Solden Hill House Limited

Flora Innes House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 January 2018 and was unannounced.

This was the second comprehensive inspection carried out at Flora Innes House. The last comprehensive inspection was 8 October 2015 where we rated the service as Good. The overall rating for this inspection was also Good, however, there were areas that required improvement in the Well Led domain.

Flora Innes House is a care home for adults with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Flora Innes House does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Flora Innes House accommodates up to nine people in one building. On the day of our visit, there were nine people using the service.

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

The provider did not always enable the registered manager the autonomy they required to assess, monitor the service or make changes in a timely way. Some areas of the service required more frequent quality monitoring to identify issues. The registered manager implemented more frequent systems during the inspection however we have been unable to assess these systems for effectiveness.

The provider had recognised that the aging and changing needs of people using the service meant that the existing environment, activities and working practices would need to be updated to meet people's needs. Although this had been discussed at board level actions had not yet been implemented to accommodate everyone's future needs.

There was a strong sense of belonging shared by staff and people using the service. All staff believed in the ethos of the service of providing care that was inspired by the principles of Austrian philosopher, Rudolf Steiner.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

Staffing levels ensured that people's care and support needs were safely met. Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles.

People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

We made a recommendation that the provider refers to research and guidelines on providing residential and supported living for adults with learning disabilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service was not always well led. There was a registered manager who understood their roles and responsibilities, but did not always have the autonomy to carry these out or implement changes. The provider had not implemented a plan of action to update the environment and working practices to accommodate people's changing needs. The provider did not always have enough systems in place to monitor the quality of the service. People and their representatives were involved in developing the service.	**Requires Improvement**

Flora Innes House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 19 January 2018 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We contacted the social care commissioners who monitor the care and support of people living at Flora Innes House who told us they had no concerns. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we met six people using the service and spoke with four people, and five relatives. Two people were not able to communicate clearly using speech, we spent time observing their care and how staff interacted with them. We also spoke with eight members of staff including a member of the board, the registered manager, the assistant manager, another registered manager working for the provider and four care staff.

We looked at the care records for two people who used the service and seven medicines records. We also examined other records relating to the management and running of the service. These included three staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I am safe." One relative told us, "I feel [name of family member] are safe and healthy." Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to their line manager. One member of staff told us, "All concerns go to senior staff or the registered manager." The registered manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns if required to do so by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for their risk of falls or their risk of self-neglect. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example one person had been assessed as at high risk of choking when eating specific foods. Their care plan gave clear instructions for staff to provide food that reduced the risk of choking; to finely cut up their food and prompt them to slow down when eating. People had also been assessed for taking risks when developing their independence. For example three people were learning road safety, their risk assessments were regularly updated to reflect their understanding and competence in crossing the road safely.

There were fire risk assessments and fire safety procedures in place to check that all fire safety equipment was serviced and readily available. Staff had received training in fire procedures, including senior staff who received fire warden training. Each person had been assessed for their mobility in the event of an evacuation. The provider carried out regular environmental checks and maintenance of equipment and the temperature and cleanliness of the water supplies.

Staff rotas were maintained in advance; they demonstrated that there were enough staff allocated on all shifts to care for people in Flora Innes House at weekends, evenings and night time. One member of staff told us, "We have enough staff to help people prepare for the day and have breakfast; we all then go to Solden Hill House for the day." All people using the service travelled to another location (Solden Hill House) during the daytime on weekdays. There were enough staff to facilitate people to carry out their chosen activities at Solden Hill House during the day.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Volunteers in the home also had all the relevant checks, one volunteer told us, "As a volunteer, here at the home, I needed a DBS check and health and safety training."

