

Consensus Support Services Limited

Holland House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Holland House provides accommodation with personal care for up to four people. The service specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS) and learning disabilities. PWS is a genetic condition that means people with the condition will have an, insatiable desire for food, which can make the person eat excessively. This has the potential to result in life threatening obesity. There were four people using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service

Without exception the care and support people received was specifically personalised to meet people's specialist needs. All the people using the service and relatives spoke positively about the care and support they received and how it had greatly improved their lives.

The staff and management team were creative, committed and determined to supporting people to live independent lives and challenge the barriers people faced living with PWS. People were supported to achieve their dreams and aspirations. Staff spoke fondly of people and were proud of what they had achieved. There was a real 'can do' attitude.

A culture of being open and transparency was embedded in the service. The service worked closely with other healthcare professionals. The registered manager was extremely pro-active in encouraging ideas and feedback from people using the service, relatives, staff and other professionals, to continually drive up improvement. A robust system of quality monitoring checks and audits were used to continually review all aspects of the service.

People were supported to manage their weight and food choices. As a result, people had seen huge benefits to their health and wellbeing. People were educated about food choices and activity levels and how to control food cravings in social settings and when alone. People had made significant progress in losing a substantial amount of weight and they were immensely proud of what they had accomplished. This resulted in people experiencing huge physical and mental health benefits and leading healthy, active lifestyles. This had opened doors to people trying new experiences, making new friends and partner relationships.

Staff consistently went the extra mile to ensure people received all the support they required, when they needed it. People living at the home valued their relationships with staff and the commitment they provided, and this benefitted people immensely.

Staff worked as a close team and were driven in providing person centred support to enable people to become more confident and achieve as much independence as possible. People and their families were central to the care planning process and felt listened to. Each person was respected as an individual, with their own social diversity, values and beliefs. People received care and treatment that was delivered in line with up to date best-practice guidelines in relation to PWS.

Established systems were in place for receiving and responding to complaints and concerns. People, relatives and staff knew how to raise concerns and make a complaint if they needed. There were numerous forums where people could raise any concerns or complaints. For example, during house and one to one meetings with their named keyworkers. In addition, a suggestions box was available to post any concerns directly for the attention of the registered manager.

There was a clear management structure. Staff had the skills, knowledge and experience to perform their roles, and had significant experience in caring for people living with PWS. The provider had clear visions and values, and these were shared with the whole staff team. Staff followed the values, and this was evident in the way they provided care for people.

Staff received safeguarding training to enable them to recognise signs of abuse and how to report abuse. Established risk management plans were in place to protect and promote people's safety. Staffing arrangements ensured each person received the right level of staff support based on their assessed needs.

The staff recruitment procedures ensured people received care from staff that were suitable to work in a care setting. Staff received an induction process when they commenced work at the service and there was a strong focus on staff training and development.

People were supported to take their prescribed medicines safely. Systems were in place to ensure people were protected from the spread of infections. If any accidents or incidents occurred lessons were learnt, and action was taken to effectively manage known risks.

People's needs, and choices were assessed, and the care provided met their diverse needs. Each person's food intake was closely monitored to ensure they maintained a healthy weight in line with best practice guidance in relation to PWS. Staff supported people to access health appointments when required, to ensure people received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were caring and had built open and honest relationships with people. They demonstrated a genuine interest in people's wellbeing. People were happy with the care they received and felt valued by staff and the management team. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

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

Rating at last inspection

The last rating for this service was Good (published 7 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.
Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.
Details are in our well-led findings below.

Holland House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. We visited the home on the 23 October and conducted telephone calls with relatives after the home visit.

Service and service type

Holland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure they would be at home to speak with us. We also needed to ensure the registered manager would be available.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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

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

During the inspection

We spoke with all four people who used the service about their experience of the care provided. We spoke with members of staff including the operations manager, the registered manager, a team leader and three care workers. We reviewed two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

On the 8, 11 and 12 November 2019 we conducted telephone interviews with four relatives of people using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe living at the home. A family member said, "[Name] is so much more relaxed now, they always have 1-1 staff support when they go outside of the home. I have no qualms at all about their safety."
- Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Each person had an information file that explained how the service was committed to keeping them safe from abuse and fear of exploitation (SAFE). Staff were aware of the signs of abuse and knew how to report safeguarding concerns.
- The registered manager was aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC). Staff told us they were confident the registered manager would address any concerns and make the required safeguarding referrals to the local authority. Safeguarding records also confirmed this.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Individualised risk assessments identified the risks that presented for each person living at the home. For example, any allergies, specific nutrition and hydration needs and behaviours which had the potential to place people and others at risk.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Equipment to manage people's health needs was regularly serviced in line with the manufacturer's guidance.
- Environmental checks were routinely completed to ensure the home was safely maintained.

