

Key inspection report

Care homes for older people

Name:	Holyrood House
Address:	Baxtergate Hedon Hull East Yorkshire HU12 8JN

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Janet Lamb	1 6 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Holyrood House
Address:	Baxtergate Hedon Hull East Yorkshire HU12 8JN
Telephone number:	01482899340
Fax number:	01482890195
Email address:	
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	29
old age, not falling within any other category	0	29

Additional conditions:

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

Date of last inspection

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Brief description of the care home

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 people with easy access to all local shops, pubs and services.

Brief description of the care home

There is no suitable car parking facility and parking is usually on road near by or on George Street.

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 occupancy. There are three sitting areas, a dining room, laundry and staff facilities.

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 current weekly fees range from £333.69 to £490.00 per person and information about the home can be obtained in the 'statement of purpose' and the 'service user guide' upon request from the manager.

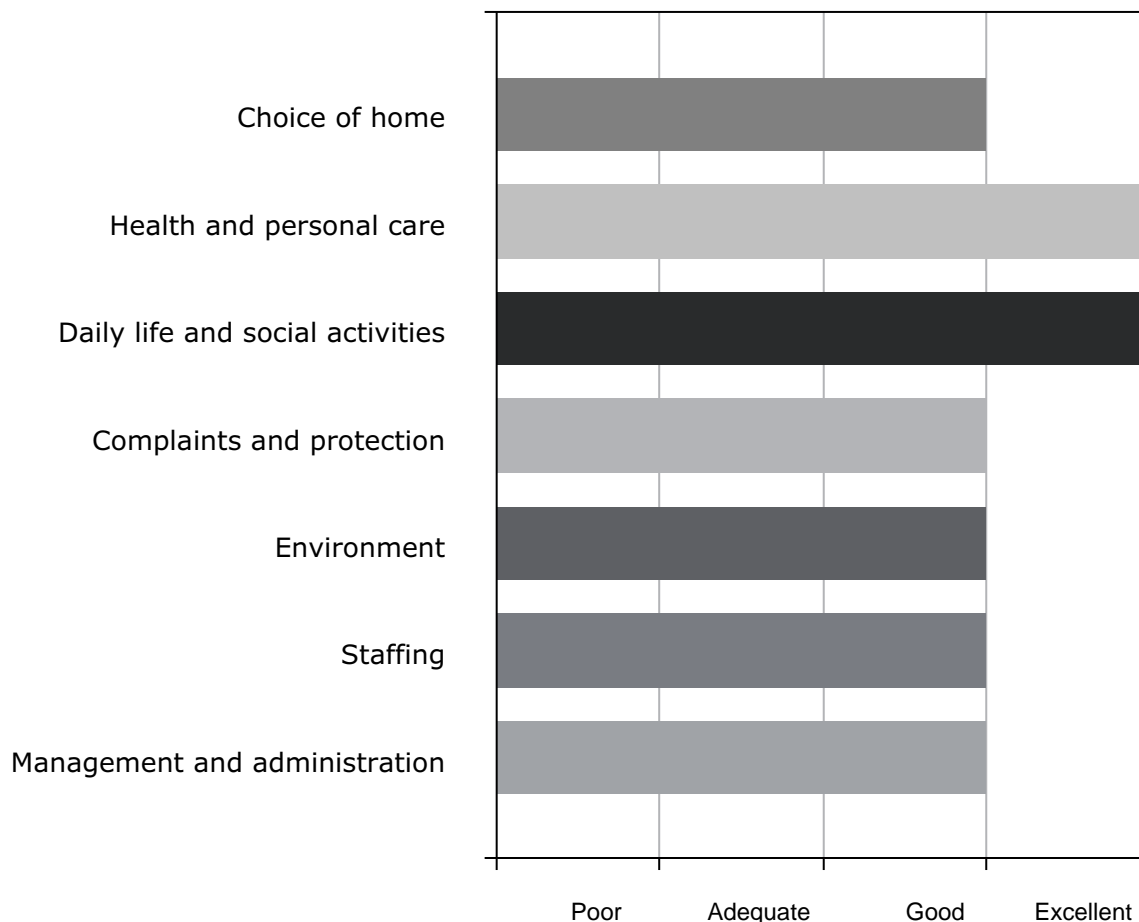
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The Key Inspection of Holyrood House has taken place over a period of time and involved sending a request to complete an annual quality assurance assessment (AQAA) in September 2009, containing information about people who use the service and staff and details of the homes policies, procedures and practices. The Commission received the requested information in October 2009 and survey questionnaires were sent to ten people living in the home, to six health care professionals and six staff working there. Of these surveys nine were returned from the people in the home, five from staff and five from health care professionals, a very high percentage response.

