Broadham Care Limited

Holkham House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 July 2016 and was unannounced. At our previous inspection in February 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

Holkham House is a 10 bedded care home for adults with a learning disability. At the time of our inspection there were nine people living at the service. The premises are spacious and comprise ground floor and first floor accommodation.

There was a registered manager in post, who has managed the service for three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to protect people from harm or abuse. Staff had received appropriate safeguarding training and understood how to protect people. People's care and support plans showed that risks to their safety were identified and plans were put in place to mitigate the risks.

We observed that there were sufficient numbers of staff deployed to support people with their personal care and social interests at home, and to go out for activities. Robust recruitment practices were used to ensure that staff had suitable qualifications and experience to meet the needs of people who use the service.

Medicines were stored, administered and disposed of safely. Staff received medicines training and understood their responsibilities in relation to the safe management of prescribed medicines.

Arrangements were in place to make sure that people were provided with a comfortable, hygienic and safe home. This included up to date risk assessments for the environment and regular checks to ensure that equipment was in good working order.

People were supported by staff with suitable knowledge and skills to meet their needs. Staff were provided with training sessions and one to one supervision, which included training and guidance about how to meet people's individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on our findings. We found that the management team had received applicable training and presented a competent understanding of the MCA and (DoLS). Staff had also received training and demonstrated an awareness of the principles of MCA. People's rights were protected by staff who ensured that any restrictions on people's freedom and liberty were in accordance with legislation.

People were offered choices about their food and drinks. The care and support plans demonstrated that people were supported to meet their nutritional needs, and follow instructions from dietitians and speech and language therapists where applicable. People were promptly referred to healthcare professionals and supported to attend appointments and treatments.

People had developed positive relationships with staff, who showed a proficient understanding of people's individual and complex needs. Staff spoke with people in a gentle and kind manner, and respected their rights to privacy and dignity.

Care and support plans reflected people's needs, interests and wishes, and were regularly reviewed. People were supported to be as involved as possible in the planning and reviewing of their care and support plans, and relatives confirmed they were consulted about their family member's care and support. People were offered a varied range of activities at home and in the wider community.

Systems were in place to encourage people to express their views, concerns and complaints about the quality of their care and support. People told us they would tell the registered manager and/or a staff member if they were not happy about their care and support, and relatives said they were confident that the registered manager would take any complaints seriously.

People told us they were happy living at the service and relatives commented favourably about how the service was managed. The provider held a clear vision and values that was understood by relatives and staff. There were systems in place to listen to the views of people who use the service and their representatives. The provider continuously monitored the quality of the service and identified areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were clear procedures in place to safeguard people from the risk of abuse and staff knew how to protect people.

Risks to people's safety and wellbeing had been identified, and plans had been implemented to manage these risks.

There were enough staff deployed. Staff were subject to rigorous pre-employment checks to ensure they were suitable to work at the service.

Medicines were safely administered, stored and disposed of by staff with appropriate medicines training.

Is the service effective?

Good

The service was effective.

People were supported by staff who had suitable training and supervision to meet their needs.

Staff understood about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), in order to protect people's rights and support people to consent to their care.

People were provided with a balanced diet, which took into account their likes and dislikes, as well as medical and cultural needs.

People were supported to access healthcare services, which included the local community team for disabled people.

Is the service caring?

Good

The service was caring.

Respectful and cheerful interaction took place between people and staff.

Staff spoke with people in a caring and thoughtful manner.

People's dignity, privacy and confidentiality were respected.

People's preferences and wishes were valued by staff and utilised in order to provide individualised care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed by staff and kept under review.

People were supported to access a broad range of activities and entertainments that provided enjoyment and opportunities to develop new skills and interests.

Systems were in place to support people and relatives to make complaints.

Is the service well-led?

Good

The service was well-led.

Relatives and staff told us the registered manager was approachable and helpful.

Systems were in place to seek people's views, and the views of their relatives, about the quality of the service and how it could be improved on.

There were ongoing arrangements for monitoring and improving the quality of the service.

Holkham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection took place on 22 July 2016 and was carried out by one adult social care inspector. Before the inspection we looked at the information we held about the service. This included notifications of significant incidents reported to the Care Quality Commission (CQC) and the last inspection report of 27 February 2014.

We spoke with four people living at the service and one relative. We also spoke by telephone with the relatives of two people after the inspection. We spoke with three members of care staff, the deputy manager, a director and the registered manager. We observed support and care delivered to people in communal areas and looked at records, which included three people's care plans, medicine administration records, some of the provider's policies and procedures, and four staff recruitment and training files.

We contacted four health and social care professionals with knowledge and experience of this service and received one response.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and relatives told us they felt their family member was safe. One person said, "I like it here". A relative told us, "We feel [our family member] is very safe. We have had experience of other places and this is by far the best [my family member] has lived at. If only all homes could be like this." Another relative commented, "I have turned up to collect [family member] at different times of the day and it is always well staffed and welcoming. They let me know if [my family member] is unwell straight away."

The provider had effective systems in place to ensure people were protected from the risk of abuse and harm. The provider's safeguarding policy and procedure gave straightforward information and appropriate contact details for reporting any safeguarding concerns to the local safeguarding team. Records showed that staff had attended safeguarding training. Staff explained to us about different types of abuse and described the actions they would take to protect people if they witnessed a person being abused or suspected that abuse had occurred. Staff were familiar with the provider's whistleblowing policy, which contained information about how to raise concerns within the company and contact relevant external organisations including the Care Quality Commission. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings).

Care and support plans demonstrated that individual risk assessments were conducted to support people to be as safe and independent as possible, whilst minimising risks to their safety. These risk assessments addressed areas of daily living and social activities that people participated in. We saw risk assessments in place to support people with behaviour that challenged the service, and/or were at risk of falls and injuries. Risk management plans were developed, which provided staff with detailed guidance to promote people's safety and wellbeing. People's files contained an individual personal emergency evacuation plan (PEEP). The PEEP was devised for each person who used the service and it provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency.

We observed that there were enough staff deployed in order to safely meet people's needs. People went out with staff throughout the day for leisure activities or scheduled appointments. The registered manager told us that there was usually enough staff rostered during the daytime shifts to enable each person to go out if they wished to. The daily records within people's care and support plans showed that people tended to go out on a daily basis with a staff member and engage with staff in one to one activities at home. We noted that people required varied levels of staff support in line with their identified needs and this was appropriately met by the provider. The staffing rotas demonstrated that staffing levels were flexible in accordance with people's needs and wishes. For example, several people had expressed an interest in attending an evening disco on the day of the inspection and staffing numbers had been scheduled to enable people to participate in their chosen activity.

The recruitment files we looked at showed that safe procedures were in place to ensure that people received their care and support from staff who were suitable for employment at the service. The files contained satisfactory information to demonstrate that staff had been recruited safely, including a

minimum of two appropriate references, proof of identity, proof of eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. (The Disclosure and Barring Service provides criminal record checks and barring function to help employers make safer recruitment decisions). Records showed that newly appointed staff were monitored and assessed during a probationary period.

Medicines were safely stored and administered. Staff were familiar with the provider's medicines policy and procedure and records showed that staff had received medicines training and competency checks. The medicine administration record (MAR) charts we looked at had been appropriately signed by staff, and subsequently audited by the registered manager to ensure people received their medicines as prescribed. There was a clear written record in relation to the quantity of medicines received into the service and separate written records for the disposal of any surplus medicines. The registered manager told us that one person had been assessed to safely manage one of their prescribed medicines.

We looked at a selection of the provider's maintenance and servicing records, which demonstrated that arrangements were in place to ensure people were provided with a safe home. Records showed that regular checks were conducted by staff which included the weekly testing of fire alarms, fire doors, water temperatures, emergency lighting and window restrictors. Fire drills were held every three months and professional checks had been carried out by contractors for the electrical installations, portable electrical appliances and the gas safety.