Staffing and recruitment

- People received support from staff that met their assessed needs. People were involved in the recruitment process. They met applicants and their views and feedback was used alongside recognised staff selection tools to ensure staff employed to work at the home met the values of the organisation.
- Safe recruitment checks were undertaken. Staff confirmed they were unable to provide care for people until all the necessary recruitment checks had been completed.
- Staff recruitment records demonstrated the provider carried out robust employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received the right support to take their medicines as prescribed. Some people managed their own medicines with minimal staff support.
- Staff received training to administer medicines, which included having their competency to follow the medicines administration policy observed and assessed.
- Medicines were received, stored, administered and disposed of safely. Staff that took on the responsibility of administering medicines had received appropriate training, including competency assessments.
- The provider had signed up to the stop the over medication of psychotropic (STOMP) health campaign and the Health Care Charter (HCC). That are aimed at reducing the over use of psychotropic medication to ensure the people receive appropriate health intervention.

Preventing and controlling infection

- People and their relatives told us the service was always clean and pleasant. We saw the home was clean and well maintained. Staff followed infection control procedures and used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food.

Learning lessons when things go wrong

- Accident and incident forms were completed by staff and reviewed by the registered manager to identify trends, patterns and any learning from incidents. We saw they were reviewed at an organisational level and learning from incidents was shared with staff and throughout the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed, and their care was delivered in line with current legislation, standards and evidence-based guidance, to achieve effective outcomes.
- Information from pre-admission assessments was used to develop individualised care plans.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff said, "The induction I received was brilliant, it was very in-depth." Staff told us they were given time to read people's care plans and get to know people before providing their care and support.
- Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] always makes time for us, if we have anything we need to discuss, she is always willing to listen and give advice."
- Staff had regular opportunities to formally discuss their development, and any support needs during one to one supervision meetings. Staff said outside of these meetings informal support discussions were always available.

Supporting people to eat and drink enough to maintain a balanced diet

- All the people living at the home had a diagnosis of Prader-Willie Syndrome (PWS). People with PWS experience chronic feelings of insatiable hunger and have a slow metabolism that can lead to excessive eating and life-threatening obesity. The staff were very skilled in supporting people to self-manage their conditions. Each person followed a personalised calorie-controlled diet. Staff knew the specific dietary requirements and eating plans for each person living at the home and supported people to follow them.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff acted upon the guidance of specialist healthcare professionals qualified to provide advice for people with PWS. They worked alongside health and social community services to support people to maintain their physical and emotional health and wellbeing. A relative said, "The staff are fantastic, they are extremely skilled in caring for people with PWS, [Name's] quality of life has improved dramatically since moving into the home. The staff go with [Name] to all their health appointments and they always provide feedback to us."
- People had personalised 'Health Passports' which gave the information health professionals needed to support people to access the health care they required. Staff understood people well and were able to

provide the support people required and enabled them to express their anxiety and fears. This meant people could effectively and safely access the services they needed.

- Staff were intuitive to people's needs and could recognise from people's behaviours when they may be unwell. They sought and followed advice which improved people's health and well-being.
- The provider had a clinical risk group and joint working had taken place with the local hospital. To provide information and advice on meeting the needs of people with PWS. So that people could be better supported when attending hospital appointments and during hospital admissions.
- Staff knew people very well and recognised when people needed additional healthcare support. They liaised with the appropriate healthcare professionals and supported people to attend appointments as required.

Adapting service, design, decoration to meet people's needs

- People were involved in choosing the décor of the home and had been supported to bring in personal belongings to personalise their bedrooms. Bedrooms were very personalised and reflected people's individuality.
- The garden provided accessible outdoor seating for people to use.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People living at the home had experienced life-threatening illness due to obesity and required very strict controls to be in place to help them to lose weight and maintain their weight. The staff followed recognised advice from PWS healthcare professionals to minimise unnecessary exposure to food. A relative said, "[Name] needs to have tight controls in place to limit their access to food. The kitchen is kept locked, and this gives [Name] peace of mind that the temptation to overeat is removed." All people living at the home had agreed to having this restriction in place, to minimise the risk of out of control eating that could result in life threatening obesity.
- People told us they would often put weight on when staying over with family members on home visits. This was accepted and respected by people and the staff and seen as a 'food holiday'. A relative said, "With all the best will in the world we can't lock food away [Name] tries to stick to their diet when they come home to stay with us, but always put some weight back on. Once they go back home they get back on the plan and soon lose it again."
- All the people living at the home had the capacity to make decisions about certain aspects of their lives, They told us staff consulted with them and their representatives to ensure care was always provided in accordance with their wishes and with their consent. One person said, "The staff always ask before applying my creams (prescribed cream). I don't mind, I suppose they have to ask for my consent first." Another person said, "The staff respect my choices, they never do anything without asking me first."

