

Sue Ryder

# Sue Ryder - Holme Hall

## Inspection report

New Road,  
Holme-upon-Spalding Moor  
East Yorkshire  
YO43 4BS

Tel: 01430 860904

Website: [www.suerydercare.org](http://www.suerydercare.org)

Date of inspection visit: 9 November 2015

Date of publication: 07/03/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 9 November 2015 and was unannounced.

The last inspection was on 21 November 2014 when the service was rated as requires improvement, but there were no breaches of Regulation.

Sue Ryder - Holme Hall is registered to provide care and support including nursing care for up to 40 people over the age of 18 years old with a range of neurological

conditions including Brain Injury, Multiple Sclerosis, Huntington's Disease, Cerebral Palsy, Stroke and Parkinson's Disease. The service is located in Holme-on-Spalding Moor in the East Riding of Yorkshire.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

During our inspection we found that the recording and administration of medicines was not being managed appropriately in the service. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

During our inspection we found that although there was an extensive training programme in place and there was a supervision plan for the staff, the training and supervision of staff was not always up to date. **This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

**You can see what action we told the provider to take at the back of the full version of this report.**

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

The service did not record how or when people had been involved in the development of their care plans. We saw no evidence to suggest that people were not receiving the care they required, but found that people's input to their on-going care was poorly recorded. We have made a recommendation about improving the recording in the care plans, to show how people have input to the process of decision making with regard to their care and support.

Observations of the dining rooms in the service showed that some people had a very good dining experience and others did not. Some people had to wait a while for support with eating and drinking, which meant the temperature of their meals may not have been as hot as they would have wished.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

The registered manager monitored the quality of the service. However, further work was needed to ensure the audit system was robust. The registered manager supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns to improve the quality of the service. We have made a recommendation about quality assurance in this report.

# Summary of findings

## 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 safe.

The recording and administration of medicines was not being managed appropriately in the service.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the people who used the service and the staff. Written plans were in place to manage these risks. There was sufficient staff on duty to meet people's needs

**Requires improvement**



### Is the service effective?

The service was not effective.

Staff did not always receive relevant training and supervision to enable them to feel confident in providing effective care for people.

People were given sufficient meals and drinks to meet their needs. However, the dining experience and how people were supported with their nutrition and hydration needs was not always appropriate.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

**Requires improvement**



### Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience when supporting people. Clear explanations were given to people as tasks were carried out by the staff. This meant people understood what was happening when receiving assistance and support.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

**Good**



### Is the service responsive?

The service was not always responsive.

We found that people received the care and support they required to maintain their health and wellbeing. However, their input to the development of their care and care plans was not recorded in care files. Staff were able to tell us about people's care needs and demonstrated a good knowledge of their health care conditions.

**Requires improvement**



# Summary of findings

People had access to a range of social activities and events within the service. However, some people said these were not at a level they found interesting.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

The service was not always well-led.

There was a manager in post who was registered with the Care Quality Commission. People felt the home was well run and they were happy living there.

The registered manager monitored the quality of the service. However, further work was needed to ensure the audit system was robust. The registered manager supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

**Requires improvement**



# Sue Ryder - Holme Hall

## 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 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 9 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector, one specialist advisor and one expert-by-experience. A specialist advisor is someone who can provide expert advice to ensure that our judgements are informed by up to date and credible professional knowledge and experience. The specialist advisor had knowledge and experience relating to younger people, nursing and neurological conditions. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to physical disabilities.

As part of the inspection process we contacted two local authority safeguarding adults and commissioning teams to enquire about any recent involvement they had with the service. A recent monitoring visit had been carried out by the East Riding of Yorkshire Council (ERYC) commissioning team in response to some concerns raised being raised by colleagues in another local authority. We were notified that some recommendations from the visit were made and that the service was working with the teams to resolve any issues.

At this inspection we spoke with the registered manager and the quality manager. We also spoke with six staff members and then spoke in private with one visitor and five people who used the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes.

