

Glenholme Specialist Healthcare (Northern Region) Ltd

Holdingham Lodge

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

About the service

Holdingham Lodge is a community supported living service. Personal care and support are provided for adults who experience needs relating to learning disabilities and autism. The service is made up of two buildings on the same site, Holdingham Lodge and Holdingham House. Each person has a tenancy agreement in place. At the time of the inspection there were 11 people being supported at the service.

People's experience of using this service and what we found

People receiving care from the service had a variety of complex needs. Their families told us that they felt safe and were cared for by experienced caring staff team who knew their relative well.

The provider and registered manager had systems and processes in place to safeguard people from harm and abuse. Staff completed training in safeguarding and how to report concerns. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People were protected from the risk of infection. Staff took part in regular testing for COVID -19. However, some staff were observed to not be wearing masks appropriately during the inspection.

There were sufficient staff to meet the needs of the people at the service. New staff were being recruited to fill any vacant posts.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide safe and effective care. People were supported to safely manage their medicines by trained staff.

People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw that the service worked closely with healthcare professionals to ensure good outcomes for people.

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used their knowledge to provide people with good quality care.

Staff were supported well by the management team and enjoyed working at the service.

There were systems and processes in place to ensure the quality of the service. The registered manager ensured actions were taken to make improvements when needed.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

The service ensured that people were living as full a life as possible, achieving their best possible outcomes. Families and professionals told us that people at the service were living more independently than they had at previous placements and were receiving more opportunities in a supportive environment.

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

Rating at last inspection

This service was registered with us on 7 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holdingham Lodge

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

This inspection was conducted by two inspectors.

Service and service type

This service provides care and support to people living in two supported living' settings on the same site, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 hours' notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant the provider had time to prepare people using the service.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

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.

During the inspection

As part of the inspection we spoke with six people who use the service and three relatives. We emailed staff a questionnaire regarding their experience of working at the service. We spoke with six members of staff including the registered manager, service manager, team leaders, support worker and an administrator. We contacted health care professionals involved with people using the service.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files 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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were aware of people's individual risks. Staff had a 'can-do' attitude and were working well with people to support their anxieties around everyday living. One person at the service required consistent positive reassurance from staff. Staff ensured [person] had activities to look forward to without being overwhelmed by choice or anticipation.
- Environmental risks had been assessed and appropriately managed. Including the use of CCTV in communal areas of the service.
- People's care needs were not always recorded and monitored effectively. The service was in the process of moving to an electronic recording system. The registered manager said that the new system would give more detail and prompt more robust recording.
- We could see evidence of the new recording system. Records were detailed. However, some areas of need were yet to be completed. The registered manager was aware and were working towards completing the records.

Systems and processes to safeguard people from the risk of abuse

- People at the service were protected from the risk of harm and abuse. Staff had received training in safeguarding and understood the process for raising concerns both internally to their management team as well as to external agencies.
- People had developed positive and trusting relationships with staff which made them feel safe. People's relatives told us they felt their relative was safe. One relative said, 'You can tell by the way [person] is that staff are keeping them safe.'
- The registered manager and service manager ensured that any potential safeguarding concerns were raised with the local authority and that CQC was notified.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the people they recruited were suitable for their roles. This included undertaking appropriate pre-employment checks and obtaining suitable references. Risk assessments relating to staff employment were in place where needed.
- Sufficient staff were deployed to meet the needs of people at the service. The registered manager told us that they were actively recruiting more staff. They did not want to admit more people into the service until there was enough staff to be able to effectively care for anyone new to the service.
- People's relatives told us the staff were kind and caring and had taken the time to get to know the people they were supporting. The registered manager told us they ensure new staff shadow experienced staff in order to get to know the needs of the people at the service.