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they were knowledgeable about how to safely administer medicines to people. One relative told us "[Name] is on medication that is timed and there are never any problems. In fact

[Name] goes to college, and the staff will go to the college to make sure they give [Name] the medication at the right time." Staff ensured that people's medicines and Medicine Administration Records (MAR) charts went with them to Solden Hill House during the day. One person required their emergency medicines to be on hand at all times; these were kept in a secure but accessible place wherever the person went. The protocols for these medicines were clear and kept with the medicines.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Care and domestic staff had received training in infection prevention. There were procedures in place for cleaning schedules and these were monitored for effectiveness. One relative told us, "There are no unpleasant odours and the homes smells and looks nice." The service had a five star food hygiene rating from the local authority in August 2016. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good food hygiene standards.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. They shared the information with staff at meetings where they discussed possible solutions and learning from these incidents. For example people who used the service and their relatives had concerns about people's privacy as people could access their rooms. The provider installed a system where everyone had a fob, or used their finger print to access and lock their own rooms. People were proud of the new system; they showed us how they used the system and kept their fob in a safe place. One person told us, "I am happy. I have a key fob." One relative told us, "One person used to get in the rooms and things went missing. That has stopped as we asked for locks on the doors."

Good

Is the service effective?

Our findings

People were supported to eat and drink enough to maintain a balanced diet. Where people had been assessed as at risk of losing weight or choking, they were referred to health professionals such as their GP, dietitian and Speech and Language Therapist (SALT) for further assessment and advice. Staff followed the health professional's advice. Information about people's specialist diets or requirements were displayed in the kitchens. Staff knew people well and were vigilant to those people who were at risk of choking; they prepared food that was safe, such as providing soft food where required. People ate their main meals with staff in a large dining hall. Staff were allocated to each table and they encouraged people to eat at a steady pace to help prevent people from choking, for example one person was reminded to place their fork down between mouthfuls to help slow their eating.

There were systems in place to assess people to identify the support they required before moving in to Flora Innes House. There had not been any new admissions as all nine people living at Flora Innes House had lived there for many years.

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they worked through the Care Certificate. This is a set of nationally recognised standards which supports staff working in care and support to develop the skills, knowledge and behaviours needed in their roles. Staff received training in core areas such as health and safety, moving and handling, infection control, nutrition, end of life care, dementia awareness, understanding the mental capacity act and safeguarding of vulnerable adults. New staff received close supervision and shadowed more experienced staff; they were assessed for their suitability and competency during their probation. One new member of staff told us, "I've done all my training, I had to pass everything."

There were systems in place to provide on-going support to staff and they confirmed they received regular supervision. The provider ensured there was additional support for staff at all times. One member of staff told us, "There is a lot of support. Most staff have been here for a very long time and even now when I am not sure I can go to them, they know people well."

People's needs were mostly met by the adaptation, design and decoration of the premises, however, as people's needs were changing due to dementia, the premises would not necessarily meet everyone's needs. The registered manager had recognised the limitations of the building in meeting people's needs in the future and had submitted information to the provider who was considering the options to update the building to meet people's needs in the future. In the meantime, the provider was committed to ensuring the building remained safe and fit for use.

People had access to healthcare services and received on-going healthcare support. Staff referred people for medical care promptly when people became unwell. People were helped to attend health screening and specialist appointments. The registered manager attended multidisciplinary meetings to provide information to enable a complete assessment of people's changing needs, for example where people were living with dementia. People or their legal representatives were asked for their consent to have flu

vaccinations and these were provided in conjunction with the GP practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. People received their care as planned in their DoLS authorised assessments. For example people's DoLS authorisations covered areas such as nutrition and fluids, medication, health appointments, relationships, communication, personal care, daily living activities and
supervision.

Good

Is the service caring?

Our findings

People received care from staff that they knew. People were happy with the care and support they received. One person told us, "I am happy." Relatives were satisfied and pleased with how staff cared for their family members. One relative said, "[Name] is very fond of some of the staff." Staff told us they knew people well as they had worked for the provider for many years, one member of staff said, "We are all a family, after a while the organisation gets in your bones." We observed interaction between people using the service and staff was relaxed and respectful.

Staff were knowledgeable about the people they were caring for. We observed that staff treated people with warmth and kindness. Staff interacted with people in a friendly and caring manner and care was carried out in a dignified and person-centred way. For example one person responded to singing. Staff told us, "[Name] has been to London to see an Abba tribute band; they like Mama Mia and other well know musicals." This person then sang a song from Sound of Music whilst being supported by staff to remember the words.

People were supported to maintain their role in the home. There was a sense of a close community where people were compassionate with each other and staff supported people to feel needed. For example one person had always been active in preparing the table for meal times; however, due to their dementia they did not always remember how to do this. Other people saw the person was struggling and followed behind them gently rearranging the cutlery without making any comment. Staff told us, "It is important that [Name] continues to feel they have an important role in the home."

People were confident in asking staff for support. We heard people asking staff, "Can you help me with that" and staff responded with prompts or guidance. People were supported to talk about their past experiences and their families. For example one person sat with a member of staff with their memory box talking about someone that the staff didn't know.

The provider had been pro-active in developing people's access to finding new friends and possible partners. For over a year people had attended an established group for adults with learning disabilities living in and around Oxfordshire to increase their social life and have a greater chance of forming friendships or more. Where people had made close friends staff helped to support people with their emotional well-being by maintaining contact.

People were supported to maintain their religion. A local rector held services designed to engage adults with learning disability with positive messages through signing and song. One person was regularly supported to visit their own church for services.

Staff had received training in equality and diversity; staff respected people's wishes in accordance with the protected characteristics of the Equality Act. For example people were helped to maintain their relationships no matter their age, race or sexuality. For example one person had been supported to visit their partner and attend a gay pride rally.

People's rooms reflected their personalities; people had chosen their décor and furniture. One person was decorating their room with their parents they told us, "What I like is team work. There is more space in this bedroom. People here are nice." Another person told us their plans; they said, "Next month my family are coming to help me move things around in my bedroom."

People met with staff every week to discuss their plans for the following week and anything else they would like to talk about. Some people could not communicate verbally; they were helped to express themselves through photographs and printed words. Staff spent time communicating with people to understand if they had anything they wanted to say.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People received individualised and person centred care that met their needs. People had comprehensive care plans that provided staff with detailed information of how to care for them including information about people's lives which helped staff to relate to them. Staff talked to people about their interests and their families. One newer member of staff told us, "I got to know people's needs by reading their care plans; they are very clear."

People received the support they needed to mobilise safely. People had variable mobility and some tired easily when walking long distances. Staff supported people to take part in activities, and where there may be prolonged walking, they planned frequent rests or used a wheelchair to enable them to take part. Staff continually assessed people for their risks when mobilising and referred people to the local falls prevention team when they experienced falls.

People were supported to achieve their goals and ambitions. One person had a part-time voluntary job which they enjoyed; they told us they were being supported to apply for paid work. People also attended college; people gained city and guilds awards in maths and English.

The provider had created a community of people with learning disabilities that shared their days doing meaningful activities. Everyone living at Flora Innes House had the same weekday routine whereby they would travel to the provider's other location, Solden Hill House where all activities were co-ordinated. People had been doing this for many years; there was a sense of a close knit community of friends. People appeared to be happy with this arrangement, however, the provider and the registered manager recognised that as people's needs changed there would have to be more flexibility in people's daily choices.

Staff knew people well; when planning the day, staff received people's preferences and allocated suitable staff for each of the chosen activities. People could choose from a wide range of activities such as furniture restoration, craft, pottery, music, dance, walking and shopping. People had access to facilities such as a large music room with many instruments, a large craft room and gardens. The provider had recently updated a path in the garden to allow for easy access for wheelchairs and bicycles. Staff told us, "[Name] copes better in small a group." Staff enabled this person to carry out their activity in a small group. Other people preferred to be in a very sociable group, staff arranged their chosen activities, on the day of inspection this group went to the local town together to have their hair cut.

People were supported to access hobbies of their choice such as horse riding, swimming, theatre and the gym. Many activities were based on seasonal events or special days. One person told us, "Any excuse for a celebration." People told us about their involvement in the Christmas play which was a tradition within the service. One person was looking forward to their birthday where they had planned a meal in a restaurant with people living at the service.

Staff complied with the Accessible Information Standard (AIS) as they supported people to access information in a specific way due to their disability or sensory loss. The AIS is a framework put in place from

August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered managers recognised that this would have to develop as people's needs changed.

People felt confident that they could make a complaint. Everyone attended weekly meetings where they could express their feelings and raise any concerns. One relative told us, "We have no complaints at all about the personal care of [Name]." Where people had raised issues they were happy they had been dealt with appropriately. One relative told us, "We don't have complaints, we have concerns and they are put right." The provider had procedures in place to record and respond to people's concerns. Complaints had been responded to in a timely way. Points for learning were shared with staff at team meetings to help prevent future complaints.

People had discussed with each other and staff what it meant to be at the end of life. People had seen family and friends become unwell and die. Staff supported people with their emotional well-being by enabling people to say their goodbyes. Staff had demonstrated to people that, with support from other agencies, people don't always have symptoms such as pain and even when a person is unwell they can maintain their dignity.

People had expressed their own preferences in how they wanted their care to be provided when they were at end of life. The provider had recently set up a more formal way of recording people's advanced care plans. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager who had managed the home since January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood and carried out their role of reporting incidents to CQC.

The provider had oversight of all areas of the service such as the environment, staffing, complaints, incidents and accidents and safeguarding. These were run centrally from another location (Solden Hill House) which acted as a head office. The provider did not enable the registered manager to have the autonomy required to implement procedures to monitor the quality of the service or to make prompt changes where issues had been identified.

Quality monitoring checks were rotated between each location, leaving long periods of time between quality monitoring checks at Flora Innes House. This meant that some quality issues were not identified in a timely way. For example the fire testing procedures took place most of the time as planned, however, in November 2017 there had not been any fire safety checks recorded. There had been not been any monitoring of the fire records during this time and the provider and registered manager had not identified this. We brought this to the attention of the registered manager who immediately put systems in place to monitor the frequency of the fire procedures and provided additional training to the member of staff allocated to carry out the regular checks.

The provider had recognised that the people using the service were aging and were acquiring long term conditions which would require staff with additional skills such as caring for people with dementia and end of life care. People's changing mobility also meant that the layout and facilities at Flora Innes House would not meet people's future needs. Senior management identified the need to update the service and the environment to make long term provision for the aging population of people using the service; this had been discussed at the board meeting in September 2017. However, the provider had not finalised their plans on how they intended to update the service and make all of the provisions required.

We recommend that the provider refers to the national guidelines and Care Quality Commission registration guidelines for residential and supported living provision for adults with learning disabilities.

The dynamic of the people using the service was changing due to people's changing needs. People had enjoyed being part of a large community for many years accessing many enjoyable activities, such as growing vegetables and using the extensive grounds for outdoor activities. However, as people aged some of these activities were less popular or not accessible to people who had reduced concentration, social or physical abilities or energy. The provider had facilitated some new activities such as furniture restoration but there was a growing void between those people who could take part and those who could not.

There was a risk of people receiving care that was not person centred as there was an expectation that

everyone would attend Solden Hill House every weekday for activities. There was no provision for people to change their minds and stay at home in the daytime. Staff were flexible and could stay in the home but they told us, "There is an expectation that everyone will go to Solden Hill House daily." On the day of our inspection the registered manager stayed at Flora Innes House to supervise one person who was decorating their room with their parents. This had not been specifically arranged, the registered manager had planned to be at the home that day to carry out paperwork.

There was a strong sense of belonging shared by staff and people using the service. All staff believed in the ethos of the service of providing care that was inspired by the principles of Austrian philosopher, Rudolf Steiner. The provider's aim is to provide a comfortable and secure environment for all our residents and to encourage them to develop their full potential by supporting them in achieving their goals, whilst celebrating their individuality.

The service had an open culture where staff had the opportunity to share information; this culture encouraged good communication. Staff told us that the registered manager and senior staff were approachable, one member of staff told us, "I can go and see the manager about any ideas; they are very good at keep in touch and keeping us all informed." Staff meetings were informative and encouraged staff to make suggestions and talk through ideas to improve care. The provider had set up a well-being group for staff to discuss issues and ideas which fed directly to the board for consideration; their suggestions had been acted upon.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service. The provider did not display the rating on their website; however, they do not have any information about Flora Innes House on their website.