We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for four members of staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

We asked people who lived at Holme Hall if they felt safe, if the staff assisting them had the right skills, and if they felt the premises were safe and secure. Everyone spoken with responded positively and comments included, “I feel safe with the care staff looking after me here” and “The staff are very competent, they make me feel safe even when transferring me.”

We saw that the medicines policy and procedure had been reviewed and updated in October 2015 to ensure it contained current guidance on best practice with regard to administering medicines within a care service. People we spoke with said their medicines were administered on time and were always available when needed.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were supplied by a local pharmacy and were in their original boxes and bottles.

The qualified nurses informed us that they had received training on the handling of medicines and were assessed for their competency every one to two years. This was confirmed by our checks of the staff training plan and staff training files. However, we found unsafe practices around the administration and recording of medicines.

Medicines that required storage at a low temperature were kept in a medicine fridge. However, we found that staff were not checking the temperature of the fridge or the medicine room on a daily basis to monitor that medicine was stored at the correct temperature. Over the last nine days staff had only recorded the fridge and room temperatures on four occasions. This meant medicines may not have been fit for use and increased the potential risk of harm to people who used the service.

It is best practice for two staff to sign each handwritten entry on the MAR. This is to show that they had checked that what had been recorded on the MAR was the same information as was on the label attached to the medicine dispensed by the pharmacy. This was not evident on the hand written entries we saw in the MARs. This had been identified on the last medicine audit carried out by the registered manager on 27 October 2015, but it appeared that practice had not improved as a result of this audit.

We found that staff did not always record the quantities of medicines held for each person on the MAR and did not record medicines brought forward from previous MAR sheets. We spot checked some medicines held in the service, but staff were unable to say how much stock had been delivered to the service and how much was now held in stock. This meant the nurses were unable to say that medicines had been given as prescribed and we could not check stock levels due to the poor records held in the service. This was not safe practice and could result in people being put at risk of harm.

Our checks of the refrigerated medicines showed that two tubes of cream in the fridge were not dated when opened and did not have an expiry date written on them. This meant the nurses were not following the registered provider's medicine policy and procedure. Checks by the nurse on duty found that the creams were prescribed in March 2015 and July 2015 but as we did not know when the creams had been opened, these could have been unfit for use. Further checks showed that neither of the creams were itemised on the MAR sheets and therefore were presumed to be no longer used. The nurse disposed of both tubes of cream.

We looked at the ‘returns’ book where the nurses logged any unwanted or unused medicine that was to be returned to the pharmacy. We saw that nine items were recorded in the book but these did not say what the reason for their return was and there were no staff signatures against the items listed in the book. This did not reflect the practice expected by the registered provider as detailed in the medicine policy and procedure.

**This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

The registered provider had policies and procedures in place to guide staff in safeguarding of vulnerable adults from abuse (SOVA). The registered manager described the local authority safeguarding procedures to us. This consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk matrix tool had been used, when alert forms had been completed and when the CQC had been

## Is the service safe?

notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with four staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegations seriously and would investigate. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. The training records we saw showed that all staff were up-to-date with safeguarding training.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The quality manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and acted upon as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the quality manager. We saw that staff entered any accidents or incidents onto the computerised programme (DATIX). There were 21 entries for October 2015. These were checked each day by the quality manager, who received alerts through their email system.

We spoke with one person who had cuts on both hands and we asked them about their injuries. We were told, "I am in a dilemma in that I am not able to order the parts I need for the wheelchair. I am uncomfortable and I have damaged myself because of the chair. It needs to be sorted through the wheelchair services and I get frustrated waiting for this to take place." When we checked with the registered manager we were told that an assessment had taken place because the person's chair was no longer suitable for their needs. The person's injuries were from them banging their hands as they mobilised around the service. Their care file also confirmed that the assessment had taken place and

the service was waiting for the wheelchair services to get back to them about a replacement chair. Recognising that this person was distressed about the wait the service had supported this person to write a letter of complaint to wheelchair services.

Discussion with the registered manager indicated that a dependency level tool was used by the registered manager to calculate the required staffing levels to meet the needs of people who used the service. However, we did not see any documented evidence of this during our inspection.