All of the information obtained from surveys, from notifications received and information already known from having had contact with the home since the last key inspection was used to suggest what it must be like living there.

Then on 16 November 2009 Janet Lamb made a site visit to the home to test these

suggestions and to interview people, staff, visitors and the home manager. Some documents were viewed with permission from those people they concerned and some records were also looked at. The communal areas of the home were viewed along with four or five bedrooms.

There were three people who use the service, the manager and two staff interviewed and other people were spoken with during the site visit to seek information. Two relatives were also spoken with. What was said was checked against the information obtained through questionnaires and details already known because of previous information gathering and contact with the home. Judgements were made using the information and some of the evidence used at the last inspection to say what it is like living in the home. This report shows those findings and judgements.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated it is likely that enforcement action will be taken.

What the care home does well:

People say they are given good information about the home and can 'test drive' the service to help them decide if the home is the right place or not. People have their care needs well assessed. They have good security of tenure with a contract of residence in place.

People have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their privacy is very well maintained.

People have very good social contact in the home and in the community and they are able to make choices wherever possible and enjoy good, nutritious, appetising food.

People have their complaints listened to, taken seriously and effectively acted upon. They are well protected from abuse with the policies, procedures and practices in place for handling safeguarding issues.

People live in a safe, well maintained environment that is clean, comfortable and hygienic.

People are well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedules.

People benefit from a very well run home, by a well qualified, experienced manager of good integrity. There is efficient quality assurance and self-monitoring systems in place showing the home is well run in the best interest of people living there. People have their financial interests well protected and they and staff have their health, safety and welfare very well protected and promoted.

What has improved since the last inspection?

There were no requirements or recommendations made at the last key inspection so there are no improvements to discuss since then.

It is noted that there has been an increase in the number of staff on duty throughout the day time shifts, enabling staff to spend more quality time with people. Also discussion with people shows there has been some improvement in the offering of activities and pastimes. Also there is a new medication storage facility in place with fixed wall mounted cupboard and locked control drugs store.

What they could do better:

There are no identified requirements or recommendations at this key inspection report. It is noted here that there is a need for the company to recruit a new manager, to inform us of their name and to submit an application for the manager to become registered within three months of being in post.

If you want to know what action the person responsible for this care home is taking

following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People say they are given good information about the home and can 'test drive' the service to help them decide if the home is the right place or not. People have their care needs well assessed. They have good security of tenure with a contract of residence in place.

Evidence:

Discussion with the manager and staff and viewing of case files with permission from people they refer to shows the service continues to ensure people are well assessed before they move into the home.

The AQAA received for the home contains good detail and information on how the admission process operates, from informing us that written information is in large print, assessments of need are completed, letters confirming needs can be met are sent, that specialist equipment is acquired before admission and trial visits can be made, to rooms are personalised before admission and the member of the

Evidence:

management team having completed the assessment is present on the day the person does move in.

An assessment of needs in the form of a pre-assessment document is completed by the manager before an admission takes place. Copies of placing authority assessment forms are also obtained and held in files, so with this information and through discussions with relatives the home has plenty of details to determine whether or not it can meet a person's needs. Letters are sent to people or their relatives confirming this.

The company pre-assessment forms look at people's strengths and needs and contain information on personal details, personal care and support, dressing, night care, eating and drinking, mobility, health, leisure, emotional care, dementia, safety, communication, specialist input, finances and any other area. There are also risk assessment documents completed on such as nutrition, falls, pressure care, moving and handling and environment. Three files were viewed as part of the inspection and all contain such documents.

It is understood that an updated 'statement of purpose,' the 'service user guide' and contracts of residence, in the form of 'Admission Agreements,' are available for viewing though they were not inspected on this occasion.

Surveys received from people or their relative, number nine, and show everyone received enough information about the home before moving in, and that all but two could recall having a contract of residence. People spoken to on the day of the site visit say they are aware of the documents held in their rooms and can vaguely remember having an assessment of needs done before moving in.

Intermediate care is not provided at Holyrood House and so standard six is not applicable.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their privacy is very well maintained.

Evidence:

Discussion with people in the home, the manager, staff and visitors, and viewing of case files with permission from the people they refer to, show people are well supported in their care and health care needs, in taking medication and with maintaining their privacy and dignity.

There are person centred plans of care in place for everyone, which are held in people's rooms, and these have recently been reviewed and updated.

They have three elements to them which are the 'care programme area,' notes on what should be included in the plan, the 'care programme agreement' and the actual 'support plan,' which shows action needed to meet the identified needs. Three case

Evidence:

files were seen and they contain all of the information required of the standards on care plans and health care, if they are applicable to the person. They contain risk assessment and risk management documents as well, and these also include a risk assessment on handling one's medication, one's finances and a key to one's room.

The care programmes are compiled to include strengths and needs to each area assessed and they are reviewed monthly on paper and six monthly with the involvement of people they refer to and families, and with placing authorities each year. Copies of placing authority care plans are also available in files for viewing.

Health care issues are also included in the general person centred plans of care but all input and support in respect of health care is recorded on 'health monitoring forms' kept separately in people's files in their rooms. Health care needs are well observed, monitored and recorded. Observations of people and information on them shows there are some people with such as diabetes and dementia that are monitored in more detail on a daily basis. There are records of GP, district nurse and community psychiatric nurse visits, as well as of appointments at hospital. Weight charts are maintained and records of food and fluid intake are kept if necessary. There is also a 'patient passport' form completed for whenever a person needs to be admitted to hospital, which shows all relevant health details and information as well as information on the person's particular condition. Daily diary notes and night monitoring forms show the assistance, support and care people have received.

When they were asked people knew about their care plans and one person took us to her room to view the care plan file held there. She explained what assistance she needed and when, and she confirms the support and care she is given is how she requires it.

Medication systems within the home are appropriate and protect people from risk of harm from taking the wrong medication because medicines are either entirely handled by the staff or people are assessed as capable to self-medicate. One person in the home self-medicates at the moment. Handling of medicines is in line with the policy and procedure on medication administration.

Medicines are stored in a medication trolley in a locked newly designed medication room on one of the upper floor corridors. New cabinets, one with locked internal controlled drugs store, and medication fridge are in place. The medication trolley is taken to the foyer outside the dining room and kept under full supervision while giving out medicines. The practice of giving out medication was observed and is considered appropriate. The manager regularly checks the medication administration record

Evidence:

(MAR) sheets as part of her monthly summary of audits.

Senior staff administering medications are trained and competence checked via an external course, which is recorded on the home staff training matrix. They are soon to complete a new 'vocational related qualification' (VRQ) in handling medicines with an external training company, bringing them all up to date with medication training.

Maintaining people's dignity and privacy is well managed. People are assisted promptly and in private with any personal needs, are addressed as they wish to be, and generally have their room knocked on by staff before entering.

Surveys completed say people always or usually receive the care and support they need, that staff are available when they need them and that staff listen to and take action on what people say. Five health care professional surveys returned say staff are caring, courteous and polite, they manage difficult behavioural problems extremely well, they access medical care appropriately, and they are friendly, professional and attentive.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have very good social contact in the home and in the community and they are able to make choices wherever possible and enjoy good, nutritional, appetising food.

Evidence:

Discussion with people in the home, the manager, staff and visitors, and viewing of case files and some records on such as activities and meal provision show there are still very good opportunities to enjoy a fulfilling and meaningful lifestyle.

People have very good contact with family and friends, there were several visitors to the home and two were spoken with. There are in-house activities of listening to music, watching television, playing Wii which has such as 'family fortunes,' tennis and a quiz on it. There are hand massages, hairdresser every week, special services such as remembrance service by following the one on the television, speaking to family on the telephone, writing to family members, chatting to other people, dancing, trips to the centre of Hedon for shopping, draughts, skittles, soft football and so on.

Also festivals and holidays are celebrated, people tell us they held a bonfire night party recently. People say they go out with family members or round Hedon with staff if collecting prescriptions or doing some special shopping. The AQAA says social events

Evidence:

are more organised now, such as film afternoons, and fund raising such as doing a shoe box appeal, which was taking place on the day of our visit. Some surveys received say activities do not always suit everyone and maybe some different things could be offered, though they make no alternative suggestions.

Choice is respected within the home and people are always asked if they wish to join in with things, when they wish to rise and go to bed, what they want to wear, eat, drink, where they want to sit and who with etc. Choices are always offered in daily routines and pastimes. We observed this taking place and observed the 'shoe box' activity of filling boxes to send to forces overseas. Those taking part were keen to be involved.

Diary notes hold separate activity records for everyone and list what people get up to and where they go. Surveys say people are treated respectfully and as individuals, that the home always or usually arranges activities for people.

