

Solden Hill House Limited

Flora Innes House

Inspection report

16 High Street
Byfield
Daventry
Northamptonshire
NN11 6XH

Tel: 01327 260234

Website: www.soldenhillhouse.co.uk

Date of inspection visit: 8 October 2015

Date of publication: 06/11/2015

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 

Overall summary

This announced inspection took place on 8 October 2015. The service provides support for up to nine people with learning difficulties. At the time of our inspection there were nine people living at the home.

There was a registered manager in post. 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.

People felt safe in the home and relatives said that they had no concerns about their family member's safety. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Summary of findings

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their support. People participated in a range of planned activities both in the home and at a sister service in the community and received the support they needed to help them to do this.

People were supported to take their medicines as prescribed. Records showed that medicines were

obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

People and their families were actively involved in decision about people's care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had developed positive relationships with the people who lived at the home and support was provided in a kind and caring way.

The registered manager was visible and accessible and staff, people and their relatives had confidence in the way the service was run.

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?

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review and prompt action taken when required.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Staff promoted peoples independence in a supportive and collaborative way.

Good



Is the service responsive?

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs.

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

Good



Summary of findings

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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 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 8 October 2015 and was announced and was undertaken by one inspector. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people, six members of care staff including the general manager and the registered manager. We spoke with three relative. We also looked at records and charts relating to three people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People said that they felt safe living at the home. One person said “I feel safe here, I like the staff.” Relatives also said that they had no concerns at all regarding their family members safety. We saw that there were processes in place to keep people safe and they were tailored to meet people’s individual requirements such as road safety.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider’s safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

There was enough staff to keep people safe and to meet their needs. The staffing rota identified staff that had received training in medicine management. We noted that there was always a member of staff available over night to administer medicine to people if required.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place. People had emergency evacuation plans in place and fire drills had been carried out so that people were familiar with the procedure to follow in an emergency. If there was an emergency and a need to evacuate the premises, there were arrangements in place for people to go to the ‘sister home’ nearby.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. For example when some people attended community based acidities during the day and staff took their mid-day medicine to them so that they took it at the time it was prescribed. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it. One person said “If I have a headache staff give me a pill.”

Is the service effective?

Our findings

People received support from staff that had received induction and training which enabled them to understand the needs of the people they were supporting. New staff shadowed more experienced staff to gain an understanding of how best to support people. We spoke to staff that had recently completed training in learning disability and autism and they commented that this had helped them to understand people's needs. They said "Rather than making assumptions about what people want I now offer more choices and listen more." There was also a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Regular formal supervision meetings and an annual appraisal were also in place for all the staff.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant

professionals and others in best interest and mental capacity assessments if necessary. We noted that staff had ensured that sufficient time had been taken to provide one person with as much information as possible such as an 'easy read' pictorial format to help them to understand what was being discussed with them. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy diet; the menu selection had been reviewed and was undergoing further revision. We observed people enjoying their breakfast, and making choices of what to eat and drink. One person said "I like the food, it is nice." When people had some difficulties such as swallowing we saw that referrals had been made to a speech and language therapist or dietitian for advice and guidance. We noted that these referrals had been made promptly. For those people that required a regular fluid intake we noted that records were maintained to evidence that extra drinks had been taken which was essential to help to maintain their good health.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive on-going monitoring of their health.

Is the service caring?

Our findings

The home had a 'family feel' to the way it was run, all the people and staff worked together to create a welcoming and warm atmosphere. People said that they loved living at the home and that they liked living with their friends. One person said "I like the atmosphere here it is really nice."

We saw that the records of a recent residents meeting had contained people's views of how they could make a new person feel welcomed into the home. The comments included "We can shake their hand." And "We can make them a cup of tea."

Relatives said that when their family member had returned to the home after a short absence they were welcomed and greeted with enthusiasm by staff and people. Relatives also praised the staff highly, they said "I trust the staff, [name] has a key worker that is excellent, they really know [name] very well and care for them."

People were supported by staff that were caring, thoughtful and patient. It was clear from our observations that the

staff knew people very well and were able to offer the right level of support and guidance which enabled people to be as independent as possible. Staff used appropriate touch and words conveying support and affection to people.

The right to privacy and dignity was respected by staff. For example when support was required to assist with personal care, this was carried out sensitively as some people had to have the constant support from staff due to their medical conditions.

People were able to talk to us and tell us what they liked to do and how pleased they were with the trips they had taken with staff such as swimming, horse riding and shopping. Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important 'goals' that people wanted to achieve. People's spiritual needs were known and staff supported people to attend the church services of their choice.

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included spending time with the person and their family, reviewing their current activities and finding out what people's hobbies, interests and goals were and then they were invited to visit the home and meet the people that lived there.

When people then came to live at the home arrangements were in place as the manager had included people's hobbies and interests such as crafts, horse riding and gardening into their programme of activities and leisure.

People were assured that their care and support was person centred as they and family members had been involved in providing information that was important to them. One person's records stated 'please give me very simple explanations' while another person had wanted staff to know that they liked to have their radio on overnight. One person liked to have a story read before going to bed and we were told by staff that this had become an evening event that some of the people had also joined in to listen.

Staff used innovative ways to help people to overcome their fears. The manager said that one person had a fear of healthcare professional's such as dentists and doctors. In order to try to help them overcome this they firstly encouraged trips past the doctor's surgery, followed up by popping in to collect or drop off a letter. The GP then came out to say hello. Gradually the person was able to feel able to go into the GP surgery.

People received care and treatment when they needed it. Staff were able to describe to us how they looked after people when they became unwell. They were very

knowledgeable about people's behaviours which may indicate that they were becoming unwell. Staff responded promptly when people became unwell and had the training and support to provide appropriate care.

There were arrangements in place to gather the views of people that lived at the home via residents meetings. During these meetings people discussed what jobs they wanted to do around the home and decided who does what. Food choices for the following week were also discussed and agreed upon. Staff said that people had also requested to go bowling and to the cinema and we were told that this had now been planned.

People said they had no complaints about the service. One person said "I am happy here I don't have a complaint." The manager said that they had a complaints policy and an easy read version to help people if they wanted to raise any concerns. We noted that there had not been any complaints raised by people or their relatives. We spoke with three relatives and they confirmed that that had not got any complaints or concerns about the home. We discussed the complaints process with the manager and they were able to demonstrate their knowledge of how to manage any complaints about the service should they arise.

The provider had processes in place to gather feedback from people and their relatives via family meetings and a questionnaire. The manager said that they had not had a great deal of response following this and they had recently reviewed the questionnaire to include an 'any comments' section to encourage more feedback about the service. Family meetings happened twice a year and were well attended. One family member said "The family meetings are very good, we have contact with each other and come up with suggestions to discuss with the managers."

Is the service well-led?

Our findings

People were assured that the service was well led as staff and relatives said that they had confidence in the manager. One member of staff said “I can’t fault the manager and how they deal with all the situations, they are also very approachable.” Another member of staff said “[name] is a very good manager, they really know everything about the home and the residents.” Relatives also commented that they had no concerns about the management of the home they added “The manager is meticulous in all that they do.”

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service. The manager said “Everybody has a right to whistle blow, but I would be concerned that they didn’t feel able to come to us first.”

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. For example changes to the staffing rota had been discussed with staff and staff feedback was in the process of being sought to evaluate the change.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a

day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Community links were encouraged and people contributed to events within the community. People also attended a ‘breakfast club’ where they socialised with local people. The manager had also forged links with local businesses and further education centres in order to gain places for people to access such as colleges and work experience.

Policies and procedures to guide staff were in place. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

There were arrangements in place to consistently monitor the quality of the service that people received as regular audits had been carried out and improvements made where required. In addition a monthly analysis of social, medical and specialist referral was kept so that any trends could be analysed and an oversight of people’s welfare was maintained.