Prior to this inspection we had received some concerns and complaints from stakeholders that the staffing levels in the service were not adequate. These concerns were investigated by the Local Authority Commissioning Team who found no issues with the staffing levels and that there was an on-going recruitment drive in progress. At the time of this inspection we found that over the week there were nine shifts being covered by agency nurses and 30 shifts being covered by agency care staff. Discussion with the registered manager indicated that when agency staff were being used they were from a local company with staff who were very familiar with the service and were used regularly.

We saw that the registered manager had obtained information from the agencies about the qualifications and experience of the agency staff being used in the service. In the PIR documentation sent to us prior to this inspection the registered provider said that, "Agency staff complete competencies and induction with us prior to working shifts." This information was made available to us and it confirmed what the registered provider had told us. This demonstrated that robust systems were in place to ensure people were looked after by suitably qualified staff who knew people using the service and understood their role and responsibilities when working in the service.

We observed that the home was busy, but organised and staff worked in and around the communal areas throughout the day. We saw that there was a system in place to monitor response times to call bells. We noted that this had been recently reviewed as in 2015 there had been complaints that the nurse call system was not being answered effectively. The registered manager told us that a new system was on order and was expected to be fitted by the end of January 2016.

Our observations of the service showed that the call bells were answered quickly during our inspection. One person



## Is the service safe?

told us, “The staff have put my call bell in the wardrobe so I have to shout out for help.” We checked their bedroom and found that they did not have a call bell in sight nor in their wardrobe. Checks with the staff indicated that this person was unable to use the call bell due to lack of strength in their hands and that they regularly went in to check on their well being during the day and at night. These checks were recorded and indicated the service had a system in place to protect people’s safety when they were unable to use their call bell.”

Discussion with the staff indicated that they felt they were extremely busy at times but that they worked together well as a team to make sure people received the care and support they needed.

We looked at the rota sheets for the four weeks leading up to our inspection. These indicated which staff were on duty and in what capacity and the staff we met on the inspection matched those on the rota sheet. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people’s assessed needs. The staff team consisted of nurses, care staff, ancillary workers, administrator, receptionist, catering staff and maintenance personnel.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm, the nurse call bell, moving and handling equipment including hoists, portable electrical items, a five year electric wiring certificate, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and

call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service. We saw that there was a ‘repairs’ folder where staff could write down any issues that required action from the maintenance team. These were dated and signed off by the maintenance person when completed. This showed that maintenance of the environment was important to the registered provider and resources were available to ensure its upkeep was dealt with as a priority.

The registered manager spoke to us about the registered provider’s business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The care plans identified how people would be evacuated in the case of a fire and personal emergency evacuation plans (PEEP’s) were in place. These included individual details for the people who would require assistance leaving the premises in the event of an emergency.

We looked at the recruitment files of four members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.



# Is the service effective?

## Our findings

We found that people were receiving effective care, but some staff and people using the service were unhappy with the changes taking place as the service moved its focus from being a 'care home' to a rehabilitation service for people with neurological conditions and complex needs. We had been notified by one local authority that fee increases meant people who had been at the service for some considerable time were having to find alternative placements and this was causing people anxiety and upset.

Over the last 12 months we had received a number of whistleblowing concerns and some complaints about the number of staff leaving the service. Discussion with the registered manager indicated that staff were leaving as they did not have the knowledge, skills or wish to adapt to the changing needs of the service. Staff told us "The whole process has been a difficult one" and "Recent times in the home have been unsettling." However, the majority of staff said they enjoyed working at the service and were ready to face the challenges ahead.

We looked at induction and training records for four members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We also spoke with staff about their experience of the induction training and on-going training sessions.

The PIR document told us that the staff induction process (Passport to Practice) included equality and diversity and privacy and dignity training. The quality manager said that the induction took place over five days and included all corporate and local information that staff needed to be aware of. Basic training such as fire safety, moving and handling and health and safety was deemed by the registered provider to be essential and was included in induction training. This was confirmed by the staff we spoke with and the staff training plan given to us.