- Staff understood and worked within the principles of the MCA. People told us staff always offered them choices and we observed this in practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed a relaxed, and warm atmosphere throughout the home. All people expressed they had very good relationships with all the staff. One person said, "I love it here, it's much quieter, the last place I lived at was too noisy and it was making me feel depressed."

One relative said, "As a family we are extremely happy with the care and support [Name] receives. [Name] has their own mobile phone, they used to be very anxious and would call me up to four times a day, but now I hardly hear from them. This is because they are so much more relaxed, they are happy and settled at Holland House."

- People and their relatives complimented the caring attitudes of staff. We observed during the inspection people were comfortable talking with staff in natural conversation.

- Staff knew about people's lives, hobbies and interests and took time to sit and chat with people. A relative said, "[Name] loves football and music, going to pop concerts and socialising. The staff ask [Name] what they would like to do, and they make it happen for them."

- Staff were very respectful of people's faiths and beliefs, people's diversity was respected and embedded in practice.

Supporting people to express their views and be involved in making decisions about their care

- The staff took time to support people to communicate their wishes and make decisions.

- People told us, and records showed people had regular one to one and group meetings to discuss their individual needs and the wider needs of the service. One relative said, "[Name] has regular meetings with the staff to discuss their feelings. They feel comfortable to talk openly with the staff." Another relative said, "[Name] is fully involved in making decisions about how they want their care and support provided."

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. People told us the staff were kind, considerate and friendly and they had good relationships with all the staff.

- Staff encouraged people to maintain their independence and to build on their skills. We observed people took responsibility for tidying their rooms, doing their own laundry and shopping. Some people also took responsibility for taking their own medicines, with minimal staff support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them; Supporting people to develop and maintain relationships to avoid social isolation

- Staff worked extremely closely with people to find out about their specific individual likes and dislikes, hobbies and interests and things that mattered to them. This was so they could provide unique person-centred care that was bespoke to each person.
- All people and relatives commented the support they received gave them an exceptional quality of life. One person said, "I can't thank the staff enough for all the support they have given me, I have lost (amount of weight) and it has changed my life completely, I am so happy, I have made new friends and get out and about, I exercise now which is something I couldn't do before." Their relative said, "The transformation in [Name's] quality of life is absolutely incredible, [Name] was almost housebound, they had significant life-threatening healthcare needs before moving to the home. The fantastic support [Name] has received has quite literally saved their life. [Name] now leads a very full and active lifestyle. [Name] loves horses and now goes horse riding and they join in with the numerous activities that are provided."
- Another person said, "Since losing weight I now love going clothes shopping." Their relative said, "The staff are marvellous, they have worked tremendously hard with [Name]. Due to their perseverance, and dedication [Name] now leads a full and active lifestyle, they have even taken up Yoga. Both persons relatives said that previously taking on these activities would not have been possible due to their family members immobility and poor health problems.
- Each person had a daily activity programme that was individualised to meet their specific preferences and wishes. A 'My perfect week' time table, and a 'what's working and what's not working for me' tool was used to continually evaluate the activities people took part in to ensure they were relevant and still enjoyable for the person. People enjoyed full and active lifestyles, such as, going to clubs, discos, to the local pub, meeting up with friends and partners, going for local and country walks, swimming, bowling, the cinema, horse riding and to the gym.
- We saw photos of a variety of activities people had engaged in. Such as, holidays and days out. People, relatives and staff told us they enjoyed going to pop concerts. One relative said, "The staff are ever so committed to giving [Name] a good quality of life, they have fun; they are always going somewhere, they've been to see lots of pop groups. The staff ask [Name] what they would like to do, and they always make it happen for them." People told us they had seen acts such as, Boyzone, Take That, Westlife, Barrie Manilow, Robbie Williams and Showaddywaddy to name but a few. People also said they enjoyed going to a weekly music for health group that involved singing and dance exercise. A member of staff said, "All the guys here are very in to pop music they have been to so many concerts it's hard to keep track."
- People had a 'My dream' section in their care plans that identified new things people wanted to try. For example, one person said they would like to go on a stadium tour of their favourite football club. Staff had

supported the person to achieve their dream. Another person said they wanted to lose more weight to comfortably wear a pair of jeans, and they had also achieved their dream.

- Staff supported people to be actively engaged with the local and wider community. One person had appeared in a promotion video called 'Through My Eyes' aimed at raising public awareness of Prader-Willi Syndrome (PWS) and how with the right support people can learn to self-manage their condition. People and staff joined in local fundraising charity events, for example, Race for Life, sponsored walks and had hosted several in house events to raise funds for local and national charities. A relative said, "The staff recently put on a 'Mad Hatters Tea Party', everybody dressed up in fancy dress. I was a bit sceptical at first how [Name] would cope being exposed to so much food. The staff were brilliant, they helped [Name] choose foods from the buffet, (even cake), it was all calorie counted for them. The day went well, we all had a great time. It was lovely to see [Name] so relaxed around food, which alleviated my initial concerns."
- Staff respected people's cultural, religious and spiritual beliefs. Staff fully supported people to practice their faiths, and people without any religious beliefs had their views respected.
- Staff received training on the Equality and Human Rights Acts. They put their learning into practice and were very mindful of respecting people's disability, race, gender, religion, sexual orientation and cultural backgrounds.
- Staff received training on sexuality and relationships support planning. People were supported to engage in relationships with their partners and spend private time together. To have relationships in a safe environment, and experience companionship, caring and loving relationships.
- People were supported to maintain close relationships with family and friends. Staff provided transport for people to visit their family member, some who lived a long distance away. This meant barriers to maintaining contact with families were overcome.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Prior to people moving into the home comprehensive assessments were completed and people were empowered and supported to identify their needs and express their preferences on how they wanted their support to be provided. Records showed the assessment focused on what was most important to people, for example they identified people's personal goals and aspirations, their lifestyle preferences, spiritual beliefs, hobbies and interests.
- People and their relatives were central to the care planning process. We saw people's care plans were completely bespoke and tailored to meet the needs of the person. People said they felt listened to and their needs and wishes were always met. One relative said, "I was very much involved in [Names] care plan at the beginning, but now [Name] takes on more involvement in reviewing their care plan. The staff keep me updated with any changes."
- All aspects of a person's needs were respected including their diverse needs and characteristics under the Equality Act. Staff knew about people's cultural and diverse needs. For example, specific times for care, respecting people's spiritual needs or choice of gender for staff providing their personal care. One relative said, "Because the staff have the knowledge and experience of providing care for people with PWS, [Name] is now definitely receiving the right specialist support."

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of each person was detailed within their individual care plans. All people were able to verbally communicate, and staff were highly observant of people's emotional state and moods. Staff provided appropriate support to minimise people's distress when showing signs of anxiety. People could

have information made available for them in an easy read format if this was their preference, or if this was not required staff explained to people what was happening, so they could understand.

- Each person had a 'communication grab sheet' that detailed their communication needs, sharing essential and important information people needed to be aware of. This information went with the person to all health appointments along with their 'health passport' that also gave detailed information on people's medical history.

Improving care quality in response to complaints or concerns

- A complaints procedure was on display which informed people and relatives on how to raise any concerns or complaints. In addition, regular house meetings and individual meetings took place with people's chosen key worker (a named staff member). This meant people had regular forums to discuss any general or personal concerns they may have.

- People and their relatives all commented they would not hesitate to raise any concerns with the registered manager and they felt certain they would be dealt with appropriately. The registered manager confirmed that no complaints had been received over the last 12 months.

- Systems were in place to seek regular feedback from people, their relatives and stakeholders. The feedback results showed positive feedback on all aspects of the service people received.