Using medicines safely; Learning lessons when things go wrong

- People were supported to receive their medicines safely by trained staff, in line with the persons needs and preferences.
- One person had historically requested to receive their medicines with yogurt on a spoon. Due to it being the persons chosen method of receiving their medicines. The management team had worked with a pharmacist to ensure administration was safe.
- Only trained competent staff have been authorised to support people with their medicines. Where there had been medicine errors made by staff this was investigated and staff competencies reassessed. As a result of lessons learnt a staff member no longer administers medicines at the service.
- Some people at the service require medicines to be administered as and when required (PRN). There were protocols in place for the administration of PRN medicines. The management team at the service were able to review if these medicines were given at appropriate times in line with guidance from NHS England Stop over medication of people with a learning disability (STOMP) allowing for lessons to be learnt and also unnecessary medicines being discontinued.

Preventing and controlling infection

- Staff were trained in how to minimise the risk of infection for people. There were sufficient amounts of PPE available for staff to use. However, there were times during the inspection when staff needed reminding to wear their masks appropriately.
- The service had an infection control policy in place which detailed the actions staff were required to follow.
- The service supported people to receive visit from family and friends whilst ensuring the risk of COVID-19 is mitigated, with the use of testing and wearing of PPE.
- Both staff and people using the service took part in regular testing. All staff at the service had been supported by the provider to be vaccinated against COVID-19.
- People at the service were supported by staff to ensure their home was clean and hygienic, reducing the risk of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 needs were assessed to establish the care and support they needed. The provider had found completing pre-admission assessments challenging during the pandemic as there had at times been restrictions in place preventing face to face assessments taking place at the person's previous service. However, the service worked well with families and professionals to gain as much information as possible.
- The registered manager acknowledged that work needed to be done to better record the involvement of people and their families when developing care plans.
- Relatives of people using the service told us that the service had improved their relative's quality of life. One family member said, 'Their [relative's] self-esteem has improved whilst being at the service. I think it is an amazing place.' We were able to see improvements in the presentation of [person] whose needs had not been met at a previous service.

Staff support: induction, training, skills and experience

- Staff were inducted well to the service. They completed an induction and received mandatory training. Specific training focusing on the needs of the individual people was identified and delivered. The manager at the service was qualified to deliver training in positive behaviour support.
- Staff shadowed experienced staff, who knew the people well before working with a person they had not worked with before.
- Staff received regular supervision from the management team as well as support from team leaders. Staff had their skills assessed to ensure they were competent to carry out their roles.

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

- People were involved in the planning and preparation of their own meals. Some people were supported to be involved in doing their own shopping. Where people were not able to be involved staff ensured they received a varied and healthy diet. Key workers organised a meal plan for the week, ensuring the shopping was reflective of the meal plan.
- One person had specific dietary requirements due to food intolerances. Staff worked with the person's family to ensure the correct products were available. As the person had their own self-contained flat the risk of contamination with other foods was reduced.

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

- The staff team ensured people received physical health appointments when needed. Working well with GP's and district nurses.

- During the inspection we observed the staff team acting promptly when a person felt unwell. Staff acted quickly, after taking the persons clinical observation's senior staff were prompted to call the emergency services.
- Staff had worked well with health care professionals to gain equipment needed to enhance people's lives. Staff also ensured the equipment was serviced and the provider of the equipment was contacted when repairs were needed. One person's relative told us, 'They are proactive. When, [person] came out of hospital they needed a special bed. The staff made sure to get this in place quickly.'

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

- The service is split into two buildings. One building comprises of self-contained flats. These flats have been adapted to meet the needs of the individuals who are tenants in these flats.
- One person had behaviours associated with access to food. The service adapted the persons flat to ensure the kitchen and living area was not open planned. The person's food was locked away, to support them with anxiety and behaviours around accessing food products.
- The second building consist of bedrooms with en-suite bathrooms. The living spaces were large allowing people the space they needed, whilst being able to live in a multioccupancy building.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The management team had worked with Social workers to provide information so that Court of protection orders could be applied for. They continued to support with the process.
- People's consent to care was sought and people's chosen communication methods were used to ensure understanding. For example, one person used Makaton, a Makaton information pack was available in their room to support new staff.
- Where people had capacity around certain decisions, they were supported to make safe decisions. By receiving all the relevant information, they needed to be informed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed that some people did not have curtains in their bedrooms. The registered manager advised that they had found obtaining funds to personalise people's décor from the local authority and families challenging. Some people's behaviour had led to the provider applying a privacy film to bedroom windows as curtains were not sustainable.
- Reflecting feedback from our inspectors, the manager acted to ensure were people did not have a curtain in their bedroom a privacy film was fitted. The maintenance person actioned this during the inspection.
- People were supported to be as independent as possible. People living in Holdingham Lodge where the accommodation is self-contained flats had access to their own intercom to the main door. Some people at the service had been supported to have jobs around the site such as carrying out health and safety checks with support of staff. One person was proud to have been given their own hi-visibility tabard.