We were told that new care staff started working towards the Care Certificate from Skills for Care. Skills for Care is a nationally recognised training resource. We saw that new staff were allocated a mentor and the documentation we looked at indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training and we saw that staff had access to a range of training that the registered provider deemed both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling during their induction and then as refresher courses. Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as palliative care, pressure ulcer prevention, Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. Staff told us, "Some courses are computerised, some distance learning and some face to face."

However, on the training plan given to us by the registered manager we found that a number of staff required refresher training in essential and specific subjects. For example, 25 staff were highlighted in red indicating their training for fire safety was overdue and five staff had no records to show they had attended this training. We saw that 27 staff were overdue refresher training for moving and handling practical training. Seven staff had not completed safeguarding of vulnerable adults training. One member of staff told us, "I am waiting for basic NAPPI training (use of non restraint techniques). One person who we closely supervise can grab out at you and although we do not use restraint we need to break away on occasions." The training plan showed that 20 staff had not received this training. Without appropriate training for the staff, people who used the service could be put at risk of harm.

Nurses were given the opportunity to complete role specific training such as catheterisation and resuscitation courses. We discussed the revalidation course for nurses wishing to retain their registration through ongoing training and reflection on their practice. The quality manager told us that the registered provider was setting up a forum within its services so that the nurses could have the opportunity to speak with their peers and complete the training, development and paperwork necessary to renew their registrations with the Nursing and Midwifery Council.

We asked the nurses and care staff what support/supervision new employees received. We were told that new employees could shadow a more experienced worker for a number of shifts and that they would receive a supervision session at the end of their three month

## Is the service effective?

probationary period. We were given a plan of supervision by the quality manager, but this indicated that the sessions on the plan were in the form of attendance at meetings. Discussion with the staff indicated that the qualified staff had nurse team meetings and informal one to one chats between themselves, but this was not structured discussion. We were told, "We can always go to somebody, but we have to instigate this if we had any concerns. Our last formal supervisions took place over four to five months ago." Care staff told us that they had occasional supervision from the nurses. Given that some staff were extremely anxious about the changes taking place in the service, we found there was little evidence that they were given sufficient support to talk through their concerns on a confidential basis.

We were sent evidence of a supervision spread sheet and a quality improvement plan following our inspection. The quality improvement plan said that, "All staff will have received at least three supervisions per annum. This will be recorded," this had a review date of March 2016. The supervision spread sheet showed that between January 2015 and October 2015 staff had been offered supervision in a group meeting format held each month, but no one-to-one sessions were recorded. Looking at the supervision meetings and annual appraisal together this indicated that most staff should have achieved at least three meetings up to October 2015. The information given to us indicated that out of 60 nursing and care staff, 13 were not included as they had been employed for less than six months. There were 19 staff who had attended four or more sessions, four staff attended three sessions, five staff had attended two sessions and seven staff had attended one session. We found that 12 staff had not attended any sessions at all.

### **This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

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.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that eight people who used the service had a DoLS in place around restricting their freedom of movement. Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS.

Staff told us they had received training on MCA, DoLS and equality and diversity which had given them more confidence in the way they approached people who used the service. They were able to tell us about how they used this knowledge in their daily practice. We saw in care records that staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. Staff told us, "People are able to do what they want to do here. Such as choose their own clothes, meals, where they wish to sit" and, "I have done MCA training. Most people here can make their own decisions." One person told us, "You can do what you want to within reason. Staff do not mind when you get up or go to bed and they are always around if you need help."

Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care file. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority ( health and welfare and/or finances).

We asked the registered manager about best practice within the service looking at external awards, accredited schemes and research. We also looked at the information given to us in the PIR. We found that a programme to introduce Band three senior care assistants was underway; we were told that successful applicants would receive

## Is the service effective?

enhanced training and develop further care skills. Three staff had undertaken the Sue Ryder Leadership Programme and a member of the management team had completed the Sue Ryder Senior Management Development Course. All care staff were offered and encouraged to undertake National Vocational Qualifications with a local college and the service aimed to have over 50% of their staff accredited with NVQ 3 by 2017.