Good

Is the service effective?

Our findings

People using the service told us they were happy living at their home. One person said, "I like it. I like making my own sandwiches. I like doing [swimming club], I'll be going again in September." Another person told us, "I go out for a coffee in Redhill. I would like to do another cake icing course." Relatives told us they were delighted with the standard of care and support provided by staff. One relative commented, "The staff look after [my family member] in just the same way that I do. The staff are friendly and very mindful of his/her needs." Another relative said, "We think the care is excellent, outstanding. All the staff are knowledgeable and approachable."

Records demonstrated that staff received appropriate mandatory training and other training relevant to the specific needs of people using the service. One staff member informed us, "I have been given good opportunities to learn and develop. I have recently done training about autism, infection control, moving and handling, safeguarding and supporting people with behaviour that challenges." We noted that new staff were supported to undertake the Care Certificate. (This is a set of standards that health and social care workers apply to their daily practice. It is the new minimum standards that should be covered as part of the induction of new care workers). Two members of staff had enrolled on leadership and management courses and two other staff were due to commence the diploma in health and social care at level three. Staff training portfolios showed they were committed to developing their skills and knowledge through achieving appropriate national qualifications and completing training courses. Staff told us that their training was provided through a combination of different arrangements, for example classroom courses with a trainer, online training and watching DVDs followed by a written test.

Formal systems were in place to provide staff with the support and guidance they needed to safely undertake their duties, identify their learning needs and develop their knowledge and skills. Staff confirmed that they felt supported by the registered manager and the deputy. One staff member said, "The supervisions are helpful as we get feedback about how we are supporting people. We can talk about the needs of the residents we key work but we have daily discussions about all of the residents during handover meetings." (Key workers are staff assigned to a person and have special responsibility to support the person to meet their needs). We saw that team meetings were also used to discuss how to support people using the service and discuss important issues, such as new policies and staff development.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was operating in accordance with the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had been provided with training in regards

to the MCA and they described to us how they supported people to make daily decisions and choices, wherever possible. We saw that capacity assessments were completed and kept in people's care and support files.

We observed that people were always asked for their consent by staff. For example, staff checked with people if they were happy to speak with us and show us their bedrooms. We also saw that staff provided people with information about the disco evening and the alternative activities they could engage with at home, so that people were supported to make a choice that best suited their needs and wishes. We noted that appropriate procedures were followed in relation to decision making for people who were unable to give consent in relation to decisions about their care. In these circumstances decisions had been made in the person's best interests and the provider's records showed that external health and social care professionals and relatives had been consulted.

Discussions with the registered manager demonstrated that appropriate DoLS applications had been made to the authorising body. Staff were knowledgeable about the reasons why DoLS authorisations had been issued, which they discussed in a sensitive way.

Some people told us they liked to get involved with preparing meals, drinks and snacks. One person said, "I put the pasta on the hob, I put the mayonnaise on the tuna." We observed a meal time during the inspection. People were supported by staff to participate with kitchen duties, for example one person particularly liked to clear tables. Staff explained to us that although people were consulted about meals earlier in the day and offered choices, it was understood that some people might change their mind. In these circumstances, staff had a range of ingredients available to rustle up a different meal in line with a person's preference. We observed one person being supported to eat in a patient and gently encouraging manner by a staff member.

Systems were in place to support people to meet their nutritional and hydration needs. The care and support plans provided information about people's preferences, likes and dislikes, and any information about allergies and/or dietary needs related to people's health, for example if people required a diabetic or low fat diet. People's nutritional needs were assessed and kept under review, and they were referred to dietitians and/or speech and language therapists where necessary. We noted that one person had been issued with dietary supplements at one stage and staff continued to closely monitor the person's nutritional intake, in accordance with the instructions of the dietitian. People's weight was monitored monthly or at a frequency advised by a healthcare professional.