Meals are arranged by the chef according to healthy options and medical diets, discussions with people in the home and in line with recommended dementia care research on nutrition and patterns of feeding. Menus show an alternative and are on display on the dining room door. Food provided on the day of the site visit included choice of chicken curry and rice or meat and potato pie with mashed potato, cabbage and gravy. Pudding was cherry and apple crumble with custard or ice cream, and fruit or yoghurt if wished. The dining room is very pleasantly decorated and tables set out with matching cloths, napkins and centre flowers remind one of a famous tea room chain in Yorkshire. Those people needing assistance at meal times receive it discreetly and the whole experience is an occasion to look forward to.

There are no adverse comments about the food provision in the home. Surveys say people have the choice to eat in the dining room or elsewhere and that meals are usually good. One survey suggests there could be more variety at tea time and maybe bigger portions. People say they enjoy the food, get what they want and can choose at breakfast, dinner and tea. One person says the food is lovely while another says it's quite good.

There are no adverse comments about any aspect of daily life and social activities.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their complaints listened to, taken seriously and effectively acted upon. They are well protected from abuse with the policies, procedures and practices in place for handling safeguarding issues.

Evidence:

Discussion with people in the home, the manager and staff and viewing of documents and records show there are effective and efficient systems for handling complaints and for protecting people in the home.

There is a company policy and procedure in place for dealing with both complaints and with safeguarding adult's issues. There are also company records maintained of any complaint made or suspected abuse referred to the safeguarding adult's teams with the local authorities in the area. Staff have good understanding of how to handle complaints and where to direct them and of making referrals to the safeguarding adults teams.

Complaints received since the last inspection number one only and this was dealt with efficiently and in a timely manner. Discussion with staff reveals they know the complaint procedures and the importance of passing information to the manager or a senior.

Staff complete company safeguarding training as part of their induction and further

Evidence:

training is done which involves the local authority safeguarding team coming in to do a session. Those staff spoken with confirm they have completed safeguarding training and know the procedures to follow regarding making referrals or passing on information to seniors. Referrals to the East Riding of Yorkshire Council safeguarding adults team in the last twelve months number four, mainly involve theft of money or jewellery and altercations between people living in the home. The ones about theft have been made retrospectively, as the previous manager did not refer them.

Surveys say people are able to speak up anytime, they know who to go to if unhappy about anything and they feel confident they will be listened to. One relative says they had reason to complain once and that it was dealt with quickly and that when they next visited the home they were told what had been done to put things right. Staff also demonstrate confidence in handling complaints and passing on safeguarding issues in survey responses and in interview.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a safe, well maintained environment that is clean, comfortable and hygienic.

Evidence:

Discussion with people in the home, the manager and staff and viewing of the communal areas and some private areas of the home reveals the environment is in fairly good condition, is homely and comfortable and free from offensive odours.

Holyrood House is situated in the centre of Hedon, close to the shops and businesses. It is a very old property, but maintains its charm with its period windows, the large amount of wooden paneling features in many of the communal rooms and the parquet flooring in the dining room. Bedrooms are very personalised.

The premises is well maintained, the maintenance person carries out regular audits and keeps a record of what needs doing and has been done in terms of repairs. There are Health & Safety policies and procedures in place for all areas of safety, staff have done training in health and safety issues, there are weekly and monthly health and safety checks by the maintenance person and monthly audits are done on different areas by the company. Equipment is regularly checked, there is access to a 24 hour maintenance service.

Evidence:

Lounges are homely, there is a hairdressing salon and a smoke room, and there is a waiting list of people wanting to live there. If on admission the only vacant room is taken there is chance to have the next available desirable room that comes empty, subject to the list already in place. Seventeen of the bedrooms have en-suite toilet. Some bathrooms are now ready for redecoration to make them more cosy and homely. There is a robust infection control policy in place and training in this area is provided with 23 staff having done it. Equipment is available in all toilets etc. in the form of grab rails and sanitising liquid.

The smallest bedroom in the house is 9.7 square metres and largest is 32. There are mostly single rooms in use and doubles are only used by people that are related to each other. People have the use of bedside cabinets, which have a locked upper drawer for security, main entrances are on a key pad security systems and those capable of operating them know the key code. We are told there has been some repairs to the perimeter fencing because of a fallen tree in the grounds, the smoke room has had structural repairs and redecoration done because of a water leak and finally the home plans to get rid of some old unused furniture.

There is a laundry room that meets the requirements of the Water Supply (Water Fittings) Regulations 1999, as far as can be determined. Equipment has metered cleaning solutions plumbed in and though there is a large volume of washing that goes through the laundry, it copes well. There is a laundry assistant employed most days. Staff follow good infection control and hygiene codes of practice. They confirm all of this in interview.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedule 2.