We were told the service had developed links with Hull University so that they were able to accept student nurses and that one newly qualified nurse was in a Preceptorship Programme with them.

Discussion with the quality manager indicated that the nurses had lead roles in moving and handling, support with tissue viability, management of falls and management of infection control. Only the qualified staff (nurses) administered medicines. In the PIR the registered provider told us that their multi disciplinary team included a Head of Care, senior nurses and staff nurses, Band three senior care assistants, care assistants, Specialist Neurological Physiotherapist, Therapy Assistants, Occupational Therapist, Consultant Psychologist and Psychology Assistant, Activities Staff and Practice Educator. The registered provider told us, "We have formed a specialist MDT Group who meet on a weekly basis to assess, plan, implement and evaluate care provision. The GP carries out a weekly round. We also work with a wide range of external professionals e.g. Dietician, Speech and Language Therapy Team (SALT), specialist nurses, trained volunteers, advocates and the residents' families to ensure our resident's needs are met."

Our observations of the service and checks of records and documents confirmed that the service liaised with a wide range of specialists and all visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). One person told us, "If I want to go see my GP the staff will drop me off there and I can go in on my own. They also take me to the dentist, but I like them to come in with me as I don't like going to the dentist."

Discussion with the staff showed they had a good understanding about conditions linked to the care of people who used the service. For example, one member of staff spoke confidently about a person's nutritional plan and their need for thickened fluids. They spoke about what this entailed and said staff could find further information in

the yellow folders kept in each person's bedroom. Other staff spoke with us about how to change percutaneous endoscopic gastrostomy (PEG) feeding tubes and how often this should be completed. A PEG is a procedure that takes place for a person who cannot take nutrition orally. A tube is inserted through the person's abdominal wall and into the stomach, through which nutritional fluids can be infused. Staff told us that, although the service did not have any emergency defibrillation/oxygen they did have a suction trolley and this was cleaned every night or when used. Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the SALT team for assessment on their swallowing / eating problems.

Observations of the dining rooms and bedrooms on both units in the home showed that some people had a very good dining experience and others did not.

People were asked about meals. One person told us, "I eat soft food, my favourite is rice pudding. If I don't like what is served then I leave it, they can give me sandwiches instead" and another person said, "The food is nice." We observed that people were offered a choice of meals at lunch time and the food looked appetising and fresh.

We observed that a number of people required assistance with eating and drinking in each of the dining rooms we looked at. We saw that their meals and drinks were served to them at the dining tables, but it took some time for staff to appear and offer them assistance. This meant their meals had been waiting for five to ten minutes and may have been cold. We spoke with staff who were serving meals to people in their bedrooms and we were told that on one floor there were 15 people who needed support; this included people on PEG feeding tubes. These concerns were fed back to the registered manager at the end of our inspection. They said they would look at the dining experience to ensure everyone received their meals quickly and efficiently.

Staff told us that they went around the service in a morning asking people what they would like for their lunch and dinner. We were told that the kitchen would make individual meals on request, wherever possible. We saw menus on display in the dining rooms. The registered manager told us that a senior chef was being recruited the week of our inspection. This was because they were trying to reorganise the times of availability of the cooks and the kitchen assistants; this would facilitate kitchen staff to be

## Is the service effective?

on shift later on in the day so people had a choice of meals when they came back from spending time out in the community after 16:30 or have the flexibility of meal choice when they were hungry in an evening.

We saw that people who used the service had access to a café in a room near the entrance hall. This was a large

space where people could sit with friends or family and enjoy a drink and a snack. However, we found that people in wheelchairs struggled to fit their wheelchairs under the tables. Discussion with the registered manager indicated they were aware of this issue and were looking at more suitable furniture for this area.

# Is the service caring?

## Our findings

We observed that there were good interactions between the staff and people who lived at the service, with friendly and supportive care practices being used to assist people in their daily lives. Calls for assistance were answered in a timely manner and staff were visible in and around the service and were seen attending to people's needs.

