

Ultimate Care Limited

Saltshouse Haven Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Saltshouse Haven Care Home is a residential care home providing personal care to a maximum of 150 people aged 65 and over. The service has five separate lodges Bilton, Meaux, Preston, Coniston and Seaton; each can accommodate 30 people and has its own lounge, dining area, bathrooms and bedrooms. Bilton lodge supports people living with dementia.

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

Staff knew how to safeguard people from abuse and how to minimise the risk of harm. Staff were recruited safely and there were enough members of staff on each of the lodges. However, Bilton lodge needed monitoring when staff escorted people at short notice to hospital for appointments as this had the potential to leave the busy lodge short-staffed. This was discussed with the registered manager and provider during feedback and they assured us it would be addressed.

People received their medicines as prescribed and their health and nutritional needs were met. People had access to a range of healthcare professionals when required. An incident when a person did not receive timely professional input is currently being investigated so that any lessons can be learned to improve practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their needs assessed and care plans contained information to guide staff in how to support people in line with their preferences and wishes.

Staff were described as kind, friendly and caring. They respected people's privacy and dignity. Relatives could visit the service at any time and were kept informed of important issues.

Staff received induction, training and supervision to ensure they felt confident when delivering care to people.

There were systems in place to monitor the quality of the service and to respond to concerns and complaints. People felt able to raise concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 1 August 2017). There were concerns with how the service was governed and how staff respected people and promoted their dignity.

Since this rating was awarded the registered provider has changed; the service was registered with us on 3 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the provider registered with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Saltshouse Haven 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Saltshouse Haven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior

to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and two relatives about their experience of the care provided. We spoke with 22 members of staff including the registered manager, assistant manager, head of care, unit manager, care workers, activity coordinators, a house keeper and the chef. We also spoke with the provider, their compliance manager and a visiting health professional. Seven additional staff and three relatives completed a short questionnaire and handed these to the inspector. We used the Short Observational Framework for Inspection (SOFI) on Bilton lodge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received additional information, which we discussed with the management team.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were protected from the risk of harm and abuse. These included policies and procedures for managing allegations of abuse and staff training to equip them with knowledge of what to do if they witnessed abuse.
- People said they felt safe in the service and gave the reasons such as staff being available to assist them and security of the buildings.

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

- People had assessments, which identified risk such as falls, fragile skin and nutritional intake concerns.
- Staff understood what they had to do to keep people safe from harm. There had been a concern regarding a person leaving a specific lodge when relatives exited the building. Measures were put in place to protect the person and limit these occurrences; a meeting was to take place to review their safety.
- The management team monitored accidents and incidents to look for trends so that lessons could be learned.

Staffing and recruitment

- The provider had safe recruitment systems, which included full employment checks, obtaining references, completing an interview to assess the candidate's suitability and an induction.
- There were enough staff on duty to meet people's needs. Each day, the lodges each had a unit manager or senior care worker in charge of the shift and four care staff during the day. All the staff spoken with told us this was enough, and the only issues occurred when staff phoned in sick at short notice.
- Most people were happy with staffing arrangements and call bell response times. Comments included, "It's not too long [call bell response times]; most times they'll say, 'just give me a minute', I've never timed them" and "They come fairly quickly. There is a special one, if you press it they come running."

Using medicines safely

- The provider had safe systems to manage medication. These included obtaining medicines in a timely way, appropriate storage, safe administration, accurate recording and returns to the pharmacy when no longer needed.
- People received their medicines as prescribed, which was confirmed in discussions with them. Appropriate action was taken when any minor errors did occur.
- Staff who administered medicines completed training and had regular competency checks of their practice.

