Care Quality Commission

Solden Hill House Limited

Solden Hill House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection took place on 16 October 2014. Solden Hill House provides accommodation and personal care for up to 21 people with a learning disability some of whom have autism and can have some difficulties in communicating and socialising with other people. There were 19 people living at the home during this inspection.

At the time of this inspection there was no registered manager in post; the previous manager had left the home in August 2014. 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 2008 and associated regulations about how the service is run. The provider had employed a new manager who confirmed that they had submitted an application to the Care Quality Commission in order for them to become the registered manager for the service.

People who used the service told us that they liked living at the home, they showed us their bedrooms and we saw that they had been able to personalise them with their

Summary of findings

own items that were important to them. Staff understood people and knew their individual needs, we observed them interacting with and encouraging people to be involved in the various activities that were available within the home and in the community. Staff treated people with dignity and respect. Relatives praised the service and told us that staff knew and cared for their family members very well.

Induction and training was in place but this did not include any training for staff on learning disability or autism. The manager responded swiftly to this issue and had plans to introduce additional training so that staff could develop their knowledge or understanding of people's diagnosis such as learning disability or autism.

We looked at how the service managed the administration of medicines. The procedures to manage risks associated with the administration of medicines were not always followed by staff working at the service.

There were sufficient staff on duty to keep people safe. The manager informed us they also planned to increase the staffing levels in the evenings and weekends to provide more opportunities for people to enjoy their hobbies, interests and outings.

People were involved in the preparation of meals. However alternative meal options were not always available for people to choose from. When people's food and fluid intake required monitoring, the records made by staff had not always been kept up to date. Although we saw that staff had offered people drinks throughout the day to increase their fluid intake.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not always administered safely.

Staff knew how to identify abuse and what action to take to keep people safe. The provider had raised safeguarding alerts appropriately when concerns had been identified.

Staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

There was enough staff on duty to keep people safe and to provide care and support to people when they needed it.

Is the service effective?

The service was not consistently effective

Staff induction and training was in place. Training was not available for staff to develop their knowledge or understanding of people's diagnosis such as learning disability or autism. This has subsequently been addressed by the manager.

Supervision and appraisal systems were in place for staff.

Records did not contain sufficient information to evidence that people were supported to eat and drink sufficient quantities to maintain a healthy balanced diet.

Is the service caring?

The service was caring

People told us the staff were friendly, kind and made them laugh. Relatives praised the staff highly and visiting professionals were complimentary about staffs knowledge of and sensitive approach to people's individual needs.

Relatives also told us that the service always involved them in any decision making processes that involved their family member. They told us that communication was good and that they felt they were always listened too.

Is the service responsive?

The service was not consistently responsive.

Written plans contained accurate information but did not always identify that people had been involved in the planning of all their care and support requirements to make their care plans individualised.

Summary of findings

The provider sought the views of people and their family members. Improvements were made as a result of this feedback.

Complaints were dealt with promptly and thoroughly.

Is the service well-led?

The service was not consistently well led.

The service had a manager in post who had submitted their registered manager application to the Care Quality Commission to manage the service. The service is required to have a registered manager in post.

The manager had responded swiftly to rectify areas where concerns had been identified.

Quality assurance systems were in place and improvements to the service had been made as a result of these.

The provider carried out monthly monitoring visits. With actions taken to make improvements when necessary.

People and their families had been encouraged to be involved in developing the service.

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 was planned to check 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 inspection took place on 16 October 2014 and was unannounced. The inspection was led by two inspectors who were accompanied by a specialist advisor. Our specialist advisor had experience in services that cater for people with a learning disability

Before the inspection we asked the provider to send us 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. This was received prior to the inspection. Prior to the inspection we also contacted two health and social care professionals and Local Authority contract monitoring staff that were involved in monitoring the care of people who used the service. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data we held about the service, including any statutory notifications that they had sent us. A notification is information about important events which the service is required to send us by law.

During the inspection we undertook general observations in communal areas. We looked at how people were supported over lunch time and during group and one to one activities. We spoke with the manager, the deputy manager and ten care staff members, ten people who used the service, five relatives of people using the service and two visiting healthcare professionals. We reviewed information relating to a recent quality monitoring visit of the service by the Local Authority contract monitoring staff, and the action plan that the manager had completed to address the issues raised. We reviewed the care records of four people and looked at the personnel files of three members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe in the home and staff were knowledgeable about their responsibilities to safeguard people. One member of staff said "We have recently completed an update of safeguarding training. If I had any concerns about how people were being treated I would report them straight away and make sure the person was kept safe". There were safeguarding and whistle-blowing policies in place, which contained relevant contact details of external bodies should people wish to raise a concern outside of the organisation. Staff were aware of external bodies such as the Care Quality Commission that they could contact if they wanted to raise any concerns about people's safety. We had received notifications from the manager which showed that they had responded appropriately when there had been issues of concern. The notifications that we received evidenced that the manager was raising these concerns appropriately in order to keep people safe.

People could be assured that staff involved in administration of medicines had received training and we observed that they consistently checked the identity of the person and the instructions on the medicines administration record prior to offering people their medicines. Staff were aware of those people who were prescribed 'as required' medicine, such as pain relief. They understood what to look for in each individual to indicate when additional medicine may be necessary. Medicines were stored in a safe and secure environment however; we saw that the medicines that had been bought into the dining room were left unattended whilst the member of staff was giving people their medicines. This meant there was a risk that people had access to medicines that were not prescribed for them as some people were able to walk round the dining room during the lunchtime.

People's health risks and personal safety had been assessed and there was guidance for staff to follow in order to protect people in a variety of situations. For example risks had been assessed when people visited a local swimming pool or when participating in cooking. Staff we spoke with were knowledgeable about how to manage people's risks so that they could participate in their hobbies and interests. We observed people and staff preparing food in the kitchen. Staff were providing support and guidance to enable people to prepare food in a safe way for example when using sharp knives.

Staff and people living in the home knew how to respond in case of an emergency such as a fire. One person that lived at the home was showing us around, and they were able to confidently tell us what they did when the fire alarm sounded. We noted that some of the people who lived at the home had restricted mobility and while we could not find any personal emergency evacuation plans for people, the staff we spoke with were able to tell us how they would evacuate people with mobility and communication needs. Staff told us that there was a practice evacuation drill every five months which meant that they had the opportunity to practice the safe evacuation of people from the home.

There was an appropriate recruitment process in place. Staff were only employed at the home after all essential pre-employment checks and evidence of their good character had been satisfactorily established. The information that the provider sent to us indicated there were no staff vacancies at the present time and we saw that there were sufficient staff on duty to enable people to carry out their planned activities, trips and to attend appointments. The manager confirmed that staffing levels were flexible and took into account people's dependency levels, their one to one actives and support needs for external appointments. Staff felt that there was enough staff on duty to enable people to participate in hobbies and interests.

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Requires Improvement

Is the service effective?

Our findings

People were cared for by staff who had an in-depth understanding of their needs and we saw that care was provided in a consistent and individualised manner. A new member of staff confirmed that they had received a good induction and had been slowly introduced into people's routines which helped them to carry out their role. Staff were confident in their caring role and told us that they were very familiar with people's needs. They felt supported and received regular supervision and an annual appraisal.

When some people became unsettled and required reassurance from staff we observed that the staff were skilled in their interactions with people. However when we spoke with staff they told us that they had not received any training in learning disabilities or about communication methods that would be effective to use for people with autism. The manager had responded swiftly to this and had made arrangements for staff to receive additional training in learning disabilities to strengthen their knowledge of people's needs.

The provider had a policy for staff to follow with regards to the Mental Capacity Act (MCA) and the

Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and was clear on the action that they would take if it was necessary to deprive or restrict people's liberty. We saw that capacity assessments had taken place and we were told that referrals would be made when appropriate. Some people that lived at the home did not have the capacity to make decisions. When a decision needed to be made we found that a best interest meeting had taken place to discuss what was in this person's best interest. The manager told us that families and healthcare professionals were invited to attend these meetings. The family members we spoke with were confident that they would be involved in discussions about their relative's needs.

Staff were aware of people's individual dietary needs, Care plans and risk assessments were in place to guide staff in the support that people required to ensure that they had enough to eat and drink. However people had limited choice regarding what they had to eat as there was only one main meal on offer. People also told us that they did not know what was on the menu for the day. We observed that it took 30 minutes to serve the midday meal and noted that the meal was served on cold plates and that there was no method of keeping the food warm. There was water on the dining tables during the midday meal, however two people told us they did not like water and we saw that they were not offered an alternative drink with their meal.

Staff supported people to eat their meal where required and were seen to encourage people who needed additional support to drink throughout the day. Records regarding food and fluid intake were in place for some people who required close monitoring, however these did not contain sufficient information of what people had actually eaten and drank as staff did not always complete these fully. While we found that one person had been referred to a specialist due to concerns about their dietary intake we saw that the records were not an accurate reflection of that person's intake. This meant that the specialist would be basing their recommendations on records that had not always reflected that person's intake.

During our inspection we observed one person walking up and down the stairs. We noted that they were always supervised by staff that gave verbal prompts to "Slow down" to reduce the risks of any slips. Staff told us that they had identified a change in that person's mobility and had made a referral to a community based professional to assess the person and provide guidance and advice to reduce their risks of falls. When we spoke with a GP who looked after people in the home they told us that they felt that staff were always prompt in requesting advice or treatment for people to keep them well. We spoke with two relatives and they told us that they did not have any concerns about the way that their family member was being looked after.

Good

Is the service caring?

Our findings

One person said, “I like the staff; they are kind to me and make me laugh.” Another person said “We all get on well here, it’s a very nice place and I like it here.” During the time we spent generally observing people we saw that staff approached people in a kind and friendly manner and that they encouraged and helped people in a positive way. We observed that staff recognised and responded to people when they required additional support. We saw that staff remained calm, spent time with the person and gently distracted them by offering an alternative activity which helped to settle them.

All the people, relatives and professionals we spoke with were very complimentary about the staff. Family members described the positive caring attitude of the staff. One relative said “It’s a very loving place.” Another relative said. “The staff know [resident] and look after their needs very well.” When we spoke with health and social care professionals and commissioners, they told us that “The staff are really caring.”. And “The staff care about and know each resident well.” The two visiting healthcare professionals that we spoke with also mentioned the caring nature of the staff that were very familiar with what people wanted for example, staff knew that one person would feel more relaxed if the door was left slightly open when they were having their teeth examined.

One relative told us that they had made arrangements with the home so that they were able to have a regular conversation with their family member via the internet. This meant that people and their relatives could see each other while they were having a conversation. For this person the fact that they could see their family and friends as well as just talk to them was very important.

Two people who lived at the home told us that they were involved in decisions about the support they received as they had been able to discuss this with staff and that they felt listened too. We observed staff listening to people and providing explanations to help people make decisions. We also saw that care records detailed people’s preferences to guide staff in assisting people to express their views. When we spoke with people’s relatives they told us that communication was good and that they were always involved in any decision making processes that involved their family member.

People’s privacy was respected. All the bedrooms were single occupancy and people were able to spend time in private if they wished to. One person we spoke with said they liked to listen to their music in their bedroom. We observed that staff knocked on people’s door and gained people’s permission before entering. Staff spoke with people in a respectful way when in the general environment and any references to personal care was conducted in a private way so that other people could not overhear what was being asked.

Requires Improvement

Is the service responsive?

Our findings

People were encouraged to discuss their views about how they wanted to be supported, and what they would like to achieve, this included opportunities to increase skills by attending college. People told us that they had talked to staff about what they wanted to do and staff had helped them to work towards achieving it, such as gaining work experience in a local shop. However although written plans contained accurate information they had not always identified that people had been involved in the planning of all their care and support requirements to make their care plans individualised.

People told us that staff responded to their needs in a timely manner. Relatives also said that they felt that staff were very prompt when dealing with their family member's needs especially those related to their health and wellbeing. Relatives also told us that the staff had a very good knowledge of their family member as they had known them for many years, which enabled staff to recognise and respond to people's needs.

Staff had a good understanding of what situations people may find distressing such as noisy environments and were able to describe how they would talk to people so that they became more settled. We spoke with staff that were able to describe to us people's daily routine. For example, for some people their evening routines before they went to bed was very important to them, when staff were familiar with the evening routines this helped people to settle at night

People's likes dislikes and hobbies were known by staff and we saw that people were enjoying their chosen hobby such as jigsaw puzzles. We saw that when one person did not settle with one activity they were offered another activity that staff knew they liked. One person told us what they liked to do. "I do pottery here and I go to college on another day. I like going to college." We observed people enjoying the activities that were available within the home. We read in people's care records what interests they had and we saw that people were supported to enjoy these interests such as swimming. We talked to people when they returned from a trip into the community and a visit to a local farm. They told us that they enjoyed swimming and went to the pool quite often. Staff told us that the trips into the community help to prevent social isolation.

We were told by the manager that people were asked what their interests were, and that a timetable was put in place for each person. Although the timetable was a reflection of what people had requested we were told that the content would not change for the next few months. This gave limited ability for people to change their minds about their daily activities within the home. The manager told us they had started to review the timetable so that people could have more choice and a greater flexibility.

People we spoke to said they would talk to staff if they had a complaint. One person told us "I don't have any complaints, I'm happy." "Staff listen to me and help me if something is wrong." Relatives of people who used the service told us that they knew the staff very well and if they had any concerns they would discuss this with staff. The provider had a system in place to manage complaints and concerns about the service. We saw that the complaints that had been raised had been investigated and resolved in a timely way with the outcome clearly communicated to the complainant.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection on 17 September 2013 we found that the registered manager had not completed all of the management audits that were required by the provider. During this inspection we found that improvements to the overall monitoring of the quality of the service had been made

A registered manager was not in post during our inspection. The registered manager had left the service on 13 August 2014. The provider employed a new manager who confirmed during the inspection that they had submitted their registered manager application to the Care Quality Commission in order for them to become the registered manager for the service.

People had an opportunity to be actively involved in the home through the weekly residents meeting's that were chaired by people using the service. We spoke with one person who told us they enjoyed chairing the meetings and they told us "We talk about what we would like to do." We saw that as a result of the last meeting people had requested a 'curry night' and this had been arranged. Family members were also invited to be part of a 'families support group' The minutes of the recent meeting reflected the involvement and interest of families in the future developments of the home, its staffing and training.

Changes had occurred as a result of feedback from relatives of people that used the service. We were told by the manager that in order to develop the service they had reviewed the quality assurance surveys that had been sent out in 2014. The survey highlighted that relatives felt that there did not appear to be sufficient staff available at weekends to accompany people on outings. In response to this the manager had reviewed the staff shift pattern. We were told by the manager that the new shift pattern was due to commence on the 27 October 2014 so that more staff were available to support people in the evenings and weekends.The manager told us that they would then monitor the impact of this change and evaluate its success by asking what people, their relatives and staff's views were.

Most of the relatives we spoke with said that they had not met the new manager yet as the manager had only been in post for eight weeks. Staff said that the manager was making a lot of changes which were not always popular with staff such as the new rota. The information submitted to the Care Quality Commission via the provider information return [PIR] by the provider and manager contained information of what improvements are planned within the next 12 months. Some of these improvements had already taken place for example, an increase in staff training and reviews of policies and procedures to guide staff. We read in the PIR that other improvements included the development of people's choices and inclusion in decisions in the running of the home. We concluded that the manager had responded swiftly to areas of concern that required urgent attention.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Staff told us that they liked working at the home, and although some of the changes were happening quite quickly and this was unsettling, they knew the reasons for the changes. The manager had a clear vision of what needed to be completed as a priority to offer more choice and flexibility to people and to update staffs training.

Staff knew what to do if they wished to raise concerns outside of the service. We noted that the provider had a whistleblowing policy in place for staff to follow if they wanted to raise concerns. Staff told us they knew about the whistle blowing policy and how to access it. One member of staff said "If I had concerns I would ring the police or the Care Quality Commission."

The manager was supported by other people in order to ensure that the service was managed well. A monthly visit took place by a senior member of management (board of directors). These visits were conducted by different people each month and they included audits of records, and talking to people who used the service. Following each monthly visit an action plan was produced which included for example, a requirement to check the heating if people said they felt cold.

We found there were systems in place to ensure that Incidents were recorded and reported correctly and any safeguarding issues were notified immediately and acted upon. The manager was clear on their responsibilities to notify us and had done so recently in a timely way.