All of the people we spoke with said they were well cared for. Comments included, "I like the staff and they are kind to me, especially my key worker. I can speak to any of the staff if I have any problems", "The staff treat me well and with respect" and "The staff listen to me. I can make choices and decisions about my life and the staff respect these."

We observed that staff displayed kindness and empathy towards people who lived in the service. Staff spoke to people using their first names and people were not excluded from conversations. We saw that staff took time to explain to people what was happening when they carried out care tasks and daily routines within the service. One person told us, "The staff are good and caring here."

In discussions, staff had a good understanding of how to promote privacy, dignity, choice and independence. They said, "We close doors and curtains and gain consent for tasks. We always knock before going into a person's room or bathroom as a number of people like some privacy at times. Everyone has different preferences and routines, so it is important we listen to what they want from us and ensure they have the opportunity to make their own choices." This was confirmed by one person who used the service. They told us, "I get time to spend by myself; staff always knock on my door and wait for permission to come in."

The service employed a mix of male and female care staff so people who used the service had a choice of gender as to who gave them personal care. However, one person told us, "Yes, staff respect my privacy and dignity, but I still feel embarrassed by some of the younger female staff. I don't like male staff giving me personal care; I don't always say because I don't remember to do so." Their relative who was

with them during our discussion told us, "Some staff are excellent, but I didn't realise there were some staff [Name] didn't like." They told us they would speak with the staff now they knew about the person's problem.

Relatives and visitors told us that there were no restrictions to when they could visit the service. They told us they were always made welcome and they had a good relationship with most of the staff. Observations of people in the lounges, dining rooms and around the service indicated that individuals were able to make their own choices about what to do and where to spend their time. People enjoyed chatting to each other and staff. There was a visible staff presence in the communal areas and the staff we spoke with displayed knowledge about each person's care needs, choices and decisions.

The registered provider had a policy and procedures for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in their care files. People were supported to maintain their spiritual, religious and cultural needs if this was what they wished to do. There was a catholic chapel on site and representatives of other faiths were able to visit people in the service when requested.

People were able to personalise their bedrooms and said they felt 'at home'. One person told us, "I like this place, the atmosphere is good and I like going out with everyone. My family decided I would come here and I have a room of my own. I chose the wardrobes and my friends helped me decorate my room. I get on with my key worker and they help me when they are on duty."

People who used the service had access to a range of information and support to enable them to make informed choices about their care, treatment and daily lives. We saw that within the main part of the service there was a notice board with different documents and written articles about local advocacy groups, mental capacity, safeguarding contact teams and a number of information pamphlets on various medical conditions and support groups. People were also given a copy of the service user guide to help them understand what they could expect from the service.



# Is the service responsive?

## Our findings

We looked at a selection of care files and found that although the care plans within them were detailed and person centred they were not signed by the person who used the service or by their representative. Staff told us, “I wouldn’t say people have input into their care plans, they don’t have copies in their rooms.”

The care files we looked at showed that the initial assessment of each person was comprehensive, but the on-going involvement of people and families varied significantly. The care files we looked at included information about a person’s previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. Not everyone who spoke with us was aware they had a care file, although some people said there was a folder containing their information. No one could remember the last time they were involved in discussion about their recent care and support. One person said “There is a folder which I know tells them all about me. I haven’t seen it or signed it but they are fully supporting my needs.”

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The care files we looked at were written in a person centred way. We saw that staff reviewed the care plans on a monthly basis, but people who used the service said they were not always involved in this monthly review process. However, they were involved in planning their meals and activities and individuals told us they could talk to their key workers about their care.

The PIR told us that people were involved in planning the varied monthly activities programme and people who spoke with us confirmed this. People said, “I like drawing and craft work” and “We did a fun walk and raised some money. We had a bonfire party, but it started raining.” We were also told, “We have some tree to be carved, people came to see us about this yesterday afternoon. I didn’t get to talk to them so I missed out. They have gone to do the drawings and when they come back we will see the drawings and choose the ones we like.”

