Elysium Care Partnerships No 2 Limited

Holkham House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

Holkham House is a residential care home providing personal care for up to 10 people who may have a learning disability and associated condition, for example autism. At the time of the inspection 10 people were living at Holkham House. The service is owned by Elysium Care Partnership No 2 Limited and is on the same site as another 10 bedded residential home owned by the same provider.

Whilst the environment wasn't developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance, people's care was. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People at Holkham house lived their life's as full as possible and had control over what they did and how they were involved in decisions about their care and the service.

People's experience of using this service and what we found
The ethos of the organisation was to enable people to have as much independence, choice and control as possible. We saw many examples of people leading the life of their choice and being able to influence that on a daily basis. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Any communication challenges were seen as an opportunity to support someone to have a voice and still have control of their life. We saw staff used a range of innovative methods to communicate with people. For example, videos, audio minutes, pictorial and easy read versions of some procedures.

When we arrived at the service the atmosphere was busy and friendly. We met everyone living at the home, spoke with some and observed care. Staff were supporting people coming in from various outings and planning a visit out to attend a party in the service next door. Staff were encouraging people with meal planning and preparation while some people were doing craft work.

People's relatives said they felt their loved ones were safe with the staff supporting them. Two people told us they felt safe. Systems were in place to safeguard people. Staff had completed safeguarding training and were confident any concerns would be dealt with. When people were at risk of harm, assessments were in place alongside guidance for staff on how to mitigate the risk.

People received their medicines safely in the way prescribed for them. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. Staffing levels were flexible to enable the service to provide a bespoke service to people to meet their needs.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided.

Relatives agreed the staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care

if they needed to.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Relatives were complimentary of the management of the service with one commenting; "Always very approachable and seems to have a genuine sense of care for the residents." Staff were committed to providing good outcomes for people.

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

Rating at last inspection and update
The last rating for this service was good. (Report published 28 September 2016)

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 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holkham 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 completed by one inspector.

Service and service type
Holkham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

We used this information to plan our inspection.

During the inspection

We met all ten people who lived at the service, however, some people had some communication difficulties and where not able to tell us in detail about the care they received. We spoke with four members of staff, the registered manager and one professional. We also received feedback from three relatives after the inspection.

We reviewed a range of records. This included two people's care records and medicine records. We looked at one staff file in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Outstanding ☆

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 improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

● People were fully involved in any issues relating to staying safe. To achieve this, the service provided many methods of communication so that everyone who wanted to, could be involved in training on some subjects. For example, the service had developed a computer-based training scheme which enabled people to complete the training with staff support. This included training on subjects such as food hygiene, and fire protection. People were issued with certificates of successful completion and some went on the become "house representatives". This meant they worked with staff to have control over health and safety checks in the home, carry out car and fire checks.

Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they should take to mitigate risk.

● Many people were supported to understand risk and take positive risks to promote their independence. For example, video, easy read and pictorial formats were just some of the communication methods used to support this. People's individual care records detailed what support people needed to enable them to access the community as independently as possible. One person had a greater understanding of risk, so a safeguarding process was made available in a video format to meet their individual needs. This video enabled them to be aware on what abuse was, how it may affect them and how to report any concerns. This helped keep this person safe when they went out into the community. Another example of how a person was supported to understand risk was how one person had, before moving into Holkham House, burnt themselves using a kettle. The service arranged for this person to complete a 'Food Safety' course. This training video empowered this person with the knowledge on how to use the kitchen safely rather than restrict their movements. This helped them to be more independent. This person also received a certificate on completion of this training course of which they are very proud.

● Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating. For example, one person would become anxious due to their visual impairment and not being aware of their plans for the day. Therefore, the staff had an 'activity planner' made in Braille. This supported the person by enabling them to find out what they were doing the day ahead. This helped stop this person's anxiety and they could refer to the planner at any time.

● The environment was well maintained. Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.

● Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

● People were involved in safeguarding training through the computer training scheme to help them understand how to recognise and report abuse. Video formats of safeguarding and complaints was also available and was accessible to people on the service's electronic noticeboard. Staff also had received safeguarding training and told us they would be confident reporting any concerns to the registered manager.