Preventing and controlling infection

- Staff had completed infection prevention and control training. They had access to protective equipment such as gloves and aprons to help prevent the spread of infection.
- All the lodges were clean and tidy. Housekeeping staff had cleaning schedules, which were overseen by management.
- People confirmed their environment was cleaned to their liking. Comments included, "They are always vacuuming."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had assessments of their needs completed before admission to the service. The provider had installed person-centred software, which guided staff through an assessment, risk assessment and care plan process. The information included what was important to the person.
- Before the inspection, there had been a concern that staff had not sought health professional advice in a timely way for one person. An investigation is currently underway to see what impact this had on the person, whether their wellbeing had been affected and what lessons could be learned to prevent a reoccurrence. The registered manager told us they would act on feedback received on completion of the investigation.
- Records we looked at showed people had access to a range of health professionals such as GPs, community nurses and dieticians. A health professional told us staff managed people effectively. One said, "Staff are responsive to people's changing needs and deterioration. Staff are aware to refer to community nursing and GPs as needed."
- People confirmed staff contacted their GP when required. Comments included, "They wouldn't let you get unwell, they'd take care of you" and "Yes, the doctors are always here, as there are some really poorly people."
- Staff were knowledgeable about the signs and symptoms, which would alert them to people's changing needs and potential health deterioration, and the action they would need to take.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Staff completed capacity assessments and best interest documentation when people's capacity to make their own decisions was in doubt.
- Staff understood the concept of consent and gave good descriptions of how they gained this from people, for example when carrying out personal care tasks.

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

- People's nutritional needs were met. Each person had an assessment and care plan for nutrition. The care plans provided staff with information about preferences, any allergies, the amount of support the person needed such as cutting up food, and whether there were any dietary restrictions.
- Staff monitored people's weight and contacted dieticians for advice when required. The cook had a good understanding of people's needs and provided special diets such as textured food, low sugar meals and vegetarian options.
- Most people commented positively about the meals. The menus provided choices and alternatives. During lunch, the meals looked well-presented and there were good portion sizes. There was fresh fruit, milkshakes and snacks in between meals.

Staff support: induction, training, skills and experience

- Staff had access to induction, training, supervision and support to assist their development. There were systems in place to source additional training to meet specific health care needs, for example stoma care.
- Staff confirmed they had enough training for their roles and received formal supervision from their line manager. They said induction included training and shadowing more experienced staff.
- People told us staff had the right skills to support them. Comments included, "Sometimes I need help, they know what they are doing, and you can rely on them" and "Definitely [have the right skills], that's why I have to have two carers."

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

- The service had had been designed to meet people's needs. There were individual lodges, each decorated in a homely way and with access to safe outdoor space. There were wide corridors with hand rails and equipment in each lodge for people with mobility difficulties.
- Appropriate signage helped people living with dementia find their way about their home, although this could be improved on some of the lodges.

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.

This is the first inspection for this newly registered service. This key has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew and respected people's diverse needs and treated them as individuals. Information about their people's diverse needs was included in care plans. For example, people's cultural identity, spiritual and religious needs, sexuality and physical disability. Staff described the different needs people had and how adjustments were made for them to be met.
- Staff were friendly and caring towards people and their relatives. People made positive comments about how staff treated them. Comments included, "They're lovely and can't do enough for us" and "I think they are brilliant. I get on with them all and have a good laugh sometimes."
- Relatives said they were kept informed of important issues that affected their family members. One said, "They all seem very caring; I feel comfortable when I visit."

