

Hampshire County Council

Solent Mead Care Home

Inspection report

Church Lane
Lymington
Hampshire
SO41 3RA

Tel: 01590679623

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Ratings

Overall rating for this service	Good ●
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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: Solent Mead Care Home is a purpose built care home in a residential area of Lymington. The home is registered to provide care for up to 35 older people, some of whom may be living with dementia.

People's experience of using this service: Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect.

People told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People and when appropriate their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through an annual questionnaire.

People felt the service was well led and were positive about the registered manager who understood the responsibilities of their role.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. Staff felt they would be supported by the management to raise any issues or concerns and spoke positively about the culture and management of the home.

Rating at last inspection: Good. Last report published 4 October 2016.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection in August 2016.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Solent Mead Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team included a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type: Solent Mead is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service and two relatives. We spoke with the registered manager and the services manager, an assistant unit manager, five members of the care team and the maintenance person. We reviewed the care records of six people. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of

the service such as medicines administration records, audits and staff rotas.

Following the inspection, we received feedback from two of the eleven health and social care professionals we contacted.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and well treated living at the home. Their comments included: "I am very happy here and I feel safe" and, "I like it here, it is a safe place for me". A relative said "My Aunt is in a safe place, she likes it here very much".
- Policies and procedures were in place in relation to safeguarding and whistleblowing and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults and this was regularly updated.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been identified, assessed and actions had been taken to minimise the risks, such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health.
- Daily care records showed staff supported people in line with the risk assessments, for example four hourly repositioning to prevent pressure damage to people's skin.
- Staff could describe people's risks and what they did to support people safely.
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits.
- The service employed a maintenance person and records were kept of work requested and the dates when work was completed. Service contingency plans were in place that provided guidance for staff on what to do in the event of an emergency.
- Risk assessments supported people to be as independent as possible.
- A healthcare professional told us, "The staff are very diligent when it comes to following protocols. For example.....notifications from them regarding falls".

Staffing and recruitment

- People were supported by sufficient staff with the right skills and knowledge to meet their needs. People confirmed that staff were available when they needed care and support. Their comments included: "The Staff are available when I need them, they usually have time for me, I am not rushed" and, "The Staff do have time for me, I am never rushed".
- The home was divided into small units and staff carried mobile handsets with which they could call for

assistance if needed.

- Staffing levels were monitored and reviewed according to people's changing needs.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- Medicines administration systems were robust and well organised to help ensure people received their medicines when required. A person told us, "I do get my medicines at the correct time".
- Senior staff had continued to receive training in the safe administration of medicines and this was followed by competency checks.
- People who wanted to were supported to manage their own medicines within a framework of individual risk assessment.
- Medicines were checked regularly so that any potential administration errors would be identified quickly and action taken.
- Staff checked and recorded medicines coming into the home and we saw these records were up to date.
- Other medicines, including topical creams and lotions, were appropriately stored and body maps were used to help ensure creams were applied to the correct areas. A controlled drugs (CD) cabinet and logbook was in place and appropriate checks and records were completed.
- A healthcare professional told us they had observed "Lots of good practice, especially medicines management".

Preventing and controlling infection

- The home environment was clean. Staff were trained in infection prevention and equipped with protective clothing.
- Cleaning schedules were in place and records showed checks were carried out.
- People commented: "The Home is kept clean" and, "Everything is kept nice and clean here, my room is very nice".

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The provider and registered manager analysed this information for any trends.
- The system in place for recording incidents would raise a flag for instance if someone had a fall more than three times in three months. The incidents were also reviewed by the providers' care governance team on a monthly basis.

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

Good: ☐ 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

- A pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any relevant staff training that may be required to meet the individual's needs.
- Staff had a clear understanding of people's care plans and worked flexibly to support people to maintain their wellbeing and meet their needs.
- Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's choices and preferences as their needs changed.
- The provider promoted equality and diversity in the service through their policies, core values and staff training.

Staff support: induction, training, skills and experience

- The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. There was also an onsite induction which introduced staff to their role and responsibilities, which included health and safety and fire safety training.
- Staff were further required to complete mandatory training in dementia care, emergency first aid, safeguarding, moving and handling, infection control, the safe use of medicines and food safety. Staff could also complete additional training including, for example, training in positive behaviour support. An online system was in place to track the training that each member of staff attended.
- A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals.
- People felt confident that staff had the necessary knowledge and skills. Comments included: "I think the staff are very good here and well trained for their job" and, "The staff do seem to be well trained for their job".
- A healthcare professional said, "My general impression is that the staff genuinely care for the residents and with their knowledge and skills do the best they can".

