Mrs K Dixon

Saltmarsh House Residential Care Home

Inspection report

12 Saltmarsh Lane
Hayling Island
Hampshire
PO11 0JT

Tel: 02392462183
Website: www.saltmarshhouse.co.uk

Date of inspection visit:
13 December 2016

Date of publication:
06 February 2017

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

The inspection took place on 13 December 2016. It was unannounced. At our previous inspection in August 2014 we found breaches of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had failed to make the necessary pre-employment checks and records of mental capacity assessments did not show that legal requirements had been met. At this inspection we found improvements had been made, and the provider was now meeting the requirements of the regulations.

Saltmarsh House Residential Care Home is registered to accommodate up to 12 people. It provides personal care services for older people who may be living with dementia. At the time of our inspection people were accommodated in private rooms on three floors of an adapted private home. Shared facilities included a lounge, dining room, conservatory, and an enclosed garden.

The provider was registered as an individual (sole trader) with direct responsibility for the carrying on of the regulated activity at the location. As a "registered person" they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As a consequence they did not need to have a registered manager.

The provider had put arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment practices were in place to make sure only workers suitable to work in a care setting were employed. There were arrangements in place to store medicines safely and securely, and to administer them safely and in accordance with people's preferences.

Staff received training, supervision and appraisal to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had a choice of home-cooked menus. People were supported to access external healthcare services, such as GPs.

Staff had developed caring relationships with people they supported. People were able to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Staff delivered care and support which were based on assessments and plans which took into account people's needs and preferences. Staff supported people to take part in leisure activities where they wanted to. People were aware of the provider's complaints procedure, but there had been no complaints made.

The home had a welcoming, homely atmosphere. The registered provider managed the service efficiently and monitored the quality of service provided. The provider responded to feedback to improve the service people received.

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 were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable to work in a care setting.

Processes were in place to make sure medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were aware of the legal requirements where people lacked capacity to make decisions. People were asked for their consent to care and support.

People were supported to maintain a healthy diet and had access to external healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with staff.

People were able to participate in decisions about their care and treatment.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and treatment met their needs and took account of their preferences.

There was a complaints procedure in place. People were aware of it, but had not needed to use it.

Is the service well-led?

Good

The service was well led.

Management systems and processes to monitor and assess the quality of service provided were in place. The provider responded to feedback to improve the service.

There was an open, welcoming culture in which people were treated as individuals and were able to take part in decisions about their care and treatment.

Saltmarsh House Residential Care Home

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 13 December 2016 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

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.

We spoke with five people who lived at Saltmarsh House Residential Care Home and two visiting relations. We observed care and support people received in the shared area of the home.

We spoke with the registered provider and four other members of staff, including the care manager. We also spoke with four suppliers of services to the home who visited regularly.

We looked at the care plans and associated records, including medicine administration records, of four people. We reviewed other records, including internal checks and audits, quality assurance survey returns and reports, training and supervision records, mental capacity assessments, and recruitment records for two staff members who had joined the service since our last inspection.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable at Saltmarsh House Residential Care Home. Visitors had no concerns and were confident people were safe. One visitor said they would happily choose this home for themselves.

When we inspected the home in August 2014 we found the necessary checks had not been made before employees started work at the home. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the necessary checks and was no longer in breach of this regulation.

We checked the recruitment records of two employees who had started work since our previous inspection. All the necessary records were present to show the provider had carried out the required checks before employees started work. The provider had followed up references from previous employers to confirm candidates' satisfactory conduct.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people in a care setting.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. Staff had recently received training in safeguarding adults which one staff member described as "very thorough".

None of the staff we spoke with had seen anything which caused them concern about people's safety at the home. They told us they were confident they would be able to report any concerns, and that any concerns would be handled promptly and effectively by the care manager or registered provider. We had received no notifications of safeguarding concerns since our last inspection. The registered provider confirmed there had been none.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's hearing, speech, sight, mobility, orientation, medicines, activities of daily living, and moving and repositioning. These were consolidated into a single overall risk assessment. Risk assessments were individual to the person and detailed. Where bed rails were in use, there was a risk assessment which confirmed this was the least restrictive option for the person.

Staff were aware of the risks associated with people's needs, and aware of actions to take to avoid and manage the risks. We saw people being supported to move about the home in a way that preserved their safety and dignity. Staff helped people to use appropriate equipment to aid their mobility. A visitor told us staff always "made sure somebody was there" when their relation moved about the home.

Arrangements were in place to keep people safe in an emergency. There were individual emergency evacuation plans for each person to identify the support they would need if they had to leave the home. There were records in place of regular fire drills, and checks on escape routes, fire doors, emergency lighting, fire alarms and extinguishers.

Accidents and incidents were logged, analysed and followed up. If a person had two or three falls, the provider involved their GP or the community nurse to help identify any medical cause. Staff responded to incidents to make sure people remained safe.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff, and staff told us their workload was manageable. The registered provider told us staffing levels were based on people's needs and dependency. We saw staff were able to carry out their duties in a calm, professional manner.

Medicines were stored and handled safely. Procedures were in place to account for medicines from delivery to storage and administration. Records were in place to show when unused medicines were returned to the pharmacy. All staff were trained in administering medicines. Records of medicines administered were accurate and up to date.

Arrangements were in place to store people's medicines securely. Appropriate storage and procedures were in place for controlled drugs. There was a dedicated refrigerator for medicines that needed to be kept below room temperature. The temperature of the refrigerator was checked and recorded daily.

Good

Is the service effective?

Our findings

People living at Saltmarsh House and their visitors were confident staff had the skills and knowledge to support them according to their needs. Staff were satisfied they received appropriate and timely training and had regular supervision meetings with the registered provider or a senior staff member. Staff told us there was a "good programme" of training and there had been "lots of training" recently.

Records showed there was a yearly programme of training which covered the topics considered mandatory by the provider. These courses were delivered by an external supplier. Fire safety training took place on the day of our inspection. Staff were able to raise additional training needs, such as dementia care. Staff were encouraged to obtain relevant diplomas and qualifications.

The registered provider maintained training and supervision records which showed when refresher courses or appraisals and staff supervisions were due. These records showed staff were up to date with their training and supervisions. The provider told us they reviewed mandatory training status during annual appraisals, and staff said they felt supported in a way that enabled them to carry out their roles and responsibilities. The provider had systems in place to make sure staff had the necessary expertise to support people according to their needs.

When we inspected the home in August 2014 we found records did not always show that correct processes were followed where people lacked capacity to consent to their care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider maintained records in line with legal requirements and was no longer in breach of this regulation.

The Mental Capacity Act 2005 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 the least restrictive 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 Mental Capacity Act 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff received relevant training and were aware of the principles of the Mental Capacity Act 2005. Appropriate information about the Act was displayed in areas of the home used by staff and was included in people's care files. Records of capacity assessments and best interests decisions showed the correct processes were followed where people were assessed as lacking capacity. Staff described to us how they

encouraged people to make their own decisions wherever possible. Where people's capacity appeared to fluctuate staff had consulted with the older people's mental health team for advice.

The registered provider had submitted one application for authorisation under the Deprivation of Liberty Safeguards in August of 2016, but had not received a response from the local authority at the time of our inspection. The provider was aware of and followed the required processes where people lacked capacity.

Staff were aware of the importance of consent where people had capacity. Most of the people living at Saltmarsh House were able to communicate their wishes, and staff took account of them. One staff member said, "Consent is in people's care plans. You ask all the time." Records showed where people had made advance decisions to decline treatment in certain circumstances this had been discussed with them and their families.

People and their visitors gave positive feedback on the quality of meals and the choice offered. One person said, "I don't think I have ever left anything on my plate." Another person said, "[We are] well fed with choice." A quality survey showed people were happy with the menus provided. People were encouraged to maintain a healthy intake of food and drink.

People living at Saltmarsh House at the time of our inspection were able to eat independently, with some choosing to have their meals in their rooms. Staff were aware of people's preferences and dietary requirements such as for a soft diet. Nobody had been identified as being at risk of poor nutrition.

Staff supported people to access healthcare services when they needed to. GP appointments were arranged in a timely fashion. The registered provider arranged transport to appointments if people's family were not able to take them. Staff consulted with the community nurse, for instance if there were concerns about people's risk of pressure injuries. Staff had involved the older people's mental health team where there were concerns about people's mental health. All contacts with healthcare professionals were recorded in people's computer care files.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. People described staff as "very caring" and "all very nice". A visiting relation told us, "The carers are very caring. They listen to [Name]." Visiting service suppliers told us they found a positive, caring atmosphere every time they visited. One supplier said it was the sort of home they would like to live in themselves, and another said the home was "lovely". They had seen staff staying on to chat with people at the end of their shift, and giving people a hug to reassure them. Staff described the service as "like a family" and said that they all got on well with the people using the service. Most staff were longstanding employees and had been able to get to know people well. Staff said they had time to chat with people.

There was a keyworker system in place which meant people and their families had a named staff member who was responsible for making sure people's care plans and assessments were up to date. Keyworkers also worked with people to write weekly reviews of their care.

We saw positive interactions between staff and the people they were supporting. Staff sat in shared areas of the home to write up care records, so they were able to chat with people. The registered provider and other senior staff went round and spoke with people regularly. They were aware, for instance, when a person had had their hair done, and complimented them, "Your hair looks lovely." One staff member told us they tried to find a "common link" with people because that made it easier to communicate.

People were encouraged and supported to be involved in and make decisions about their care. Staff reviewed people's care plans every six months, or more frequently if their needs changed. People participated in these reviews, and their care plan review records contained comments such as: "[Name] and her family were present when the care plan and assessment were completed." One person had commented there was "excellent information about the home before moving in". Another person's visitor said, "[Name] is able to express her needs and [staff] can't do enough for her."

Staff encouraged people to be as independent as possible. We saw one staff member assisting a person to move about the home. They gave them verbal cues to help them do this safely. For instance, they said "try turning the frame" and "the chair is right behind you" while allowing the person to manoeuvre themselves around the room.