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

- People had reviews of their care and residents' meetings, so they could talk about the care they received and whether they were wanted any changes. People and their relatives had recently been involved in decisions about improvements for the gardens.
- People told us staff gave them choices, for example regarding personal care. They said, "if I say I want a shower, they'll do it and they do it well" and "Yes, you just have to ask, and they do what you want."
- Staff were attentive during mealtimes and supported people to make choices. They gave examples of how they helped people make their own decisions. These included explanations in ways people can understand, giving them time to express their views and holding up items for people to choose.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and encouraged people to maintain their independence.
- People gave good examples of how staff respected their dignity during personal care tasks. Relatives said, "Mum and dad are encouraged to join in, but their privacy is respected" and "The staff are very caring and considerate."
- People said staff encouraged them to do as much as possible for themselves. One person said, "They always ask if you're comfortable."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care in line with their individual needs. The provider had person-centred software, which guided staff when completing assessments and care plans. These included people's preferences for care and a section on 'how best to support me'. Each person's care plan also had information about achievable goals and the action required by staff to meet them.
- Staff had hand-held devices to input information daily regarding the care and support people received. People told us staff knew them well and their likes and dislikes. Comments included, "Well yes, they do; they know I like my tea without sugar" and "They know I don't like milk puddings."
- People were able to remain at the service for end of life care with support from local health professionals if this was their choice. Records for one person who had received end of life care described a full range of appropriate and responsive care.
- People's end of life wishes had been discussed with them or their relatives and recorded in specific care plans. One person's end of life plan we looked at detailed who they wanted to be them, their religious needs and preferences, and instructions regarding any emergency treatment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and included these in care plans. Information referred to how people communicated, what aids they needed and who was responsible for maintaining them. The care plans also detailed how people communicated in non-verbal ways.
- There were notice boards with information sheets on each of the lodges. For example, newsletters and activity programmes. Information about the day's meal choices was on display in pictorial format, although these were not always accurate. This was mentioned to staff and the cook to monitor and address.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities for people to participate in. These included in-house such as games, crafts and entertainment, and community-based such as visits to local venues. The provider had invested in a large interactive television console for each lodge, which enabled people to participate in group activities.
- The service had an activity coordinator for each of the five lodges, although only four were currently available for work. To counter for the absence of an activity coordinator on Preston lodge, staff told us

people who wished to join in activities on other lodges could do so.

- People enjoyed the activities arranged. Comments included, "There are games if you want them, scrabble and chess, and very good TV entertainment."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was on display in the lodges.
- The registered manager acted on complaints and used them to help improve the service.
- People felt able to raise concerns and told us when they had complained, the issue had been addressed quickly. Comments included, "I'd speak to whoever was on duty, as they are all good."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an organisational structure with support systems in place for staff. They visited the service monthly. The provider had a compliance team and a managing director who also visited the service to complete audits and follow up action plans. When issues were raised that required investigation, this was completed thoroughly.
- All members of staff spoken with described the service as having an open culture. Comments from middle management included, "I feel able to raise concerns and we have a flow of ideas", "We are asked for our views and these are taken on board" and "There is a learning culture rather than blame; we talk about reflection and remedial action." Care staff described management as supportive and helpful, and morale as high.
- People spoke about the unit managers when asked if they knew the manager and whether they were approachable. All said they were, and they could raise issues if needed. Relatives were aware the registered manager had overall responsibility for the service and they could speak with them when required.

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

- The provider had a quality monitoring system in place. This included audits, checks, meetings and surveys.
- The audits covered areas such as medication, records, health and safety and infection control. Checks were completed of equipment such as pressure relieving mattresses and wheelchairs to ensure they remained safe and in working order. When shortfalls were identified, action plans were produced. The senior management team received monthly reports to ensure they had oversight and could monitor action plans and improvements.
- There were meetings held to discuss people at risk nutritionally and from falls. These included staff representatives from each lodge and included discussions on the remedial action to take. The chef attended the nutrition meeting.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had systems in place to ensure CQC and other agencies received notifications of incidents which affected the safety and welfare of people.
- The provider was clear about the direction of the service and wanted to ensure a happy and stable home

for people to live in and staff to work in. They said, "I am happy with how the home is run. We are a transparent organisation; if there is bad performance, we put it right."

- The audits, for example accidents and incidents, were analysed so lessons could be learned, and practice improved.

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

- Meetings were held for people, their relatives and staff. There were also annual surveys to ensure people could comment on the quality of care delivered to them.

- The person-centred software enabled staff to print off important information to be shared with medical and nursing staff during hospital admissions or appointments.

- The registered manager and unit managers worked in partnership with a range of health professionals who visited the service. Health professionals told us they were contacted by staff when required.