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

- People were effectively supported to eat and drink enough to meet their needs. Staff were aware of people's likes and dislikes, any allergies and preferences. Each person had a nutritional assessment and support plan that was kept under review. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk.

- We observed lunch being served in the ground floor dining room. Tables were laid with table cloths, cutlery and salt and pepper pots. The food looked well prepared and appetising, a fish or meat choice including three different vegetables with each choice. A variety of drinks were provided and staff were on hand for those needing support with eating. Background music was playing and there was a calm atmosphere. Some people chose to eat in their bedrooms or in the lounge areas.
- People told us they enjoyed their meals. Their comments included, "The food is very good and there is always a choice. Snacks and drinks are always available to me". "The food is quite good here, they always offer a choice. Tea and biscuits come round in the morning and afternoon". "The food is good here, I am on a special low-fat diet and they see to it for me". "The food is nice here, I like it a lot. No problems in getting drinks at any time".

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

- People were supported to maintain their health and had access to appropriate healthcare services. Their records showed they had appointments with health professionals, such as GP and community nursing services, chiropody, occupational therapists, opticians and dentistry.
- Risk assessments, care and support plans were reviewed regularly and included, when appropriate, multi disciplinary professional involvement.
- Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Staff followed the recommendations of healthcare professionals.
- A healthcare professional told us, "The care staff we interact with are the most senior at work and have a good grasp of patients' needs. They are vigilant and flag up areas of concern quickly. They work hard with other agencies to get equipment and input as necessary".

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

- Overall the design and layout of the home was homely and appropriate for people's needs.
- The building was set over two levels and divided into small units, with a combination of bedrooms, lounges and dining rooms. The lounges were furnished with comfortable chairs and wall mounted TV sets.
- Each person had their room which they could individualise with their own personal belongings.
- The corridors around the building were well lit and fitted with handrails. Specialist or adaptive aids and equipment were available and there were plenty of communal bathrooms and toilets, including a newly built wet room.
- There were spaces around the home where people could spend private time alone or with their relatives and there was access to a secure large garden area with outdoor seating and tables.
- A healthcare professional told us, "Given the resources they have and the building they work in the staff have always provided some very vulnerable people with a homely, safe and friendly place to live".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such

authorisations were being met.

- The provider and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways.
- For one person, we saw that staff were careful to check out whether a person could consent and used their MCA toolkit to help with this. To support the person, they picked a time and a place where the person was best able to communicate their wishes.
- Staff had received training in MCA and we observed staff asking people's consent before providing care and support.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.

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

Good: ☐ 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 happy with the care they received. For example, one person said, "The staff are very caring towards me". Another person told us, "The staff are caring, kind and respectful towards me at all times". Relatives observed, "The staff are very caring and supportive to mum at all times" and, "The staff are very caring towards my Aunt and she is never rushed".
- A healthcare professional said, "They care for the residents, and really do their best for them".
- We observed that staff were kind, caring and friendly in their approaches to people's care. There was a good rapport between staff and the people they supported with lots of smiles and laughter. People said "The Staff do seem happy here, there is a good atmosphere" and "The Staff are happy here, the atmosphere is very jolly".

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

- People comments included "The Staff do know how I like things done, they are so helpful". "When I first came here I was involved in my Care plan, they update it from time to time". "I have been involved in my Care planning". "I have been involved in my Aunt's care Planning".
- Care plans contained records of contact with people's families, which showed that relatives were updated promptly when people's needs changed or if they were unwell.
- People and their relatives could be involved in care reviews and received an annual survey questionnaire that provided an opportunity to give feedback about the overall quality of the service.
- A person who had expressed a wish to explore alternative care and accommodation arrangements had an independent advocate and was being supported to do so.
- Care plans were written in a way that respected people's choices, wishes and individuality. This included signed consent to care forms, how they wished staff to address them and any preference regarding support personal care from male or female care staff. Where a person had expressed a preference this was respected.
- People's communication needs were known so staff could adapt their support as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people in a polite and respectful manner.
- People's told us: "The Staff are very respectful, they use my first name and they knock before entering my room". "The Staff always protect my dignity, they are very careful when they deal with me". "Mum's dignity is always respected, they are very careful about such things".
- The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on doors before entering people's rooms.

People received personal care in the privacy of their bedrooms.