Evidence:

Discussion with the manager and staff and viewing of staff files, with permission, and viewing some records and documents shows there are still robust procedures and practices in place to recruit and employ suitable staff and to ensure they are safe, trained and skilled to do the job.

The home now employs a mixture of male and mostly female staff in sufficient numbers to meet people's needs. The roster shows, and staff confirm in interview, there is usually one senior carer and three carers each morning and one senior carer and two carers each afternoon. This is following recent increases in staffing figures. Consideration to people's dependencies and particular needs should be given in order to make sure the staffing complement is sufficient at all times to meet people's needs. Staff say they are still very rushed at certain times of the day, though not every day, but people spoken to say they usually receive the attention they need.

Information received in the AQAA and from staff in interview, shows there are now 14 care staff from 27 with or soon to complete National Vocational Qualification (NVQ) or

Evidence:

Vocational Related Qualification (VRQ) awards, giving 52% of the staff with the skills to do the job. This needs to be increased where possible to ensure more than the 50% with a qualification continues to work in the home.

The home uses and follows the company policies and procedures on recruitment and selection of staff, so two files seen show there are application forms, references, security clearances and inductions. One of the two files did not contain a second reference. This needs to be looked into and if the reference is not available an explanation needs to be recorded on file, and all future employees must have the correct security checks in place. There are also forms for changes made to employment such as contract changes, pay increases, change of address etc., and there are copies of terms and conditions of contract, annual leave and sickness records. Staff confirm in interview the circumstances of their recruitment and selection.

Staff are expected to complete company mandatory training courses that include moving and handling, medication administration, fire safety, first aid and safeguarding adults. They also complete courses such as use of the hoists, back care, health and safety, continence, dementia care, Parkinson's disease and care of the dying. The home maintains a training matrix and the company flag up any shortfalls where staff need to refresh a course. Certificates of attendance and confirmation in staff interviews are evidence of the courses and training completed.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a very well run home, by a well qualified, experienced manager of good integrity. There is efficient quality assurance and self-monitoring systems in place showing the home is well run in the best interest of people living there. People have their financial interests well protected and they and staff have their health, safety and welfare very well protected and promoted.

Evidence:

Discussion with the manager and staff and viewing of maintenance certificates, records and documents shows the home continues to be well maintained and serviced in order to ensure the health, safety and welfare of people and staff in the home.

Holyrood House registered manager has recently retired and so the post is being covered by a peripatetic manager from the company. This is a temporary arrangement and so the position is soon to be advertised and a new manager recruited. There is a good structure of managerial support in place from the company and the peripatetic manager is extremely well qualified as a Registered Mental Nurse (RMN) and is

Evidence:

extremely well experienced in managing care services and inspecting them, so the rating of this section remains the same at the present time. However, the company must make sure a new manager is recruited quickly and presents an application to become the registered manager within three months of taking up the post, otherwise consideration may be given to carrying out another key inspection, at which the rating will change if there is no registered manager. Meanwhile the home is being well run by a person fit and of good character to do so.

Quality assurance systems, that are organised and implemented by the company and have not changed in their content since the last inspection, are in place to ensure that people living in the home may be involved in decisions about their lives. The quality assurance system was not tested but information about its content was gathered. Surveys are sent out to people and their relatives, there are quality audit checks, manager monthly audits, regular maintenance systems in place, consultation of people in reviews and meetings and a quality circle meeting held for relatives on a regular basis. Staff receive supervision, support and guidance and there are company finance, health & safety and recruitment departments to obtain advice, support and information from. The quality assurance system is currently under review.

There are company policies and procedures on handling people's finances and these are well managed within a controlled system of accounting. People pay their accommodation fees via direct debit arrangements, any cash or cheque brought in for safe keeping is receipted and entered into the home's joint account, where individual records of transactions are kept on computer, statements are handed out on request and a cash amount is held to furnish people with small sums of money upon request. Systems are not entirely ideal from an auditing point of view but they seem to work well. The company carries out regular audits of finances and there is a minimum daily handover of balances between the administrator, the manager and senior staff. Individual actual monetary balances are not easily checked by the Commission other than on computer record.

Records in the home are being regularly updated and inspection of the home's maintenance documents confirmed that appropriate safety checks are being carried out to ensure the health, safety and welfare of staff and people living in the home. Some areas sample checked include fire safety, electrical and gas services, water temperature controls and legionella testing and hoisting and lifting equipment.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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