Staff told us that there were plans to develop part of the garden, which held a number of old tree trunks. Selby Art college had come to consult with people who used the

service about totem pole designs; once these were discussed and agreed with people the designs chosen would be awarded a prize, and the designs would take shape by a master chainsaw designer.

Other work to develop the gardens included the construction of a concrete pathway that led from the car park and past a wall with a window in that people could see through to watch the horses grazing in a nearby field. This path had been created with handiwork from a local prison. Eventually it will be extended so that the path will follow further round the grounds. The grounds of the home were beautiful and the service was trying to improve the access so people were encouraged to use them.

People who used the service were encouraged to maintain links with their friends and families. One person whose care file we looked at went to visit their family on a regular basis and stayed with them for short breaks. Another person told us that their parent came to visit them at the service and they looked forward to their visits. Each care file we looked at had a list of names and contact details of friends and family members.

The PIR told us that people at risk of social isolation due to their limited communication, complex disabilities or social circumstances had one to one activities arranged with them; or they had access to a volunteer befriender who was recruited with the full involvement of the person using the service and provided with appropriate training. We saw that people had access to a gym, a physiotherapy room, a sensory room that was equipped with lights and comfortable furniture, an activity room with pet birds and one person had their pet dog who lived with them in the home. There were no restrictions on people with regards to moving around the home and a number of people said they liked to go out to the local village.

Our observations of the service showed that people were being shown the Christmas Menu for a local pub where people were going for a meal. One volunteer was doing a Sudoku with one person and a member of care staff was giving a manicure and painting nails in the lounge area. We saw an assistant psychologist working with people using musical instruments and other therapy staff were interacting with other people who used the service.

Not everyone who used the service was happy with the activities on offer. One person told us “The activities they organise are not at my level. I like to keep my own company

## Is the service responsive?

and if I want anything then the staff are about and will come and see me.” We saw there was a list of activities on the lounge wall for the week of our inspection and that it relied on group activities. However, through discussion with people using the service we found that there were a number of individual one-to-one activities taking place as well.

We observed that one person took part in one to one activities and then the member of staff moved onto another person and tried to engage them in playing a musical instrument, but the person was not interested. The service had worked hard to employ the right professionals to assist people to benefit from on-going treatment, including neuro-physiotherapy and psychology. The registered manager informed us that everyone using the service had a dedicated activity programme, which included group and individual activities tailored to meet their personal requirements. In addition to this, there was a white board in each person’s bedroom listing their personal structured activities for the day.

People and relatives knew how to make a complaint and the registered manager listened to these and took appropriate action to improve practice within the service. There was a leaflet on how to raise a concern or make a complaint on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care and included the contact

numbers for various organisations including the Local Government Ombudsman. Our checks of the registered provider’s complaints log indicated that there had been one formal complaint made about the service in the last 12 months. We saw evidence that the registered manager had responded to this complaint and it had been upheld. A written response had been given to the complainant and an action plan of the outcomes had been created and fed back to the staff at their meetings.

People told us they felt comfortable speaking with staff and would not hesitate to raise issues if they had any. One person said, “Staff listen to you when you mention any concerns. I have never had to make a formal complaint, but I am confident about how to do this if needed.” Visitors also confirmed to us that they were aware of the complaints procedure. Staff told us, “People and families don’t seem to complain. They appear to be happy here. However, if anyone did complain then we would try and resolve this from a nursing level and escalate where appropriate to management.”

**We recommend that the service seek advice and guidance from a reputable source about developing staff skills in record keeping so that they clearly record in care plans how people are involved in decisions about their care, treatment and support and what support each person has received to enable them to make these decisions.**



# Is the service well-led?

## Our findings

We found that there was a quality assurance system in place but it was not always effective. We found during our inspection that staff training, supervision and medicines were being audited but we had concerns about these areas of practice, which made us question how effective the audits were. We noted issues with the dining experience of people using the service and the involvement of people in their care plans. These areas were judged to have a minor level of risk to people using the service and a low impact on people's health and wellbeing.

