidence obtained as part of this inspection visit. Five comment cards returned from professionals associated with the home expressed satisfaction with the home.

## **What the service does well:**

The home provides a welcoming environment for residents and the care they receive is individualised to meet their needs.

Staff in the home work well to involve the residents in decisions affecting their lives and they are encouraged to be as independent as possible.

A good range of activities are provided in order to ensure that the residents social, emotional and psychological needs are met.

The home's environment is comfortable and well maintained and staff are well trained to meet the needs of the residents.

Residents confirmed that they were treated with dignity and respect and stated that staff were "kind and caring". A relative comment received described the staff as being "120%".

## **What has improved since the last inspection?**

The recommendations from the previous inspection had been implemented and staff training and development have continued to be provided, in order to ensure that the needs of the residents are met.

### **What they could do better:**

No specific recommendations to improve the home are made from this inspection visit.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6

Quality in this outcome area is **good**. The home's assessment process ensures that residents and their representatives are fully involved in decisions about moving into the home and updated information was available, in order that they are kept informed of any changes concerning the service that might affect them. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Residents confirmed that they had visited the home and been actively involved in decisions about moving into it. Case files inspected contained copies of assessments that had been carried out by either the manager or professionals associated with the service. The manager stated that wherever possible, she liked to visit prospective residents before they are admitted, in order to ensure that home was able to meet their needs. The manager indicated that that this assessment included consideration of the needs and mix of the current service users group living in the home. One resident commented about moving into the home was " the best decision in twenty years" that he had made.

The home also provides a limited day care facility for individuals currently living in the community and discussion with some of those accommodated confirmed that they had been admitted via this route.

Updated information about the home had been recently developed, in order to ensure that residents were kept informed about any changes concerning the home that might affect them.

Holyrood House does not admit residents for intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Quality in this outcome area is **excellent**. The residents' health and personal care needs were being sensitively met by staff who treated them with dignity and respect. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

Residents were very positive about the staff and confirmed that their health and personal care needs were being met in a sensitive and friendly manner. Comprehensive support plans were available in the resident's bedrooms, in order to guide staff in meeting these and staff were observed handing over to the next shift on duty, by reading from these, in order to keep them informed how the residents had been. The three support plans inspected contained information on the needs of individual residents, together with their personal preferences about how these should be met with comments such as "I like....to be given.. in such a manner", and "I want ...." and "I don't like.....". Assessments of known issues of risk concerning the individual residents were contained in the files examined, together with regular monitoring of health related issues and monthly summaries of the support plans. Evidence was seen that residents and their representatives had been involved in reviews of their support plans and that any changes to these that were needed had been made. Residents confirmed that their health needs were being well met and a

visiting doctor was observed attending the home during this visit. Visiting relatives confirmed that they were happy with the way that the health and personal care needs of their loved ones were being met and the views of two health professionals were equally positive in this regard. A District Nurse contacted as part of the inspection process commented that residents were “well cared and well looked after”. Residents were very clear that staff treated them with respect and that their rights and wishes for individual privacy were upheld. Observation of the care practices confirmed this with staff demonstrating good levels of understanding about the needs of the individual residents, assisting and supporting them discretely in order to maintain their dignity.

Policies and procedures were available to safeguard the residents in respect of medication and discussion with staff indicated that they were aware of these. Only the senior staff are responsible for the administration of medication and information provided by the manager as part of the inspection process, indicated that four of them had received training in the safe use and handling of medication during the past year. Observation of two medication rounds indicated that that this aspect of practice was being satisfactorily carried out. A random check of the medication systems confirmed that supplies of medicines kept in the home accorded with the home’s records.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

Quality in this outcome area is **excellent**. The residents' daily lives were enriched by a good provision of activities, in order that their health and general wellbeing is maintained. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Residents indicated that their daily lives and social needs were being well met. One resident commented that the home "wasn't like a normal residential home" and that "moving in was the best thing he had done". Discussion with others confirmed a similar viewpoint. Residents' relationships with each other were observed to be very positive and it was evident that an atmosphere of mutual regard existed within the home. Staff indicated that the social and emotional needs of the residents were considered to be as vital to their general well being, as other more physical aspects of health. Two part time activity organisers ensure a range of activities are available, in order to provide a means of mental stimulation and enjoyment. As well as traditional events, such as trips out and singalongs, gentle games of football (involving a balloon) and table tennis have been developed from other activities, such as throwing the ball. Residents spoke cheerfully about the positive benefits gained from participating in these. Residents were observed to be very contented with many of them involved in knitting items that were to be given to various

charities. The home has strong connections with the local community and has a very active Residents Committee, which contributes suggestions for future activities. A fundraising Tombola stall is held as part of the local Christmas Lights celebrations and during this visit, residents were observed preparing presents for this. Residents talked enthusiastically of the forthcoming "Holyr(w)ood Oscars" or BAFTA night, which was to involve a competition of singing old favourites and a Christmas party, in which children from a local nursery were invited, in order to receive presents from the residents. Relatives were observed coming and going throughout the inspection visit and all those spoken to were positive about the home. One described the staff as being "120%".