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

- Staff had a good knowledge about the people they were supporting. They were enthusiastic about providing quality care which made a difference to people's lives.
- Peoples relatives told us that staff were caring and kind. One relative said, 'You can see the staff are keeping [person] safe and are caring for them. The improvement in [person] is amazing.'
- The registered manager recognised that they needed to make improvements to the recording of the cultural and diversity needs of the people supported at the service.

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

- Tennent meetings were held at the service for the people living there to express their views, as well as for staff to inform people of any upcoming events.
- People's relatives told us that they were involved in planning their relatives care. However, records needed to be improved to reflect their involvement.
- Staff were aware of how people liked to receive their care and encouraged them to make their own choices around what they wanted to eat, what clothes to wear and how their accommodation.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Everyone at the service was receiving care personalised to their needs.
- We observed staff interacting well with the people supported at the service. Some people at the service experienced anxiety's which may lead to challenging behaviours. Staff were observed to recognise these anxieties and worked with the people they were supporting to offer reassurances and distractions.
- Some people at the service were independent and had capacity to make some decisions. One person needed support when accessing social media. The staff team had worked with the person to ensure they were able to use electronic devices whilst staying safe.

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.

- Information was provided to people in accessible formats so that they could understand. Easy read signage was present at the service. Makaton was used with people who used Makaton as their preferred method of communication.

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

- People at the service were encouraged and supported to access the local community. Included local walks as well as accessing the local town of Sleaford.
- Some people at the service had access to their own mobility cars, making it easier for them to access the wider community. For two of the people at the service this meant they were able to go out when they wanted to. Relieving their anxiety and had led to a decrease in behaviours that might challenge.
- We observed people coming and going as they wished with the support of staff. One person was very pleased with a trip planed to the seaside.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to go to if they had any concerns or complaints. Most relatives were happy with how the provider dealt with their concerns. However, one relative felt sometimes things could be acted on in a timelier manner.
- Relatives told us that the manager and registered manager were approachable.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the manager spoke with the inspectors about the challenges of opening a new service during a pandemic. They had recognised the need to learn from events at the service and had adapted and made improvements.
- The local commissioning team informed us that communication with the service had not always been good or information forthcoming. However, it had been recognised that there had been improvements in communication with the manager.
- Quality audits at the service were completed by the registered manager and the area manager. The audits showed if there were short falls in quality at the service. The registered manager completed action plans following audits and we could see evidence of actions taken. For example, an action from the medicines audit was to ensure controlled drugs were added to the next audit.

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

- The management team promoted a positive person-centred culture.
- Staff informed us that they enjoyed working at Holdingham Lodge and House. They said they felt supported and listened to by the management team. One staff member said they were happy to cover shifts where needed as they knew staff and management would do the same for them, if they needed support.
- Staff attended regular team meetings and received supervision, allowing them the opportunity to receive feedback from the management team as well as feed into the running of the service.
- Staff were aware of the providers Whistleblowing policy and said they felt able to raise concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear management structure, staff understood their roles and responsibilities and who to report to if they had concerns and needed help.
- The service had a registered manager and a service manager. The registered manager was very knowledgeable about their role and understood their responsibilities. The registered manager was working with the manager to train them to a standard where they could take over and apply to be the registered manager.
- Quality audits had shown a need to make improvements to care plans and risk assessments. The service

was moving towards an electronic system. The registered manager was enthusiastic about the new system, they felt the system would lead to improvements in the quality of care plans and risk assessments.

- Team leaders supported the management team and were given responsibilities. Where staff had not performed well as team leaders their competencies in the role were addressed by the management team.
- People and their relatives were asked to give feedback in order to make improvements to the service where needed.

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 understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.