The registered manager told us that people received a prompt response when they were referred to local health care professionals. People's care and support plans we viewed contained clear information in regards to their health care needs and the advice provided by appropriate professionals in order to meet these needs. Staff maintained records which evidenced that people attended appointments with a range of healthcare professionals including GPs and practice nurses, occupational therapists, opticians, psychologists, podiatrists and specialist nurses. We noted that staff updated people's dedicated care plans to address their health care needs, known as health action plans, if people had been given advice or instructions to follow by a health care professional. The provider had created 'hospital passports' for people, to improve the support people received in health care settings. These were in the format of booklets for people to carry with them when they attended hospitals or other providers of health and disability services. It contained information about people's known health care needs, and how best to communicate with and support people, taking into account their needs due to their disability.

Good

Is the service caring?

Our findings

People told us that they had good experiences living at the service. One person said, "I like going to the Hawaiian discos" and another person told us, "I write postcards and go to choir every Wednesday, [staff member] and I go to a café and do some shopping." Comments from relatives included, "[My family member] is happy. Although he/she comes home with me for weekends, I can see he/she is also happy to go back which makes me happy" and "The staff are wonderful, the best. They are friendly and helpful."

One person told us that they had lived at other services but felt most settled and contented at this service. This view was also expressed by the relatives we spoke with. The premises were located in a tranquil part of a small town but benefitted from being within close walking distance from a railway station and a comfortable walking distance to a high street with shops, restaurants and other amenities. Some relatives thought that the quiet and spacious rural environment had positively impacted on the wellbeing of their family member but they primarily believed that the caring and calm approach of staff was the main factor that had enabled people to settle well and feel at home.

We observed that some people we met were able to communicate verbally and make their needs known to staff. Other people communicated by using gestures, sign language, objects of reference and picture cards. Staff consistently responded in a friendly and supportive way, which demonstrated they had a very good understanding of people's individual personalities, needs and wishes. People were addressed by their preferred names and we saw that staff knocked on people's doors and sought confirmation that they were permitted to enter. People's care and support files contained detailed information about how people wished to be supported with their personal care, including whether they had preferred routines that staff needed to adhere to so that people felt their dignity and privacy was being maintained. People's wishes in regards to whether they wanted to be supported by a care worker of the same gender were known and understood by the staff team.

We saw that staff endeavoured to make people feel happy and positive about themselves. For example, some of the people who use the service chose to attend the local evening disco. It was being held at a nearby recreation centre and people were used to regularly attending these events and other entertainments at the centre. However, we noted that staff created a genuine sense of pleasant anticipation as they supported people to get ready in accordance with their own wishes. People were supported to choose their favourite clothes for socialising, put on costume jewellery and other accessories, and apply their make-up, perfume or cologne. We spoke with people before they went to the disco and they were pleased with their support. Staff took photos with people as everyone gathered in the lounge, so that special memories could be retained.

There were practices in place to get people involved in the day to day running of the service and promote their self-esteem. The registered manager and one of the directors told us they had recently appointed a person who uses the service to join some monitoring visits with the provider's quality assurance team. We were informed that the person had applied for this role and would participate in monitoring visits at another service owned by the provider. They were due to receive training before carrying out their first quality

monitoring visit and the role provided financial remuneration for their time and contribution. The director explained that this role for people who use the service was already in place at some of the other services within the organisation. We later met the person who told us, "I am going to be inspecting too" and confirmed they were looking forward to the role. Staff told us that they were introduced to people who use the service as part of their interview, so that people's interactions with prospective employees were taken into account as part of the recruitment process.

Good

Is the service responsive?

Our findings

We received positive comments from relatives and the health and social care professional we spoke with in regards to how the service responded to people's needs and wishes. One relative told us, "They do such wonderful things with him/her. [My family member] would not have had these opportunities before. They do carriage riding, bowling, horticulture, soft play, go to shows and go on holiday. It really is good." Another relative said, "They really understand him/her and their needs, which are complex."