- Care plans and associated records were written in a way that promoted dignity and respect.
- Care plans described the elements of people's care and support they were able to manage independently and those they needed support with.
- Staff understood the importance of supporting people to maintain their independence. Staff told us how they involved people in making decisions about their care, including choosing their clothes, their meals, and whether they wanted to join in with activities. One person told us "The Staff do encourage me to be independent, They let me make my own coffee and other things".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they felt the staff were responsive to their needs and any concerns they had.
- Before people moved into the home they and their families or representatives participated in an assessment of their needs to ensure the service was suitable for them. Involving people in the assessment and subsequent regular reviews helped to make sure that care was planned around people's individual care preferences. Following this initial assessment, personalised care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs.
- Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly.
- Staff wrote daily reports in relation to the activities people did, health appointments they attended and the support that was provided. An on-going record was maintained of any changes in people's needs and how these were met on a daily basis. Handover meetings were held daily and helped to ensure staff had accurate and up to date information about people's needs.
- The service ensured the provision of accessible information and communication support to meet people's needs. For example, there was a large wall display in the dining area showing the day, date, time and season.
- An activities programme was on display around the home and people were supported to join in if they wished. In addition to group activities, one to one activities and social interaction was provided. The service employed two activities coordinators and there was additional support from three volunteers. People's daily records showed what recreational and social activities they had taken part in.
- People's comments included: "I enjoy the activities very much, they have a lot of different things to do". "I do like the activities, I enjoy the singing". "They encourage me to get involved". "I prefer to watch T/V and be quiet on my own in my room". "Mum likes art and bingo activities very much, she likes the visiting singers also".
- During the inspection we observed a country and western singer entertaining people in one of the lounges. Twenty people attended and all seemed to enjoy the event very much, often joining in with the singing.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising any concerns or complaints. There was a system and procedure in place to record and respond to any concerns or complaints about the service.
- People told us that they would be comfortable raising any complaints with the staff or manager and they were confident they would deal with the matter confidentially and effectively.
- A complaints process was available and the policy included details about the various timescales and steps

to take, as well as contact details for the Local Government Ombudsman and CQC. One complaint had been received since the previous inspection.

- People told us, "I would speak to a Nurse if I had a problem". "If I had a problem I would complain to the Manager". "No problem, if there was I would speak to a Manager". "I did have a small problem here but this was dealt with very well".

End of life care and support

- People's end of life care wishes, where they had agreed to discuss these, and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. Where end of life care was needed, the service sought advice from specialist palliative care nurses.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they liked the staff and thought the service was well managed. Their comments included, "My Aunt and I think this Home is well managed, it runs very smoothly". "The Staff do get on well together, there is a good atmosphere". "The Manager is very nice to speak to, very helpful". "All very happy here, no problems. This Home runs very well as far as I can see". "The Home keep me informed of Mum's wellbeing". "This Home is well managed, if Mum had a problem I would talk to the Manager".
- A health care professional confirmed that in their experience the service delivered high quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well organised and supported by a motivated staff team, which helped to ensure the planning, ongoing assessment and review of service delivery was effective and opportunities for improvement were acted upon. A robust system of regular audits of the quality and safety of the service took place. Records showed that any actions identified through the audits were followed through to completion. The registered manager had a plan for the continuous development and improvement of the service.
- There were clear lines of accountability within the service. The provider had a clear vision and values that were shared and discussed within services.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open, inclusive and empowering culture within the service. Records of team meetings confirmed that staff were asked for their input in developing and improving the service.
- The service encouraged and supported people to engage with the wider community. Some people were able to go out independently. One person was supported by a device that they could take with them to alert people if they got lost or disorientated.
- Residents meetings took place and people's comments were taken on board. One person said, "I do go to the residents meetings, they do listen to our thoughts and act upon the. I asked for a raised bed of earth in

the garden so we can grow our own vegetables and they are doing that".

Continuous learning and improving care

- The provider used feedback to drive improvements in the delivery of care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. The views of people using the service were also sought via meetings with their key workers.
- Staff also had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any issues or concerns with the registered manager and were confident that they would be addressed.
- Registered managers' meetings were held regularly and were used as an opportunity to share good practice.

Working in partnership with others

- The service worked in partnership with other agencies to support people's needs and promote good practice. A health care professional told us, "I regard my working relationship with staff to be trustworthy and effective. An example of working well together is when they provide the observations in residents where there is a clinical concern. This helps in building the picture and making decisions about what is best for residents".