We sent the registered provider a provider information return (PIR) that required completion and return to the Care Quality Commission (CQC) before the inspection. This was completed and returned within the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service. A recent monitoring visit had been carried out by the local commissioning team in view of some concerns raised by colleagues in another local authority. We were notified that some recommendations from the visit were made and that the service were working with the teams to resolve any issues.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

There was a registered manager in post who was not a qualified nurse, but had a background in rehabilitation. The registered manager was supported by a quality manager who was a registered nurse, and a clinical lead nurse. Two nurses were on duty over the 24 hour period supporting the staff teams in the service and carrying out the day-to-day care required by the people who used the service. The educational lead was also a qualified nurse. People told us they felt the home was well run and they were happy living there.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone

said the culture of the service was open, transparent and the service actively sought ideas and suggestions on how care and practice could be improved. People who used the service and staff told us they enjoyed being at the service. Staff told us they had confidence in their colleagues and there was visual evidence of good day-to-day teamwork.

The majority of staff said they felt supported by their colleagues and there was a clear line of management from the top down to the senior care staff. Staff told us they felt they could be open and honest about care and could speak to their line manager if they had any issues. Staff told us they had the opportunity to attend monthly meetings and said, "These give the team a chance to air any views and we feel 'listened to' with regards to the meetings." We were given copies of the meeting minutes to look at and found the latest one included feedback from the complaint investigated and lessons learnt.

The quality manager told us that learning from incidents took place across all of the registered provider's services. For example, when one service had changed their practices following an incident with a hoist then a safety notice was sent out to all other services so they could learn from the incident. Any changes made as a result of incidents, audits or feedback received about the service were entered onto the 'Quality Improvement Plan'. These issues were then discussed at the meetings for qualified staff and formed the agenda of the quality improvement meetings held on a monthly basis. We were given access to the records of these audits, meetings and the quality improvement plan for Holme Hall.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. The last questionnaire was sent out to people and relatives in 2014/15. We were given a copy of the quality account for Holme Hall that informed people of the changes that had taken place in response to the last CQC report (November 2014) and the ratings from the report were included in this document. The quality account also laid out the changes taking place in the service with regard to its future as a specialist neurological rehabilitation centre and gave people's ratings of the service from the satisfaction

## Is the service well-led?

questionnaires. It recorded that 77% of people rated their care as excellent or good, 84% felt they were completely or mostly treated with respect and dignity and 100% felt they would promote the service.

We saw written evidence of an 'Involvement Charter' for service users, relatives and volunteers. The charter provided guidance for anyone who wished to get involved both locally and nationally in discussions and events about Sue Ryder as a charity organisation. The registered provider had a national Service User Advisory Group 'ACORNS'. This group advised the charity on the views and priorities of service users.

One of the people who used the service told us they were part of ACORNS. They told us, "We meet up in Doncaster and we can discuss and share our views with staff four times a year. We can invite a member of staff to go as our guest. It gives us a chance to talk to people at a management level. We get an agenda a few days before the meeting and we can discuss other things as well. One issue I have raised is that I feel there are some levels of staff who need to know what it's like to be a wheelchair user."

People who used the service told us that they were involved in the interviewing of new staff for the service. One person told us, "We can sit in the interviews and are able to prepare our own questions to ask the person wishing to be employed."

We asked staff about the 'Elephant Kiosk', which was mentioned in the PIR document. The staff told us, "This is a real time electronic means of getting real time information and acting on it in a quicker way than having a meeting and dealing with it afterwards. Due to go live this week." The PIR document described it as "Allowing our residents to tell us about the service that we provide for them, and how this can be improved. As feedback is real time, we will quickly be able to respond and ensure their needs and wellbeing are met."

**We recommend that the service considers current best practice on quality assurance systems and takes action to update their practice accordingly.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity.</b>  Regulation 12 (2) (g)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>The registered person failed to provide staff with appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</b>  Regulation 18 (2) (a)