

# Richmond Fellowship (The) Holder House

## Inspection report

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Website: [www.richmondfellowship.org.uk](http://www.richmondfellowship.org.uk)

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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

Holder House is a residential service registered to provide accommodation and personal care for up to 14 adults who experience mental ill health. The service had recently moved to the new, purpose-built site comprising of people's living spaces and communal areas. An adjacent building was used for staff offices. There were 13 people living at the service at the time of our visit.

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

People were safe at the service and supported by a sufficient number of safely recruited staff. The team used an innovative way to plan the staffing rotas that ensured there was always a right mix of skills on duty. People were supported to have their medicines safely and as prescribed. We recommended that the provider refers to the good practice guidance around records surrounding 'as required' medicine. Risks to people's well-being and any individual conditions had been assessed and regularly reviewed. Staff followed good practice around infection control.

People were supported to meet their dietary and health care 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 worked well with various external professionals to ensure people had access to health care services. External professionals were very complimentary about the care provided to people at the home.

People benefitted from a caring and committed team that put people first. People told us staff respected their privacy and dignity. The registered manager created an open and inclusive culture that respected people's diversity. Each person was allocated a committed key worker who knew them well. The records confirmed people had regular meetings with their key worker to talk about their goals, review their progress and share their views. People received support that met their assessed needs, including communication needs were met.

There was an experienced, registered manager who ensured the service was well run. People, their relatives and staff were complimentary about the management team. Staff were listened to, well supported and valued. People were often consulted, and their views had been considered when planning their support. The registered manager ensured their regulatory responsibilities had been met, for example required statutory had been submitted. The team demonstrated an open and transparent approach with an emphasis on a continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was our first inspection at this service since they de-registered under the new provider with us on 29 April 2019.

#### Why we inspected

This was a routine, planned inspection.

#### 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 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?

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.

# Holder 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 two inspectors.

#### Service and service type

Holder 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, who was registered with the Care Quality Commission. The registered manager 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

This inspection was announced, we gave the service one day notice to ensure no one had COVID-19 symptoms. We visited the home on 30 April 2021.

#### What we did before the inspection

We reviewed information we had requested from the service in relation to quality assurance systems and care records. The provider was not asked to return a provider information return (PIR) prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager, three staff members and two people using the service. We reviewed a range of records. This included three people's care records and samples of medication records. We looked

at two staff personnel files in relation to recruitment and staff support. A variety of records relating to the management of the service, including audits and environmental checks were also viewed.

#### After the inspection

We contacted two relatives of people using the service and six external professionals to seek their views. We also spoken with two more staff. We continued to seek clarification from the provider to validate evidence found.

# 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

- People's care records contained information how to manage any risks that people had been assessed as at risk of. Staff knew people's needs well which meant they were able to identify any changes or triggers promptly.
- People's care records demonstrated their protection safety assessments as these were called, had been regularly reviewed and promptly updated when a change occurred.
- People's relatives said people were safe receiving care from the team at Holder House and praised the staff. One relative said, "The staff at Holder House are professional and the care and respect they give to residents and their families is of a high standard and extremely valued."
- The provider had a system to log in accidents and incidents and we saw these were also monitored by the head office which provided an additional layer of overview.
- People were protected from environmental risks. The registered manager ensured checks around water, fire and others had been carried out. Staff were able to describe what to do in case of an emergency, including a fire.

### Staffing and recruitment

- The team had an innovative approach to scheduling their duty rota where each shift was colour coded. The types of shifts clearly identified the role and the responsibilities as outlined in the handover tool. This meant there was a right mix of staff with right skills at any given time.
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff told us they had opportunity to meet people using the service during the recruitment process which enabled them to understand their roles better.

### Using medicines safely

- People received their medicines safely and as prescribed. There was a medicine room that enabled people to receive their medicine in private and people were able to help themselves to water. People were supported to self-medicate and we observed staff supporting people in this way.
  - Medicine administration records (MAR) were completed by staff after the person had taken their medicines. There was a system to ensure safe storage and stock keeping of people's medicines.
  - The provider's medicine policy stated where people were prescribed medicine to be taken on 'as required' a clear protocol should be in place. We saw when a person had been prescribed a pain relief medicine to be taken on 'as required' basis the protocol was missing. However, as we saw the person was able to recognise when they needed it and ask for their medicine independently this had no negative impact on them. We raised this with the registered manager who was going to address this promptly.
- We recommend the provider refers to the good practice guidance around records for 'as required' medicine.