● People had information about safeguarding in formats that suited their communication needs, which meant they understood how to report any concerns. Information about how to report safeguarding concerns externally was displayed in the service for people and visitors to see; and was also available to people on the home's electronic notice board.

● Any safeguarding concerns had been investigated appropriately by the registered manager and action taken. Two people told us they felt safe living in the service.

● The service was well managed which helped protect people from abuse.

Staffing and recruitment

● There were enough staff to meet people's needs. Staff spent time with people talking to them and offering reassurance and encouragement. Staff commented that they used staff from the service next door if they were short to ensure people where safe.

● People were supported to be involved in staff recruitment as much as they were able to. For example, people told the registered manager they did not want to be involved in interviews but wanted to meet interviewees in a more informal setting. Interviewees spend time with people and their interaction was observed and people were encouraged to provide any feedback. There is also a section within the interview pack which rated interviewees interaction with people.

● The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.

● A visiting professional told us people were always supported appropriately and staff were able to accompany people when they visited.

● Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.

● Staff had been recruited safely. All pre-employment checks such as criminal record checks and references had been carried out before staff started work.

Using medicines safely

● The service had worked hard in the last year to follow the principles of Stopping Over Medication of People with a Learning Disability (STOMP). They were committed to reducing the use of medicines, when appropriate, for people in the service. For example, where people were admitted on high levels of medicines, they supported people to complete a self-assessment and developed a clear action plan. Through this person-centred approach, people's use of medicines has significantly reduced. One person was on a significant amount of medicines which may have contributed to their behaviour, which at times could be seen as challenging. The registered manager worked closely with professionals to have this medicine reduced. This person was now on very little medicines and it had enabled them to improve their life. For example, they previously required one to one staffing when going out into the community. Therefore, they were at times restricted due to staffing levels. Now they have their medicines reduced they have a volunteer job, without full staff support, interacting with the public in a positive way, with no risk to them or themselves. The person was very proud of their 'work' and spent time discussing their job.
People received their medicines safely, in the way prescribed for them. One person had recorded onto their Hospital Passport, details of any medicines they were possibly allergic to. However, this information was not recorded onto their individual medicine record or health action plan. The registered manager and senior

staff confirmed this information with the GP and pharmacist then immediately documented this information to ensure all staff knew this person's possible allergic reaction to some medicines to help keep them safe.
● Systems were in place to help ensure staff were consistent when administering 'when required' medicines.

● There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
● Staff responsible for administering medicines received medicines training and competency checks were completed.
● There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly.

Preventing and controlling infection
● The premises were clean and free from malodours.
● Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. They were discussed at regular staff meetings, as a learning opportunity.
● When untoward events happened action was taken to mitigate the risk of reoccurrence.

Good

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 individual needs had been assessed before they moved into the service to help ensure these could be met.
- Assessments of people's individual needs were detailed, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience
- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with shopping and menu planning in line with their needs and preferences.
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to support people to do this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
- Staff supported people to see their GP, district nurses, and attend other health appointments when required.
- If people found attending healthcare appointments difficult, because it might cause them to become anxious, additional staff were provided to support people.

● Health information was recorded ready to be shared with other agencies if people needed to access other services, such as hospitals.
● Staff supported people to see external healthcare professionals regularly, such as dentists. The registered manager had arranged for staff to receive oral health care training. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

Adapting service, design, decoration to meet people's needs
● The service was registered before the development of Registering the Right Support (RRS) guidance. The premises had not been designed in line with the guidance and had not been updated to comply with the principles.
● People were living in a large group setting which is different to how most citizens choose to live their lives.
● People had access to their own private space which had been personalised for people who wished to have some space and quiet time.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations 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 and in their best interests; the policies and systems in the service supported this practice.
● There were processes for managing MCA and DoLS information. The manager told us that required applications had been made to have DoLS assessed.
● Where restrictions had been put in place, to keep people safe, this was carried out in line with the requirements of the MCA and associated DoLS. Authorisation for these restrictive practices had been sought and kept under regular review to check they were still necessary and proportionate.
● Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