End of life care and support

- Staff were aware of the importance of seeking people's end of life wishes. People's care plans had information available on their wishes, preferences and choices in relation to how they would want their end of life care provided. Records showed that people had discussed their funeral arrangements and personal information was included in their care plans. For example, how they wanted their funeral to be conducted, choice of hymns, music and flowers and whether they wanted a burial or cremation. This ensured staff could carry out people's last wishes. At the time of the inspection, no people were receiving end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The providers core values of choice and respect, ambition and imagination, reliability, and professionalism, honesty and integrity, responsibility and accountability, inclusivity and being supportive were fully embedded into the culture and ethos of the service. We saw several examples where the service worked tirelessly to deliver better outcomes for people. For example, enabling people to take up physical activities of their choosing, which due to ill health and anxieties they had previously not been able to.
- Without doubt all the comments received from people, relatives and staff were extremely positive. People said the staff were always kind, friendly and approachable. One relative said, "[Registered manager] is a true professional they and the staff are totally dedicated and passionate about giving the residents the best chance to have a good quality of life, within the constraints of living with Prader-Willi Syndrome (PWS), I can't thank them enough." All the staff expressed great respect for the registered manager, saying they were passionate about delivering high quality care for all people using the service.
- A relative said their family member had previously lived in a large care home, whereby staff knew very little about how to support people with PWS. This had led to them gaining an excessive amount of weight, which had greatly affected their quality of life. The relative said, "Moving to live at Holland House was truly life changing, it was the best decision we (meaning the person and the family) ever made. The staff specialise in caring for people with PWS, [Name] now gets the specialist support they need. We can't thank all the staff enough, [Name] now has an excellent quality of life."
- There was a strong commitment to promoting independence and social inclusion. Without doubt people were placed at the heart of the service and fully in control of all decisions regarding their care and support. Their views were considered when choosing new people to move into the home and when recruiting new staff.
- Staff expressed a strong sense of feeling valued and well supported within their roles. One staff member said, "I absolutely love working here, it's very rewarding seeing people achieve their dreams. I have worked in other care homes and they were nothing like this. The [Registered manager] and the management genuinely care about making life better for these guys."
- The registered manager and the staff team had significant experience in supporting people with PWS. There was a progressive and positive approach to learning and development and a strong focus on staff training and development. This meant people received care from a team of staff that were highly motivated, skilled and took pride in meeting their specific needs. One staff member said, "The training is absolutely fantastic." The provider had a staff recognition scheme in place. Managers and staff were nominated to receive awards and successful nominees were presented with awards at an annual staff conference. The

registered manager had been named as a finalist in the East of England regional finals of the Great British Care Awards 2019.

- Some staff took on the role of mental health first aiders. This role was aimed at helping to recognise crucial warning signs of mental ill health, to provide help on a first aid basis and guide people to seek appropriate support to talk about their mental health. In addition, staff had access to an independent on-line counselling service, if they wished to speak to someone independently in confidence. This helped to reduce stigma and create a positive culture around supporting people with mental ill health.

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

- The registered manager and staff team worked collaboratively with learning disability specialists and other healthcare professionals to ensure people received high-quality care, centred around their specific needs. The service was open and honest with people when things went wrong. Regular meetings with people and their keyworkers discussed 'what's not working' so staff could support people to find solutions to areas of concern.
- Relatives said the staff always kept them informed of any changes or concerns they had in relation to their family members health and welfare.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was committed to providing a service with high quality performance. They had extensive experience and fully understood their role and regulatory responsibilities. They supported staff at all levels to strive for excellence, staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision, and opportunities were made available for staff to diversify in their roles and progress in their career.
- There was a strong culture of empowering people to take positive risks to increase confidence and trust to improve their quality of life. Staff were encouraged and supported to question practice and their views were listened to and acted on. All staff were fully aware of the whistleblowing procedures and knew how to bring any concerns to the attention of the local authority safeguarding bodies, CQC and the Police.
- The registered manager ensured that regulatory requirements were met. Statutory notifications were submitted without delay to the CQC and the ratings from the previous CQC inspection were on display, both within the home and on the provider website.
- Effective quality assurance systems were used to continually monitor all aspects of the service. These were overseen by the registered manager and the area manager. Any areas identified for improvement had action plans put in place with timescales for completion. In addition, the service received regular support and advice from the organisations quality assurance team to continually monitor the quality and standard of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective communication systems were used to share information within the home and to external professionals. We saw regular meetings took place for people, staff and managers. There was a network of support from senior management, other service managers and head office support available for advice.
- The registered manager attended various events to share their knowledge and experience of caring for people with PWS. They promoted the service at local events which helped other professionals to gain a better understanding of what people with the right support could achieve.
- The staff daily handover meetings were effective in sharing information on each person's progress. This

ensured staff always had up to date information. An organisational newsletter was published called 'All Together Now' this was shared with the people and staff. It contained articles celebrating people's achievements.

- The results and action plans from the annual employee surveys were shared with staff and discussed at team meetings. Such as, plans to introduce an electronic care planning system.

Continuous learning and improving care

- The provider used an incident reporting system that flagged serious untoward incidents that required escalation and external reporting, for example, to the CQC and/or the local authority commissioners, safeguarding teams or the Police.
- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care. For example, reflecting on situations when people had displayed behaviours that challenged them and others to identify possible triggers.
- The provider had robust business continuity plans in the event of adverse weather or other major disruption to service delivery.

Working in partnership with others

- Holland House was an important part of the community. The staff and people living at the home were well known within the local community. Some people had previously been supported to obtain voluntary work at local services, although at the time of the inspection no people were currently doing voluntary work.
- The service had effective working partnerships with health and social care professionals. For example, the provider worked in partnership with Kettering General Hospital to raise awareness of PWS. The feedback we received from commissioners was consistently positive.