### Learning lessons when things go wrong

- There were processes in place to ensure practices were reviewed in order to improve care and outcomes for people.
- A staff member told us there were de-briefing sessions, so the team were able to reflect and review their practices. They gave us an example of how during one of the sessions staff identified that one person's symptom initially thought to be a speech impediment were a warning flag of their worsening wellbeing. This meant the staff were able to adapt their approach and achieve better outcome for the person.
- The registered manager attended meetings with other services of the provider. This meant there were opportunities for good practices or lessons learnt to be shared.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by a team of committed staff that knew how to keep them safe.
- People told us they were safe, one person said, "Yes, safe, knowing all the staff are here."
- Staff were aware of the safeguarding policy and how to report any safeguarding concerns, including outside of the organisation.
- The registered manager ensured the team worked in line with the local safeguarding policy and where required concerns had been appropriately shared with the local authority.

### How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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

- The registered manager ensured people's needs had been assessed before admission. This was to ensure people's needs could be met and the team were able to support people to achieve their set outcomes and goals.
- People's assessment included their health history as well as their wellbeing and emotional needs.
- People's relatives were very complimentary about the care provided by the team and how people and their families were all involved. One relative said, "They most certainly do deliver a person centred service - we have a care plan for [person] which is put together with [person], looking at [person's] needs and how to develop [person's] independence within own strengths. I am part of the team and we all work together with a sense of wellbeing and optimism."

Staff support: induction, training, skills and experience

- Staff had effective training that equipped them with right skills to carry out their roles. The induction schedule demonstrated training relevant to people's needs, such as around mental health was included. The registered manager informed us the company was introducing additional modules, so the training was in line with the Care Certificate standards. The Care Certificate are a set of courses that social care workers are encouraged to complete as a good practice.
- Staff praised the training and told us they were well supported. Comments included, "I had online training, observations and shadowing (working alongside an experienced staff members)" and "Induction was very good." We saw samples of staff supervision records and noted areas as professional development, personal goals and stress, were included.
- People's relatives told us staff were skilled and knowledgeable. One relative said, "They do receive good training and they tailor their approach and method based on the needs of the individual and provide a lot of support. I feel they have been trained appropriately to meet the needs of the individuals they care for."

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with planning, preparing or cooking their meals as per their assessed needs and choices.
- Staff told us how they worked with people to explain the rationale and provide information about certain foods so people were able to make informed choices about their diets. An external professional commented, "The residents have a food group to design menus and the staff support some of the people to explore eating healthy meals rather than snacks. The dining room notice board included a Snack Swap

poster to encourage healthier options."

- People told us how they enjoyed cooking and about meals they recently coked. One person said, "We eat well." They went on to tell us how they planned their weekly meals.
- People were supported to maintain their health and there was evidence the team worked closely with a number of external health and social professionals. One relative said, "They (staff) arrange [person's] dental appointments and eye tests on a routine basis and respond if extra appointments are needed."
- An external professional commented, "The physical health needs of my patients who live there are always considered, and residents are well supported to access hospital appointments."

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's rights to make their own decisions were respected. Staff knew how to ensure people are supported to make own decisions. One staff member told us, "I treat everyone as if they have capacity."
- The registered manager demonstrated a good knowledge about the process of assessing people's mental capacity for specific decisions and if people were to be lawfully deprived of their liberty.
- There was evidence relevant external professionals had been involved in the best interest decisions as needed.

# 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 meant people were supported and treated with dignity and respect; and involved as partners in their care.

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.

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

- People and relatives complimented the team and support provided by the team. Comments included, "Nice group of people (staff)" and "They (staff) are never patronising, they are always considerate and thoughtful and want the best for all of us as service users and I am hugely grateful to them."
- The caring approach was well embedded and demonstrated by the entire team. A staff member praised the compassionate nature of their colleagues and they told us, "I am quite reassured with how the team works." Another staff member said, "This is their (people's) home. I treat people how I would like to be treated."
- People's diverse needs were respected. Staff told us the team was inclusive and open to any diversity. Staff were knowledgeable about, for example, people's individual dietary needs. One external professional told us, "During the review, the staff were observed having discussion with resident planning a celebration activity based on their ethnic background."

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

- The staff had a great appreciation of the importance of involving people and had recognised people were more likely to form meaningful relationships with consistent staff. That's why the team operated a key worker model where each person was allocated a committed key worker who knew them well.
- The records confirmed people had regular meetings with their key worker to discuss and review their progress, goals and views. One person told us, "My key worker is good, we make goals together. I like those sessions."
- The registered manager told us the service had started piloting a new system, where people, if able and appropriate were given an access to the electronic system where their outcomes and goals had been recorded. This meant people were able to entry their own records which would give them a greater sense of control and achievement.

