

Solden Hill House Limited

# Solden Hill 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Solden Hill House is a residential care home for adults with learning disabilities, providing personal and support for up to 21 people in two separate buildings on the Solden Hill House site. The two homes were called Apps House and Solden Hill House. There were 21 people using the service at the time of the inspection. Solden Hill House are also registered to provide personal care to people who live in a supported living service on the site. The two supported living services are called Giles House and The Lodges. The service was supporting 9 people at the time of the inspection.

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

Staff received safeguarding training and understood their responsibilities. People were supported to take positive risks. The service had enough staff and deployed them flexibly. Medicines were administered safely. We were assured measures were in place to prevent the spread of infection to both staff and people. Following incidents, the provider had a robust system to review information.

Staff were trained and skilled to support people effectively. People were supported to maintain a well-balanced diet. Staff worked with each other collaboratively and external organisations. People had access to on-going health care services. People were encouraged to have active input into the development of their environment, which was adapted to meet people's needs and promote person centred care.

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.

Staff showed kindness and respect towards people living in the service. People's views were valued, and their feedback was sought. People's dignity and privacy was respected, and people were encouraged to have as much independence as possible.

People received personalised care which was responsive to their needs. People had care and support records in place. Relatives and staff were listened to and felt they could raise any concerns they had with the registered or general manager. People with diverse cultural needs were supported to ensure equality within the service.

There was a positive, open culture in the service, where staff were empowered to deliver a high quality of care and support to people. The registered and general manager understood their responsibilities and closely monitored quality. People, staff and relatives were encouraged to engage in the service and their care. The registered and general manager continually looked for ways they could improve the service and ensure sustainability. The service worked in partnership with other agencies.

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

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

The service was developed prior to the values that underpin Right support, right care, right culture was published and therefore, were not meeting the best practice guidance relating to the number of people being supported in both Solden Hill House and Apps House. The services were larger than a domestic style property, however, there was no negative impact on people living there.

The service was also in a rural setting with limited access to an immediate community. However, people were supported to access the community on a regular basis by multiple methods of transport, this included people having their own bus pass. Staff supported people to seek and obtain work opportunities and maintain personal relationships.

The service was able to demonstrate how they were underpinning other values of Right support, right care and right culture, and other best practice guidance. These values include choice, promotion of independence and inclusion.

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

The last rating for this service was good (published 22 March 2018).

Why we inspected

The inspection was prompted in part by notification of a previous specific incident, which preceded the current management of the service. Following which a person using the service sustained a harm. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated previous concerns about the management of safeguarding concerns. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was good.

Details are in our good findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details in our in responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Solden Hill 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Solden Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service a short period of notice to ensure all risks relating to COVID-19 could be managed safely.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with 15 members of staff including the nominated individual/ general manager, registered manager, house managers, senior care workers, care workers, training and development coach and the lifelong skills coach.

The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this case, the nominated individual was also the general manager of the service.

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

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to keep people safe. One staff member told us, "If I was concerned about abuse, I would report it to [Name of registered manager] and [Name of general manager]. However, if for whatever reason I needed to escalate this, I would absolutely approach the board members."
- There was information available to staff and people on how to raise a concern. This was present in an easy read format with photographs of staff people could approach if required. The information also showed people who they could approach if the concern was regarding one of the managers.
- People told us they felt safe. One person said, "I feel safe, very safe in fact." Another person commented, when asked if they felt safe, "Yes, I do."
- Each service had two designated safeguarding officers to ensure safeguarding concerns are reported and handled appropriately. This information was available to both staff, people and their relatives.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk associated with people's care had been identified and mitigated. People's care records were regularly reviewed to ensure they were reflective of people's needs and risks and could be updated in a timely way.
- One person experienced seizures as part of a health condition. There was comprehensive guidance in place to enable staff to identify a potential seizure, how to support and monitor the person safely, and when to seek further medical attention.
- Following any event of significance, the managers followed a proactive incident management procedure. This was where the incident was reported to relevant people and the incident was reviewed. Staff were provided with any specific training relating to the incident, a team de-brief was carried out and proactive strategies are implemented to prevent reoccurrence.

Staffing and recruitment

- The provider continued to have effective systems in place to ensure staff were suitable to work with people who lived in the service. This included checks about their identity and previous employment. The provider also carried out checks with the Disclosure and Barring Service (DBS) which identify if staff have any criminal convictions.
- There were enough staff to meet people needs. Staff told us they felt there were enough staff and were supported if shortfalls were to arise.
- Managers told us rotas were developed flexibly based on people's needs and wishes. For example, if people wanted to access the community.

### Using medicines safely

- People received their prescribed medicines by trained and competent staff. Personal information for people was up to date and contained person centred details. For example; how they preferred to take their medicines and how they communicated pain and discomfort.
- Where people were prescribed 'as needed' medicines, guidance and information was available to staff to describe the circumstances for administration. This included how the person was able to communicate the need for the medicines or symptoms which could indicate the medicine was required.
- Some people were prescribed creams. There were body maps in place to enable staff to apply this to specific parts of the body.
- Medicines were stored safely, and temperature of storage was taken regularly to ensure medicines did not exceed a safe temperature.

### Preventing and controlling 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.

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 needs had been assessed and were regularly reviewed.
- Where people experienced symptoms of anxiety and distress, care plans detailed positive techniques which staff could use to support the person and relieve these symptoms. We observed staff using these techniques during the inspection.
- Compatibility assessments had been carried out to ensure people living in the same household were compatible. This was to reduce the risk of distress to people and to promote positive relationships.

Staff support: induction, training, skills and experience

- Staff received ongoing training. There was a training and development coach who worked on site, training and upskilling staff.
- Staff training was undertaken in smaller groups. This promoted more meaningful learning at a pace which was more manageable for staff.
- The management team encouraged staff development and staff were undertaking nationally recognised qualifications, as well as mandatory training. One staff member told us, "I have just been promoted to a positive behaviour support coach, I am so grateful for this opportunity."
- Where additional training was needed, based on people's needs or health conditions, this was sought and delivered to enable staff to understand and meet people's needs in a positive way.

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

- People were supported with their nutritional and hydration needs.
- Staff supported people to meet weekly, to discuss meals for the week. This was to empower people to maintain independence, use and maintain their cooking skills and learn budget management when a shopping list was developed.
- Kitchens were readily accessible to people. People were supported to learn and complete tasks safely to build independence. This included making a hot drink without staff support.
- Where people required a specialist diet and had specific preferences, staff ensured people were supported to access this.

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

- Staff worked with other agencies to provide consistent and effective care.
- Where people's needs had started to change, staff worked with the local authority to ensure the person

had appropriate hours of care, including additional support hours.

- People were able to access medical support when required.
- There was information available regarding people's oral health. This included contact details for the dentist they were registered with.

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

- There were on going developments relating to the environment. The management team had identified areas of the service which were tired and required a refurbishment. These developments were taking place at the time of the inspection.
- The management team had recognised people's needs had changed and would continue to do so as they got older. Stair lifts were installed in each house to ensure people could still get up and down safely, as their mobility deteriorated.
- People were involved in the service design and decoration. People's bedrooms were personalised, and they were encouraged to make it their own. Communal areas had been refurbished following a consultation with people using the service.
- There were several communal areas people could choose to sit in. There was a music room with instruments, a games room which was still being developed and quiet areas, such as lounges.

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).

- Staff received training relating to MCA and understood what this meant.
- Managers had a good knowledge of the MCA and how to apply the principles underpinning the Act. They undertook capacity assessments for people as required. These were recorded, along with best interest decision.
- DoLS had been applied for where it was assessed people did not have the capacity to choose where they lived and the level of support they required. Some DoLS had conditions recommended by the DoLS team. We checked and these conditions were being met.

# 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 remained the same. 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 told us they were well treated by staff. One person said, "Oh the staff are lovely. Yes, they help me all the time." Relatives spoke highly of staff and one relative commented, "I can't sing their praises enough. The staff are selfless, they have been amazing."
- We observed positive interactions between staff and people throughout our inspection.
- Staff enabled people to continue to have positive and meaningful experiences, amid the COVID-19 restrictions. A deputy manager had brought their horse to the grounds, so people who enjoyed and were missing horse riding could continue to have enjoyable experiences.

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

- People were involved in their care and were encouraged to express their views. Regular meetings took place in each house with people to see how they were feeling, what they wanted to do and to plan menus.
- The service had a 'life-long learning coach' who supported people using the service to learn new and maintain existing skills. People were able to choose what skills they wanted to learn, for example, cooking, crossing the road safely, making hot drinks and doing their own laundry.
- People were encouraged to express their sexuality. This was respected by both staff and managers.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to build their confidence and be as independent as possible. One person told us how they didn't like walking in the grounds of the house without staff because they were scared. However, they were proud to tell us they had recently built up the confidence to do this independently and now went for walks without staff support.
- We observed staff encouraging people to do daily living activities independently, such as doing their laundry and making their breakfast.
- When staff were supporting people in their bedrooms, staff knocked on the door, waited for a response from the person and then closed the door to promote people's privacy.

# 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 remained the same. 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 had care plans in place which were individualised to them. Care plans included information about the person's life so far, their abilities, support needs and routines of daily living. One house manager told us they were looking at implementing another care plan which the person could complete themselves and draw pictures in it too, to make it more meaningful for the person and ensure they had complete ownership.
- The service recognised people's individual needs and made adaptations to the service to enable the best outcome for people. For example, a person required ground level accommodation and preferred being in their own company. The management team transformed a room on the ground floor into a self-contained apartment, inclusive of a kitchen, living area and bedroom.
- Records showed people were offered choice and asked what they wanted to do.
- Each person had a link support worker. This is a support worker who had built up a strong relationship with them and was able to support them in a person centre to enable the person to have maximum choice and control of their care.
- One person had developed new skills and wanted to live more independently. With staff support, the person moved in to one of the supported living properties. The person told us, "It's so good. They helped me to move here and I love it."

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 were supported to express themselves and communicate in different ways.
- Staff were provided with training in Makaton to support people who used this to aid them to communicate with others. Makaton is a language programme that uses signs together with speech and symbols.
- Where people required support with communication and orientation, there were pictures and written signs around the houses. This meant people were able to locate certain items without the support from staff. This included communal facilities such as toilets and bathrooms.

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 personal relationships. Relatives told us they were involved and included in people's care and support. Where people were in other personal relationships, staff supported

people to access safe and positive relationship workshops. This was to enable the person to identify negative behaviour in relationships and promote their safety.

- Staff described their approach as promoting a fulfilled life for people using the service. People had secured work in the community working at a charity shop. This was prior to the COVID-19 restrictions. However, managers worked with people to ensure when safe to do so, they could return to their placement.
- During the COVID-19 pandemic, the service had developed the 'Bluebell Café' on site to give people a place to go not in their own houses. The service had plans to use this to provide work experience to people running the café.
- People were supported by staff with their religious and cultural needs. However, people were also supported to choose the way of life they wish.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Although the service had not received any recent complaints, the management team were able to demonstrate how previous complaints had been dealt with.
- Staff and relatives told us they knew how to raise a complaint and felt they would be listened to.

End of life care and support

- People had care records in place to enable staff to recognise how they wanted to be supported as they reach the end of their life. These care records were recognised as 'future planning'.
- Some staff had received end of life care training. The registered manager had enrolled staff in appropriate training to support people holistically as they plan for the future.
- One person's future planning care record showed what particular religious and cultural beliefs were important to them and who they wanted to be with them at the end of their life. Another person's stated they wanted their favourite song played at their funeral.

# 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 requires improvement. At this inspection this key question has now improved to good. 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 managers were passionate about ensuring people lived a fulfilled and happy life.
- The general manager, registered manager and house managers were focused on people and making a difference to their lives. One house manager told us, "I do my job because I want to enable other humans to have a fulfilled life and put a smile on someone's face every day." Another commented, "I want the best outcomes for people. Being part of someone's life, their development and progress, it's so special."
- Staff and house managers told us they were supported by the management team and continually spoke about feeling empowered. One staff member we spoke with said, "The support I have received is invaluable, I feel empowered and this is a lifelong career for me."
- People were given autonomy to make their own decisions regarding their care and accommodation. Where developments to the environment had taken place, people were involved to ensure this was person centred to them.
- Staff, managers, relatives and people highly commended both the registered and general manager. One relative told us, "The changes since then to now are amazing. They [the management team] have transformed it. I cannot tell you the feeling of having found the right place." A staff member said, "[name of registered manager] and [name of general manager] are fantastic, two of the more passionate people I have ever met. They have a vision and we can all see that happening. We have a very bright future."

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

- The general manager completed audits which incorporated a SMART (specific, measurable, attainable, relevant and timing) action plan and targets. This was an oversight of all the services and supported managers to have clear and realistic objectives to work towards.
- The registered manager worked with other staff to continually improve care and opportunities for people. Staff told us the changes which had taken place in the service had had a positive and powerful impact on people. For example, more choice, freedom, autonomy and person-centred care.
- There were a management team in each house and there were imminent plans for the house managers to apply for their registration to become the registered managers. The house managers had a good understanding of their role and people they supported.
- There was an effective quality assurance process in place to ensure the quality of the service was monitored. Action plans were developed following audits to ensure any action required, was taken in a timely way.

- The provider was able to demonstrate they had oversight of the service. Board members visited the service regularly and completed their own quality assurance process. Board meetings regularly took place and items for agenda were based around current events in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People were fully engaged with their care and made significant decisions, with the support of staff where required.
- Relatives were asked about their experiences in the form of a survey and felt they were involved in their loved one's care. One relative told us, "Yes, there are always care discussions about [name of person], I am always involved."
- The management team created newsletters for both people who use the service and relatives. These included; changes in the staffing, forthcoming events, a blog from each house photographs of activities which had taken place and management messages.

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 management team had a good understanding of the duty of candour and how this could be used in practice.
- House managers spoke openly about the importance of being open, honest and transparent when things went wrong and of identifying any lessons for the future. One manager told us, "I have good integrity. I listen, I am open and honest and I share factual information in the right way."