We noted that people had received a detailed assessment of their needs by their placing authority. These assessments included information from people's social workers and other professionals, which meant the provider had suitable information in order to determine if a person should be offered a place. The registered manager informed us that people had opportunities to visit the service before they moved in for a trial stay. The provider carried out its' own assessments once people had moved in and collated the information to develop individual care and support plans.

Staff supported people to be as involved as much as possible with the planning of their care and support. People, and their relatives where applicable, were asked information about their hobbies, interests, likes and dislikes. One person told staff that it was important for them to attend church every week and this need was supported by staff. Staff told us that sometimes they had found out that a person liked a particular activity through offering it to them or observing their response if other people were participating. We found that care and support plans we looked at were suitably detailed and provided comprehensive information about people, their needs and how to meet these needs. This included information about any triggers that could result in a person becoming anxious, distressed and/or unsettled. Staff understood how to support people to prevent the occurrence of behaviour that challenges. The care and support plans were reviewed and updated whenever necessary, which appeared to be at least every six months. The deputy manager had completed training in 'Positive Behaviour Support' from the British Institute of Learning Disabilities (BILD). This training enabled them to effectively liaise with professionals if people needed more support and they provided advice for the staff team.

Some people invited us to have a look around their bedrooms. We observed that people's own rooms were personalised with a range of items that appealed to them, for example cuddly toys, arts and crafts and/or musical equipment and trains memorabilia. When we spoke with people and looked at their care and support plans we found that staff supported them to enjoy their favourite interests at home and in the community. For example, people were encouraged to join choirs and music making groups, attend arts groups and to participate when the musical entertainer visited the service once a fortnight. Another person liked to take different types of train trips and regularly visited the vintage Bluebell Railway station, where they were a member of the preservation society. Due to the service's location close to a sports centre and open countryside, some people chose active hobbies such as swimming, rambling, equestrian events and days out at castles, country parks and safari parks. Other people preferred to go into larger town centres for cinema trips, shopping, ten pin bowling, theatre performances, karaoke sessions, tribute bands' concerts and pizza restaurants. We noted that staff responded to people's varied interests and ensured that people enjoyed an active and stimulating social life.

Some people using the service told us they would tell a relative, a member of staff or the registered manager if they had a complaint or concern. They had been given pictorial information about how to make a complaint. Relatives told us they had never had to make a complaint and thought the registered manager would respond in an open and professional way to any complaints and concerns. We looked at the complaints log and noted that the provider had not received any complaints since the previous inspection.

Good

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager when we asked them if they were happy living at their home. During the inspection we saw that people interacted cheerfully and comfortably with the registered manger and he was very knowledgeable about all aspects of people's health and social care needs. We received positive feedback from a health and social care professional about the registered manager's leadership skills and their clear commitment to meeting the needs of people who use the service. Comments from relatives included, "The service is very well run" and "We think it is an excellent place and are very pleased with our contact with [registered manager], he keeps us informed as do all the staff."

Staff told us they felt supported by the registered manager and the deputy. They said that they could discuss any concerns about people who use the service and/or issues that impacted on their work and felt assured that the management team would provide constructive advice and assistance.

The registered manager said they received useful support and guidance from the provider's senior management team. This included visits from members of the senior management team to provide one to one supervision sessions and quality assurance monitoring visits. We looked at a selection of the quality assurance monitoring visits reports and noted that they were thorough. The registered manager was given written advice about where improvements needed to be achieved and this was subsequently checked on at the next monitoring visit.

The provider had systems in place to formally seek the views of people and their families through sending out questionnaires every other year. We looked at the results of the most recent questionnaires which showed that people and their representatives were very pleased with the quality of care and support.

The registered manager carried out a number of audits, including audits of people's care and support plans, the management of medicines, infection control, fire safety, petty cash and property maintenance. We noted that the provider recorded accidents and incidents and, and used this information to detect any relevant trends and improve the service. The provider was aware of the need to notify the Care Quality Commission of important changes, incidents and events at the service, as required by law.