Respecting and promoting people's privacy, dignity and independence

- The ethos of the service was to support people to be independent. One staff member said, "People go (from here) to lower support places, we support them to be independent." The team had a number of success stories where they successfully supported people to live an independent life.
- People's privacy and dignity was respected. One relative said, "They (staff) make every effort to ensure they provide the respect that is necessary."
- Staff appreciated the importance of respecting people's privacy. The new site offered a separate building for staff offices. Staff gave us examples how they would ensure confidentiality: "Conversations (about

people's needs) in private, using people's initials in emails, meetings behind closed door." Where staff accessed information stored digitally, they used own login details to ensure privacy.

# 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

- People and their relatives were all confident the care and support provided by the team met people's needs. Comments included, "Support here gets me closer to goals" and "They have provided a care approach that has allowed significant recovery for [person] that we have not seen for years. They have to be a very special team to have achieved this and they must have a very special understanding of what is needed when people come to them suffering from enduring mental illnesses."
- There was an emphasis to support people with a wide range of their needs and goals. Examples of goals we saw included household skills, stress management, management of their health and more. The registered manager told us the team ensured 'fun and aspirational' goals are included. For example, supporting people to attend sport clubs of their choice.
- Staff told us the team worked hard to ensure people were treated as individuals and their unique wishes and circumstances were taken into account when formulating the level of support needed. A staff member said, "I love we're so person-centred here. It's not a one size fits all. I don't think there many places like this one around."

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.

- People's individual communication needs were assessed and known to staff.
- The staff gave us examples how they enabled people to receive information in a format that met their needs. For example, by adding text to the pictorial weekly planner to enable the person to receive the information in a format appropriate for them.

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 were supported to maintain family and social contacts and their goals demonstrated these had been regularly reviewed.
- People were able to plan their days as they wished. Staff told us where some of the people's goals linked to accessing the community were inevitably affected by the pandemic. Staff worked with people to create alternative goals, that could be achieved in house. A staff member told us that one person's knitting club was closed during the lockdown, so staff learned how to knit, they also taught another person how to knit and organised in-house knitting coffee mornings.

- On the day of our visit, which was shortly after the lockdown restrictions had been relaxed, a few people assisted by two staff members went for a walking trip.

#### Improving care quality in response to complaints or concerns

- The provider had a system to record and manage complaints. There was one complaint received, logged and responded to appropriately.
- People's relatives told us they knew how to raise a concern and their concerns were taken seriously and acted upon. One relative said, "They always deal effectively with any concerns I raise, promptly and with kindness and thought."
- The provider's complaints policy was available to people and their relatives.

#### End of life care and support

- The service did not provided 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- The mission of the service was 'making recovery reality'. The feedback we had from people, their relatives and the staff demonstrated this aim was being successfully achieved.
- People, their relatives and staff were very complimentary about the registered manager and the culture they created. A relative said, "They are all very friendly and approachable, they extremely helpful and understanding." One person added, "[Registered manager's name] is brilliant full stop. Boss lady, but kind."
- Staff told us there was a good team and a positive staff morale. A staff member said, "Any problems – management understands, personal issues – they understand, very good, always on the floor and on top of everything else."

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

- People had opportunities to share their views and be an active part of the care planning process via an ongoing engagement with the key workers.
- The registered manager operated an open door policy and was approachable. An annual satisfaction survey had been carried out.
- Staff were valued and able to contribute to how the service was run. Staff gave us examples how they were encouraged to volunteer to take one of the lead roles. The lead roles included areas as safeguarding, environment, referrals, medicines and more. This had a positive impact on the team and one member of staff told us how taking a lead role enabled them to develop some of the skills they would not necessarily think of.
- Staff were listened to, so they were able to use their skills, hobbies and interests to contribute to encouraging people to develop their interests. A staff member who was passionate about the music, organised for a donation of musical instruments and run music sessions for minded like people.

Working in partnership with others

- The service worked well in partnership with various local health and social care professionals.
- The staff involved people's families and multidisciplinary teams to ensure people's outcome were met.
- An external professional told us, "I think Holder House is an excellent placement. Staff there, including the manager are very responsive and proactive about sharing information. My view is that Holder House provides a higher level of care and support than the usual supported accommodation pathways we can access. To be honest, I can't praise them enough!"

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 was aware of their responsibilities in relation to duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run by and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- There were various quality assurance systems, for example, detailed audits of people's care records that gave a clear outcome of actions required. Each action was priority rated and assigned to the relevant person, such as a key worker to be completed. The registered manager was open and honest and told us due to the other priorities during the pandemic some of the audits had not always been carried out on time. This however, had no impact on people's care.
- The registered manager demonstrated they promoted a continuous learning approach and shared with us the details of the amended governance processes they were in a process of implementing.