Residents confirmed that the food was good and that alternative choices were available, should they not want what was on offer. The home has obtained the Local Authority "Heartbeat" Award for the provision of its meals and inspection of the menus indicated that a nutritious and healthy diet was provided. Resident's case files contained assessments of nutritional need with evidence that their weight was being monitored and discussion with the cook confirmed that special diets could be accommodated. Staff spoke enthusiastically of the training they had received, which had recently included an element on the importance of diet for maintaining wellbeing.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16 and 18

Quality in this outcome area is **good**. Residents' views and concerns were taken seriously and training had been provided to staff to ensure that the residents were safeguarded from abuse. This judgement has been made using available evidence including a visit to this service.

## **EVIDENCE:**

Residents confirmed that their views were taken seriously and that they had "no concerns" about the service. Residents indicated they were aware of the homes complaints policy and inspection of the complaints book indicated that three complaints had been raised about aspects of the service since the last inspection, together with evidence that action had been taken to remedy these. Policies and procedures were in place in order to ensure that residents were safeguarded from abuse and discussion with staff indicated that they were aware of these and that they would take appropriate action should they have any concerns in this respect. Inspection of the home's systems for dealing with the residents' money indicated that good systems were in place to ensure that these were being appropriately safeguarded. A random check of the records of these confirmed that they accorded with the money that was being held for individual residents.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

19 and 26

Quality in this outcome area is **excellent**. The residents' environment was comfortable and inviting and the building was well maintained. This judgement has been made using available evidence including a visit to this service.

## **EVIDENCE:**

The home was comfortable, clean and safe and had a bright and cosy atmosphere throughout. The standard of decoration was high with furniture and fittings of a good quality. Posters of forties and fifties Hollywood film stars adorned some of the corridors, which echoed the positive approach in the home. Other more contemporary pictures hung in the newly equipped and decorated "Salon" that was designed to have the look of a professional high street hairdressers shop. Bedrooms were individually decorated to reflect the personal tastes of the residents and aids and adaptations had been provided to assist their independence. Staff were observed to be vigilantly monitoring the storage of residents' wheelchairs, in order to ensure that the safety of the environment was maintained. The home was free from malodours and staff were busily involved in maintaining the standard of the home. Inspection of the home's maintenance records confirmed that checks of equipment were

being carried out in a regular and efficient manner. Information submitted to the Commission prior the inspection visit had highlighted a recent occasion when the home's lift had broken down, but discussion with staff and residents confirmed that appropriate measures had been taken to promptly remedy this fault and that an action plan was in place to deal with any future occurrences, should they occur.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 and 30

Quality in this outcome area is **excellent**. Staff had been provided with a range of training to help them support the residents. Staff had been well recruited, to ensure that the residents' welfare was safeguarded. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

Feedback received from residents, relatives and professionals was positive indicated that staff were supporting the residents well. A Community Psychiatric Nurse contacted as part of the inspection process indicated that staff took a person centred approach to working with the residents and a District Nurse stated that she had "no concerns whatsoever" about the service. Staff were observed to demonstrate a caring and sensitive manner and were knowledgeable about the individual needs of the residents accommodated. The home has a good staff retention rate and the mixed staff team were observed to be working effectively together, in order to meet the residents needs. The provider organisation has an extensive training programme and induction process that staff complete and examination of the staff records, indicated that a range of training relevant to the needs of the residents had been delivered during the past year. Information submitted by the manager as part of this inspection process, indicated that 73% of the staff

team had successfully achieved a qualification at NVQ level 2, which is in excess of the recommended level and is therefore to be commended.

Policies and procedures were in place to ensure that staff were safely recruited and inspection of the files of newly employed staff indicated that these were being appropriately followed. Staff files inspected contained copies of Criminal Records Bureau checks and written references, together with other information that had been obtained, in order to verify that the staff were safe to work with the residents.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

Quality in this outcome area is **excellent**. The home was being managed in a caring and sensitive manner and regular checks were being carried out to ensure that it was meeting the needs of the residents accommodated. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Discussion with residents and relatives and feedback obtained from professionals associated with the home indicated that Holyrood House was being well run. The manager has substantial experience of managing the home and staff indicated that she was a good leader, who was open and approachable and involved the residents in decisions concerning the home. The manager took a serious approach to the monitoring of the progress of the home and described the homes Quality Assurance policies as her "bible". Inspection of these systems indicated a thoughtful and consistent approach to

this and evidence from the minutes of regular meetings with both residents and staff confirmed that they were actively consulted in this process.

The Provider organisation has a computerised system for the management of individual resident's personal allowance's and a random check of the records for these indicated that their finances were being satisfactorily safeguarded.

Inspection of the home's records and discussion with staff indicated that the health, safety and welfare of residents and staff were being promoted and protected. Maintenance records were up to date and in good order and the home's training plan indicated that staff had covered a variety of health and safety issues as part of their induction process or that these been identified a future development need.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	4
<b>9</b>	3
<b>10</b>	4
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	4
<b>13</b>	4
<b>14</b>	4
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	4
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	X
<b>33</b>	4
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection? NO

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

## **Commission for Social Care Inspection**

Hessle Area Office

First Floor, Unit 3

Hesslewood Country Office Park

Ferriby Road

Hessle

HU13 0QF

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI