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

This unannounced inspection took place on 24 February 2016. This residential care service is registered to provide accommodation and personal care support for up to 21 people with learning disabilities. At the time of the inspection there were 21 people living at the home.

There was a registered manager in post at the time of our inspection. 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. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

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 and had access to healthcare services when needed.

People were actively involved in decisions about their 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).

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be

necessary. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There was a stable management team and effective systems in place to assess the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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 safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and 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.

Is the service effective?

Good

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 care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and

promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

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.

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

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 complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

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.

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

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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 24 February 2016. The inspection was unannounced and was undertaken by one inspector.

We contacted health and social care commissioners who place and monitor the care of people living in the home. 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 this inspection we visited the home and spoke with six people who lived there and spoke with two of their relatives on the telephone. In total we spoke with eight staff, including three care staff, the registered manager, deputy manager and a director from the provider's board of directors. We reviewed the care records of three people who used the service. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I feel safe here, staff are nice to me." It was clear through observation and general interaction that people felt safe and comfortable in the home.

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One care staff said "I would absolutely recognise the changes in people and report this, but I have not had to report anything." We saw from records on staff training that all staff had undertaken training in safeguarding. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care, for example supporting people near roads when they did not have any safety awareness of the dangers of moving cars. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff said "We enable people to do what they want to do and keep them safe by assessing their risks." The staff member also went on to tell us how they supported one person to take public transport to college with a view to them learning skills to become more independent.

When accidents happened the manager and staff had taken appropriate timely action to ensure that people received prompt and safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the provider regularly reviewed environmental risks; regular infection control checks ensured that staff had access to protective clothing to help prevent the spread of infection. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There were sufficient staff available to provide people's care and support. We looked at the staff rota for the month and saw there was enough staff to support people with their planned activities. We observed that there were enough staff to attend to people's needs and to be relaxed with them during our inspection visit.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and staff were required to undertake regular competency assessments.

The provider had effective recruitment systems in place to protect people from the risks associated with the

appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained all of the required information.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.
New staff received a thorough induction which included key topics on autism, managing behaviour that may challenge and epilepsy. Training was delivered using face to face and e-learning modules, and mandatory training was refreshed annually. District nurses had provided specific training in the administration of medicines in the event of a seizure. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training. One staff member said "We learn a lot about communication in the courses we do"

People's needs were met by staff that received regular supervision and received an annual appraisal. The meetings were used to assess staff performance and identify ongoing support and training needs. One care staff said "I feel supported by the managers, in supervision we cover any training we need to look after people."
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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu by choosing their food from a trolley containing the choices. We observed that staff ate their meals with people who used the service and made the meal a sociable occasion. We saw that people were involved in preparing the meals as a planned activity where they wanted to.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People who had specific dietary needs, such as thickened drinks to help them to swallow safely had this provided to them. Some people required their food cut up into small portions to help prevent choking, and were supervised during their meals, staff told us "we remind [name] to only eat a small amount at a time, so they don't choke". Staff were aware of how to refer people to the Speech and Language Therapy Team if they had

difficulties with swallowing food and if required referrals were made to the NHS Dietitian.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and ensured that staff that knew the person well attended healthcare appointments with them. Staff were vigilant to people's changing health needs, they gave examples of changes in behaviour that indicated that people required extra assistance or medication. Relatives were kept informed of changes; some had fed-back to staff at the recent relatives meeting saying "during [name]'s recent illness, the care was wonderful and there was every opportunity to work together." Care records showed that people had access to community nurses, condition specific nurses and GP's and were referred to specialist services when required. People received regular foot care from a chiropodist that knew them well because they had provided care to people at the home for many years.. People received a full annual health check-up and had health action plans were in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and one person said in a recent survey "Solden is very nice, I don't want to change, I love all this", and relatives had said "staff respond with care and consideration."

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they felt supported by them. One person said "I like to go swimming with [name of staff]."

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. People showed us their bedrooms and we saw that they were all decorated to each person's own choice with posters on the wall and pictures of family members and other items that had meaning to them.

People were encouraged to express their views and to make their own choices. People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their 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 or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were motivated and caring. We observed staff being kind; during lunch, one table was bathed in sunlight, but was causing discomfort for one person, the staff pulled the curtains so that the sun was no-longer shining in their eyes. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to

refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. People told us that their families could visit when they want and they could speak with them in the lounge area or their bedrooms.

Good

Is the service responsive?

Our findings

People were assessed for their suitability and compatibility before they used the service. Staff visited people in their homes and got to know them, and people visited Solden Hill House to get to know the service before they decided if they wanted to live there. One relative told us "the staff were very good, we kept up the interaction between us, we had all the information we needed, it worked well both ways."

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. People living in the home had profiles which detailed a summary of information of what interests they had and how they like to be supported. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. For example; people's preferred routines and how they liked to be addressed.

People's information detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that where changes in people's needs had been identified these were recorded in the care plan. People also had annual reviews of the service they received and they were fully involved in the meetings.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with drama, music, pottery, crafts, swimming, cookery and gardening. We observed that people had taken time and care in creating large complex pottery pieces which were displayed. Care staff facilitated people to engage with all the activities they chose and maintained people's interest in what was happening in the wider world and local community by talking about topics in the local and national media and supporting people to local events.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style; this was also documented really clearly in peoples individual care plans.
People participated in a range of activities including attending large social occasions for adults with learning disabilities and more recently people had the opportunity to make more friends by joining social clubs in

neighbouring counties. People had been on and were planning future day trips to the coast, holidays, meals out, swimming, curry nights, bowling, disco's, musicals and spending time on overnight stays with family members. One relative told us "[name] gets a lot out of everything they do."

People chose when they took part in the activities. Some people chose not to take part in the house activities in the school holidays as some people went home at those times. People told staff that they were 'on holiday'; we saw that staff changed activities in the school holidays to accommodate a change in routine to reflect the 'holiday' feeling for people by arranging days out. We saw that people expressed their future wishes and aspirations and staff helped people to achieve these, for example one person wanted to go horse-riding, which had been arranged with? them. People had weekly timetables which were full of activities that each person had chosen and people were trying out new activities and groups on a regular basis.

Weekly meetings were held for people. These were organised on a regular basis and people were asked for their feedback on the home and any changes they wanted to make. We saw that people discussed changes they wanted to make to the menu, shared information on what activities they had been involved in, and also included were updates from the manager about any aspect of the service. People were enabled to take part in surveys about the service as these were in an easy read format, and support was offered to people to record their answers.

When people came to live in the home they and their representatives were provided with the information they needed about what do if they had a complaint. The complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that complaints that had been raised were responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The service was based on a Christian ethos inspired by the principles of Austrian philosopher, Rudolf Steiner. Staff at the service aimed to encourage people to develop their full potential by supporting them in achieving their goals, whilst celebrating their individuality. All the staff and managers spoke positively about the quality of the service they provided and how they supported each other. Staff were aware of their roles in providing care that was designed to meet the needs of each person. Staff spoke about people in a very person centred way clearly describing the aims of the service in providing an environment that was homely and recognising people as individuals. A member of staff told us "we keep to our ethos of being person centred, welcoming and a family atmosphere."

The provider's board of directors included three family members of people who used the service. They provided managerial support for the registered manager and carried out their own inspections of the service to monitor the quality of the care provided. Regular staff meetings provided the opportunity for communication about the service and to build relationships between the relatively new management team and the established staff team. There had been many changes to the running of the service over the last year which had improved all areas of the care provided.

Communication between people, families and staff was encouraged in an open way. The registered manager and the care staff talked positively about people's relatives and how important is was to maintain a good relationship with them.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback was very positive. All the people who used the service said they knew who they could talk to if they were not happy about something and everyone said they felt treated with kindness and respect.

The culture within the service focused upon supporting people's health and well-being and for people to participate in activities that they chose and to enhance people's overall quality of life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and told us "we all have the same goal, to enable people to progress in what they do."

Quality assurance audits were completed by the registered manager and the deputy manager on a regular basis to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. For example; maintenance reporting and annual training updates.

The service had policies and procedures in place which covered all aspects relevant to operating a care

home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose.