Solden Hill House Limited

Solden Hill House

Inspection report

Banbury Road
Byfield
Daventry
Northamptonshire
NN11 6UA

Tel: 01327260234
Website: www.soldenhillhouse.co.uk

Date of inspection visit:
25 January 2018

Date of publication:
22 March 2018

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 25 January 2018 and was unannounced.

This was the second comprehensive inspection carried out at Solden Hill House. The last comprehensive inspection was 24 February 2016 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.

Solden Hill 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. Solden Hill House does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Solden Hill House accommodates up to 21 people in two buildings on the Solden Hill House site. On the day of our visit, there were 19 people using the service.

Solden Hill House is also regulated to provide personal care to people living in their own homes. On the day of inspection there was one person receiving personal care in sheltered housing on the site of Solden Hill House.

The service had two registered managers for the provision of personal care and one registered manager relating to the residential care. 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 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 been implemented to accommodate everyone's future needs.

The provider did not have enough systems in place to monitor the quality of the service.

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 were two registered managers who understood their roles and responsibilities. The provider had not yet 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**

Solden Hill 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 25 January 2018 by one inspector, an inspection manager 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

We contacted the social care commissioners who monitor the care and support of people living at Solden Hill House who told us they had no concerns.

During this inspection we met 15 people using the service and spoke with 5 people. Two people were not able to communicate clearly using speech so, instead 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 provider's board of directors, both registered managers, and six care staff.

We looked at the care records for two people who used the service and people's medicines records. We also examined other records relating to the management and running of the service. These included four 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 do feel safe." 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, "People are very safe because we know them all so well, we notice changes in people's behaviour that can indicate they are unhappy." The registered managers 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. 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 constantly changing mobility; staff carried out continual assessments throughout the day to gauge what level of care the person required as at times they needed to maintain the person's safety when walking; at other times they used a hoist to transfer.

People had also been assessed for taking risks when developing their independence. For example one person had been assessed as having no awareness of the dangers of speaking to strangers or road safety. Their care plan gave clear instructions for staff to help protect the person and make others aware. They told us, "I'm learning road safety and going on buses."

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 Solden Hill House. We observed the allocation of staff at one of the regular daily meetings; 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. Volunteers in the home also had all the relevant checks. 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.

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they had a good knowledge and understanding of the medicines policy and how medicines should be administered and recorded. No one at the home was able to administer their own medicines so were supported by staff who were trained and assessed as competent to do so. No person at

the home received their medicines covertly, however, there was a procedure in place should this be required.

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. The service had a five star food hygiene rating from the local authority in March 2017. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good hygiene standards.

The registered managers 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, "This is my room key, this is my cupboard key. I can go to my room whenever I want."

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. People could make drinks for themselves at any time. One person told us, "I make my own drinks."

There were systems in place to assess people to identify the support they required before moving into or receiving care from Solden Hill House. One person who was receiving personal care in their own home had been assessed for their needs before they joined the service. Staff had used the assessment to create a plan of care, which was updated as they got to know them or as their needs changed.

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 relevant 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 supervision and shadowed more experienced staff. They were assessed for their suitability and competency during their probation.

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, "I've just had my supervision, I was able to make some suggestions about planning games at weekends."

People needs were mostly met by the adaptation, design and decoration of the premises. However, as people's needs were changing due to living with dementia and reduced mobility, the premises would not necessarily meet everyone's needs due to the many levels and narrow corridors. The registered managers had recognised the limitations of one of the buildings in meeting people's needs in the future; they had submitted information to the provider who was considering the options to update the building. 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 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 like it because [name of staff] listens to me." Staff told us they knew people well as they had worked for the provider for many years. One member of staff said "I am proud to work here, it's like a second family as we know everyone and care for them very well in a homely atmosphere." We observed that 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.

Staff took joy in people responding to their care. One member of staff told us, "When [Name] has a bath they 'come alive.' They move their legs and become very animated." They also understood that this person loved trains and ensured their day included time to watch programmes about trains.

People were supported to maintain their role in the home. One person liked to empty the bins. Staff told us, "[Name] likes helping but will empty the bin even if there is only two things in it. So [Name] has a drawer in the small kitchen place where we keep three bin bags for them, to help them not to empty bins too fast."

People could choose how they spent their day. Although people were encouraged to take part in planned activities, people could choose not to. For example, one person did not want to take part in activities so they joined staff and other people in the lounge to have some quiet time.

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.

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 with their friends and family, no matter their age, race or sexuality. The provider had been pro-active in developing people's opportunities 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.

People's rooms reflected their personalities; people had chosen their décor and furniture. People proudly showed us their rooms, they were decorated to their own taste and reflected their hobbies and interests.

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.

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. People were supported to attend 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 Solden Hill House had access to all of the activities and they were joined daily by people from other locations run by the provider. People had been doing this for many years; there was a sense of a close knit community of friends.

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 enabled this people to carry out activities that suited them. For example, some 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. People told us about their involvement in the Christmas play which was a tradition within the service. One person told us about their birthday celebrations which everyone had joined in.

Staff told us that as people had got older and their needs were changing the activities had changed. For example some activities had been adapted from vigorous exercise to gentle keep fit. Staff told us, "People choose their holidays to suit them, [Name] likes things quiet and relaxed, but [Name] still likes Butlins. We have to think about how age appropriate the activities are now as people are changing as they age."

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, through the use of pictures and the

internet via a computer tablet. Some people used signs to communicate, but the use of a sign language was not routinely used. 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. Where people had raised issues they were happy they had been dealt with appropriately. 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 one registered manager who had managed the residential care since August 2014. There were two registered managers who had managed the personal care since May and September 2017. 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 managers 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.

Not all quality monitoring systems were fully established. For example improvements were required to the monitoring of medicines administration or the frequency of fire testing procedures to identify lack of consistency. We brought this to the attention of the registered manager who immediately put systems in place to monitor these issues. Because this was done after the inspection visit, we have been unable to assess these systems.

The provider had recognised that the people using the service were aging and were acquiring long term conditions which required staff to have additional skills, such as caring for people with dementia and end of life care. There was evidence of people's reduced mobility by the increased number of wheelchairs and moving and handling equipment in the home. People in wheelchairs could not access the activities rooms from within the home; instead they had to be wheeled outside to another door. People's changing mobility also meant they would in the future experience difficulties accessing their bedrooms as there was no lift. The provider had discussed the future of people's care at board meetings in September 2017 where financial and practical provision was planned to continue to meet people's needs. Action plans had been set to update the environment but not all of these had been carried out in a timely way.

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 their 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 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 and to encourage them to develop their full potential by supporting them in achieving their goals, whilst celebrating their

individuality. One member of staff told us, "I am proud of everything here. There is something for everyone, no one gets left out."

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. 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 also acted as a support group for any new staff. Suggestions were made at this group which could be sent to the registered manager for consideration. If practical to implement then these suggestions would be discussed and agreed at board level.

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 and on their website.