Each person's care file contained a statement of their rights, including their right to access the home's statement of purpose, the complaints procedure and their own care plan. There were instructions for staff where people needed support to exercise these rights.

Staff told us they discussed people's wishes and desires with them and how they could fulfil their wishes while encouraging their independence and maintaining their privacy and dignity. One staff member said, "respect is key" and that if a person declined their support, that was "fine".

The service catered for people's spiritual and cultural needs. Staff told us there were three people with

strong religious beliefs and they arranged for them to take communion in the home, or supported them to go to church. These were the only examples where people's care and support was adapted to reflect their religious or cultural needs. People's care assessments were designed to identify such needs. Equality and diversity were covered in the staff training program, so staff were aware of other potential sensitivities in this area.

Good

Is the service responsive?

Our findings

People received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "The care is very good. It meets my needs, I have no complaints." Another person said, "No complaints, we are looked after well."

Computer-based care plans were detailed and individual to the person. Plans covered areas such as the person's personal and medical history, communication, nutrition, continence, night-time care and falls risks. Where people were living with dementia, there were detailed assessments about the impact this had on their individual care and support.

Information about people's personalised care needs and preferences was included. For example, one person's communication care plan had an additional note to the effect that, "[Name] is no longer able to sign her care plan." There were thorough assessments of people's needs around support with washing and mouth care. One person's plan stated they had a "low pain threshold" and indicated where staff needed to be particularly careful to avoid causing unnecessary pain to the person. Individual and person-specific guidance on people's moving and repositioning needs was available to staff in people's rooms.

Where a person was identified as being at risk of developing pressure injuries, there were detailed instructions about the use of a pressure relieving mattress, and creams to maintain the condition of their skin. Staff were aware of the steps they needed to take to reduce this risk. Another person told us they received regular pain relief while they were waiting to go into hospital for an operation. We saw that this was done in line with their care plan.

Care plans contained information about people's individual preferences. For instance, one person liked to sleep with a small gap between their curtains so they were aware when it was morning. Another person's relation told us, "The care staff have got used to her little ways."

Staff told us the care plans contained the information they needed to support people according to their needs and preferences. Changes to people's care plans were highlighted on the computer and written into a communication diary. Staff recorded the care they delivered on the computer and the registered provider reviewed these records every day. There were processes and procedures in place to make sure people's care reflected their needs and assessments.

People could take part in a variety of leisure interests and entertainments, although staff told us many tended to be private people and if they chose not to participate that was respected. Children from a local school had visited the day before our inspection to perform their nativity play. This had been popular and staff had supported people to take part if they wanted to. Other entertainments included "music and movement", a singer, a drama group, and armchair yoga.

Where people preferred to stay in their room they were supported to read newspapers, magazines and books and to listen to music. One person's care plan showed they preferred to stay in their room and read,

but liked the door to be left open so they did not feel isolated.

People and their visitors were aware of the provider's complaints process. It was included in a welcome pack given to everybody when they moved into the home. None of the people we spoke with had needed to complain. There were no records of any complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was an open, inclusive atmosphere in the home. One person said, "[It is] excellent. I feel lucky to be here. I can't fault it." Another person said, "It is a smaller home. You get personal, individual attention." Staff said they found the home to be "quiet and homely", with a "home from home feel". Staff told us they found the registered provider to be approachable, and they were "not afraid to ask questions". They felt they worked well as a team, and they described the characteristics of the team as "loyal, trustworthy and caring". The registered provider told us they worked on the principle that if their staff were happy, they would make sure the people they supported were happy.

The registered provider was supported by senior staff, including a care manager. They said they had an "open door" policy, which was confirmed by staff. The registered provider had a "hands on" management style. They went round and spoke with every person living at the home on a daily basis. This meant they got direct feedback from people and could address any concerns quickly. By spending time with people they were able to observe and ensure people received appropriate care. There was a formal staff meeting every three months in addition to a programme of staff supervision and appraisal.

People who use services and others have a right to know how care services are performing. To help them do this, the Government introduced a requirement for providers to display our ratings in the home and on any websites for the home. The ratings for Saltmarsh House were displayed in accordance with this regulation.

There was a system for monitoring and improving the quality of service provided. This included a yearly quality questionnaire completed by people living at the home. The questionnaire covered satisfaction with menus, décor and cleanliness. It asked if visitors were made welcome and if people's needs were met and any concerns dealt with quickly. It included if people felt that staff understood their needs and preferences and treated them with respect and politeness. Questionnaires were analysed and summarised. This had last been done in January 2016 when results were positive. One person used the survey to request that their room could be painted in a different colour, and the provider was able to meet this request.

The provider had undertaken a room by room risk assessment in November 2016. This covered the condition of carpets and furniture, radiator and water temperature, electrical leads and any hazardous substances present. It included the safety of fixtures and fittings, and risks including fire risk, window openings and any other hazards. It took into account whether the person's needs could be met in the room.

There were refurbishment records which showed that monitoring of furniture, fixtures and fittings led to improvements such as new curtains, repairs to windows and routine adjustments to furniture and fixings. The refurbishments included people's bedrooms and the shared areas of the home.