Outstanding ☆

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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care.
● Enabling people to communicate effectively, have information available in formats suitable to meet people's needs meant people were fully involved in all aspect of their care and decisions about the service. For example, meetings held with people in the service were led by people not staff which meant people led the agenda and ensured the issues important to them were discussed. During one meeting people were informed 'How to make a complaint'. One person then made a written complaint to the company stating that the vehicle Holkham House used was too small. This complaint was acted upon and a new larger vehicle was purchased. People discussed other issues and were able to influence other areas of the service. These included menu's, holidays and choices of paint colours for redecoration work.
● "Client Council" meetings were also held where the people's representative attended. This is where the management of the organisation discussed changes, policies and organisational direction. The people's representative had the opportunity to ask questions, make suggestions and influence decisions. One key area discussed at a 'Client Council' meeting was the takeover by another company and how this may affect people using the service. People were reassured, asked questions, and were given information about the new company and raised any concerns. The outcome for people was they were fully informed about the changeover and how little it would affect them. Since the takeover the registered manager said the staff's wellbeing had improved which led to staff staying in the job. This enabled continuity for people living in the service.
●People benefited from committed and compassionate staff. We observed people being supported in a kind, patient and sensitive manner through appropriate communication methods but also with time. For example, some people had specific health needs which meant staff needed to spend longer with them to ensure they were listened to and knew and understood what was happening. This was done respectfully, and staff were unrushed in their approach. The provider's visions and values focused on inclusion and supporting people to live fulfilled lives. We observed how staff put people at the centre of the service and encouraged us to meet and talk with as many people as we could during our visit to ensure they were heard. We met everyone at the service.
● People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making.
● Care plans contained information about people's specific communication methods. People living in the service were not all able to communicate their needs.
● Staff knew and respected people's communication styles. They supported our discussions with people while allowing people an opportunity to express their opinions.
● People, and those acting on their behalf, were provided with a range of opportunities to express their

views about the care and support through regular care reviews, meetings and surveys.

Ensuring people are well treated and supported; respecting equality and diversity.
● People who had specific disabilities such as blindness were empowered and enabled to continue to be involved and heard, the effective use of braille meant no none was disadvantaged in the service. Policies, information about how to complain, minutes of meetings were available in video format. People who had cognitive or physical disabilities that led to them being unable to vocalise distress or pain, could be at risk of being in discomfort. To avoid this, the service used particular assessment formats that identified each person's cues, triggers or indicators that something was wrong. This enabled staff to recognise these and to be able to comfort people quickly. The service used the 'DisDAT Tool' (Disability Distress Assessment Tool). This is a pain recognition tool which enabled staff to understand and alert them to the signs people used when in pain or discomfort. For example, one person, when asked, will always say they are 'Ok'. However, they had injured themselves and staff needed to take them to hospital. Staff were able to provide information and evidence, recorded in care plans and the hospital passport, to medical staff, about how this person verbalised their pain and discomfort. This enabled this person to receive the appropriate care and treatment.
●The service has an easy read version of 'Sexuality and Relationships' for people to access. People, currently in a relationship with other people, who do not live in Holkham House, were supported to maintain these relationships. For example, one person liked to attend an activity with their boyfriend. However due to a medical condition they were unable to go out independently. Therefore, staff support was offered sensitively to this person, from a distance, to provide them with privacy.
Staff were friendly in their approach and offered reassurance and support appropriately. Positive and caring relationships had been developed between people and staff.
● Support plans contained details about people's backgrounds and personal histories. This meant staff had access to information which helped them understand people.
● Relatives were complimentary about the care and support the service provided. One said; "What matters most to us is that he is cared for, and he is."

Respecting and promoting people's privacy, dignity and independence.
● People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
● People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
● People were supported to maintain and develop relationships with those close to them. One relative said; "We are grateful for all that is done to support X (Named loved one) and us." Records showed family members had been updated when changes in people's needs were identified.

Outstanding ☆

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 improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People were supported by a truly person centred culture created by a motivated and skilled registered manager and staff who had created a relaxed and supportive home for the people who lived there. The ethos of giving people control and choices over their life's was at the forefront of all aspects of the service. The varied communication methods to suit people's needs meant they could always be involved in decisions but also in the design of their care plans. Staff went out of their way to find the best way to help someone achieve their goals. For example, when one person first came to live at the home, they had problems with receiving personal care as they did not like any physical interaction or people in their personal space. This could lead to them becoming very anxious and displaying behaviours which could be challenging to others. One area they found particularly difficult was teeth cleaning. Staff found that the person enjoyed watching themselves on a video. Therefore, over time, the staff produced a video showing this person brushing/cleaning their own teeth. This was played to them daily to enable them to carry out this task independently. Now this person's oral health has improved, they are more independent in this area and they will now attend the dentist. The provider told us because of the success of this, they intend to explore the use of videos for other aspects of their lives.
• People received plenty of opportunities to participate in a wide range of social, recreational and pastoral activities. These were based on people's own interests, hobbies and pastimes and we saw how staff were creative and resourceful in promoting social inclusion.
• Where people had chosen to be involved in taking a part in local community activities, this had been fully supported and had helped people to fully engage with their local community. For example, some people are involved in a local amateur dramatic group and a local choir. The choir will find a subject, for example Mental capacity Act, and sing a song about it. The choir have been on the local radio, newspapers and utube to promote the choir and subject.
• People were encouraged and supported to be involved in the management and running of the service. For example, one person was employed to visit other services owned by the company to carry out quality checks. They carried out themed audits, for example on activities, menus and environmental checks. They were supported to complete a tick box report and feedback to the company's service manager on their findings. The registered manager said when they talk about this role, they do so with a 'real sense of pride' and it has empowered them and made them feel valued. One of the issues this person raised was that the services car was not big enough for their use. The company took this on board and brought a larger car.
• The provider's positive behaviour support (PBS) team continued to train staff and work with them at the service to develop strategy and guidance to support people. For example, one person always required two-to-one support in the community when they first came to the service. Now with the support and intervention of both the staff and professionals this person is able to visit the community with one-to-one support. This

has enabled them to go out more frequently, have more options and choices on where they go.

● One person had come to the service displaying behaviours that could be seen as challenging. All previous placements had broken down. The registered manager said they were on significant medication for their for behaviour, anxiety, clinical depression and OCD (Obsessive-compulsive disorder). The staff team, with GP and professional support, worked hard on reducing this person's medication. Two years on, this person does not display behaviour which may be challenging to others and now is on work experience with the salvation army. The salvation army team also invite this person to all their work functions as they are seen as very much, 'part of the team'. This has enabled them to have a wider circle of friends and attend the local YMCA for activity sessions.

● Another person had gone through some changes in their life due to a bereavement. The person was not able to express this due to their sensory needs and this was expressed through their behaviour. They would use their accessibility equipment to hit out at staff and members of the public. The registered manager explained they'd looked at this person's emotional wellbeing and coping strategies. They involved the local community learning disability service, RNIB and 'Sight for Surrey', a specialist service for people with sight issues. The service, at their own cost, provided one to one support to work very closely with this person. This person has now gained enough confidence to not need their accessibility equipment while in the service, as they are able to get around feeling safer without it. They have instructions, menus and complaints procedures in Braille and are now involved in local community activities including a choir.

● The service had been responsive to people's changing needs. One person had a deteriorating neurological illness and was had an upstairs bedroom. The registered manager arranged a best interest meeting, involving family members, to discuss this person's long-term care. This person is now in a downstairs room to enable them to stay in their own home as their illness progresses. This example showed how staff worked together to go above and beyond to respond to a person's changing needs. The relative of this person said; "The environment is safe enough for (their loved one) and is deteriorating neurologically and it is becoming clear that as time goes on they will need more aids to keep them safe. The room they are in was made fit for purpose to this end."

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.

● Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.

• The registered manager and staff had been creative in ensuring all of the information available to people about the home was fully accessible to them and in formats such as words, pictures, braille and audio to help them fully understand the meaning of the information. An example of this in practice related to staff having adapted a person's daily activity planner in braille to make it more accessible. Other people had information in a picture format. This included actual pictures of people and places alongside general easy read information. These guides included information on how to independently raise a concern and contact the local authority safeguarding team and CQC.

● For one person, who was very vocal, there was an effective positive behaviour support plan in place to try to help identify what this person was communicating, what might cause them anxiety and how this could be reduced. The staff were working with the speech and language teams to assist them.

● We observed staff talking with people and they did so in a way which was clear, considered and gave people clear choices and time to respond.

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 took part in a wide range of activities to meet their needs. People were fully involved with daily activities. For example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community.

● People's care records evidenced that they were supported to participate in activities that ensured that they had a good day. Activities included, shopping, bowling, cinema, discos, pub visits, day trips and special trips. People's daily records reflected that people enjoyed the activities.

● A relative told us; "Staff encourage him to go out and do different activities with support groups in the Community, such as gardening, cooking and work experience in a local charity shop."

● People were supported to go on holidays. People took control of their holiday plans, chose where they wished to go and were supported to plan their holiday fully as well as saving up for it. One person, who really enjoyed trains, was supported to go on a train to visit relatives. Some people were unable to cope with holidays and overnight stays at different settings but chose special trips and days out which met their needs instead.

● People were supported to develop relationships with others. A relative said; "It is a joy for him (and us) when he can go to hydrotherapy."

● Staff were supporting one person in their relationship with another who lived elsewhere. The service arranged joint activities for them both including, 'date nights', going out for meals and visiting each other's houses.

● Staff were allocated to work with each person, in the numbers agreed in their care assessment, which meant there were enough staff on duty to provide people with the choice of going out or staying at home.

Improving care quality in response to complaints or concerns

● The registered provider had a complaints procedure which the registered manager and staff followed. The complaints leaflets and posters were available in the hallway of the service.

● Information was accessible, and people met regularly with staff to discuss how they were and if they were unhappy about any aspects of their support. The registered manager operated an open-door policy and actively encouraged people to discuss things. The registered manager and deputy were skilled communicators and we observed staff talking to people empathetically and respecting their point of view and experiences.

● Staff told us how they would recognise if people, who were unable to verbally communicate, were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.

● Relatives told us they had confidence in the management team and felt that any concerns or queries would be dealt with quickly. One said; "We feel we have a good relationship with all staff at a senior level and feel able to take up any issues about which we are concerned as need be." While another said; "For me as a parent I feel I can discuss my concerns or thoughts with the senior team and or management."

End of life care and support

● The service was not supporting anyone at the end of their life; the people receiving support were younger adults.

● Staff had supported people with understanding what happens at the end of life. For example, one person had been supported to understand when a close relative had died.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and relatives were positive about the management of the service. Staff told us the registered manager were very approachable and always available for advice and support.
- The registered manager was knowledgeable about all the people living at the service. We observed people greeting the registered manager and the conversation was relaxed and friendly. Relatives told us the service was well led. One commented; "They (the registered manager) is always very approachable and seems to have a genuine sense of care for the residents."
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly, through meetings and discussions.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- There were established systems for monitoring the delivery of the service. For example, various aspects of the service were regularly audited including care plans, medicines, health and safety and staff training and support.
- Roles and responsibilities were clearly defined and understood. The registered manager, who is also the registered manager for the service next door, was supported by a deputy and senior staff. Staff had key worker roles and had an oversight of named individual's support planning.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "They (named the registered manager) are approachable. He does a lot for staff and will bend over backwards to help and help people."
- There was good communication between all the staff employed. Important information about changes in people's support needs was communicated at staff handover meetings each day and at regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

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 providers had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong.

● There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an incident occurs that results in harm to people.

● Relatives told us they were kept informed at all times and were always aware of changes in people's well-being.

● The providers, manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.

●Audits were carried out to monitor the quality of the service provided.

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

● Systems were in place to enable people, staff and relatives to give feedback. The providers carried out surveys with people, relatives, professionals and staff. All feedback received was positive.

● Team meetings took place and systems such as a communication book, handovers and email messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.

● People were asked for their views of the service relating to specific areas. For example, what activities they enjoyed and what they would like to try in the future. Views were gathered using easy read questionnaires to support people's understanding.

Continuous learning and improving care

● The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.

● The registered providers kept up to date with developments in practice through working with local health and social care professionals.

● Holkham House policies and procedures were designed to support staff in their practice.

● The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.

● As noted in the Effective section of this report, the design and layout of the premises did not support the underlying principles of RRS. We discussed this with the registered manager and found they had an understanding of the guidance. However, was not aware of any current plans to change the layout or design of the building.

Working in partnership with others

● The service supported people to access professionals to ensure the relevant support and equipment was made available.

● The registered manager and staff team worked in partnership with representatives from key organisations. These included GPs, to provide joined-up care and support.