Bupa Care Homes Limited

Saltshouse Haven Care Home

Inspection report

71 Saltshouse Road
Hull
North Humberside
HU8 9EH

Tel: 01482706636

Date of inspection visit:
15 June 2017
16 June 2017

Date of publication:
01 August 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 and 16 June 2017 and was unannounced.

The provider had recently submitted an application to consolidate parts of the organisation under one legal name. This has been completed and subsequently means this is the first inspection of the service under this new legal identity. However, at the last inspection of this service in August and September 2016, we found breaches of regulations in multiple areas and took enforcement action to remove nursing from the provider's registration at this location. This meant that the three residential lodges remained open. The breaches of regulations included safeguarding people at risk of abuse, risk management, administration of medicines, nutrition and hydration, consent, staffing levels and training, infection prevention and control, not working effectively with care providers who share care and treatment, promoting dignity and respect, the planning and delivery of person-centred care and overall governance. The service was rated as Inadequate and placed in Special Measures.

We received an action plan from the provider about how improvements were to be made. At this current inspection, we looked at the previous breaches of regulations and the action plan to check that improvements had been made and sustained over a period of time. We found significant improvements had been made in all areas, although there were two areas that required further improvement.

Saltshouse Haven Care Home is registered to provide care for up to 150 people who may have personal care needs or be living with dementia. The service has five separate lodges, Lelly, Coniston, Bilton, Preston and Meaux. Lelly and Coniston previously provided nursing care and are both currently closed. Bilton is specifically for people living with dementia and Preston and Meaux provide personal care to people. Each lodge has 30 single bedrooms, communal rooms, bathrooms and toilets, a small kitchenette and access to an enclosed garden. A separate lodge incorporates the laundry, the main kitchen and administration offices. The service is located on the outskirts of Hull and has good public transport access. At the time of the inspection, there were 12 people living on Bilton, 18 on Preston and 18 on Meaux.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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. Since the last inspection, the service has had a change in manager. The new manager has been in post since December 2016 and has submitted an application to CQC to be registered; this had not been completed yet.

The overall management and governance of the service had improved although we found audits and evaluations of care plans had not identified specific issues that needed to be included. For example, people's morning routines and previous pattern for rising and the action staff were to take if someone awoke very early.

We were unsure if staff had gained full and informed consent from people about their morning routines and this has been discussed in the Caring section of the report. When we inspected at 6am, three people who lived on Bilton lodge were washed and dressed and had been returned back to bed fully-clothed. We did not hear staff provide people with choices about this, for example, whether the person was reminded of the early time and did they want to have a cup of tea and return back to bed. This had potentially impacted on their dignity and choice. The practice of getting people washed and dressed and returned back to bed fully-clothed had been an issue at another service owned by the provider and they had taken this very seriously. They had informed managers to complete spot checks and reminded staff the potential this had for institutional abuse.

These two concerns breached regulations and you can see what action we have asked the provider to take at the back of this report. The manager told us they would continue to monitor this practice and have discussions with staff.

People had care plans to help guide staff in how to support them. Not all care plans had up to date information and some did not include people's preferences especially regarding the times of rising.

We found the service was safe. Staff knew how to protect people from the risk of harm and abuse and had completed risk assessments in order to minimise concerns. Equipment used in the service was maintained and any repairs were completed in a timely way. The service was clean and tidy.

People's health and nutritional needs were met. Records indicated people had access to health care professionals and staff arranged for visits from GPs and district nurses when required. They also made referrals to specialist health care professionals such as speech and language therapists and dieticians when required. Health professionals spoken with said staff were good at contacting them quickly if they had concerns.

Menus provided people with choice and alternatives; drinks and snacks were served in between meals. People had special diets catered for and staff were knowledgeable about these. They completed additional monitoring charts when people had any nutritional concerns.

People who could talk with us told us staff were kind and caring and relatives were pleased with the care delivered to their family member. During the day we observed staff were attentive to people and knocked on doors before entering bedrooms.

Staff were recruited safely and full employment checks carried out before new staff started work. There were sufficient staff on duty to meet people's needs during the day and at night. We saw staff had access to a range of training, supervision and support. Staff spoken with said both training and management support had improved since the last inspection. They felt confident supporting people and said they had the right skills to complete caring tasks. Staff also said that communication had improved and they felt able to express their views in meetings and on a day to day basis with the manager.

There was a range of activities for people to participate in; these included one to one sessions, group activities and trips to local facilities.

People told us they felt able to make a complaint in the knowledge that it would be addressed. They said the new manager was approachable and available when they wanted to speak with her. There was also a unit manager on each of the lodges who could manage day to day niggles and concerns.

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.

Staff knew how to protect people at risk of abuse and harm. They had completed safeguarding training and knew the actions to take if they witnessed abuse or suspected it had occurred.

There were sufficient staff on duty to meet the needs of people who used the service.

Medication was well-managed and people received their medicines as prescribed. Staff had received training in safe handling of medicines.

The service was clean and tidy and equipment used to assist people was maintained appropriately.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to make their own decisions as much as possible and when assessed as lacking capacity for this, the provider acted within current legislation and best practice guidelines. We were unsure if some staff completely understood informed consent when discussing times of rising with people. The manager was to discuss this with staff.

People's nutritional needs were met and menus provided a varied and nutritious diet.

People had access to a range of community health care services and staff contacted health professionals in a timely way when required.

Staff had access to training, supervision and on-going support. This helped them to be confident when meeting people's needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Although we had positive comments about the care delivered to people, we had concerns about staff practices regarding a small number of people who lived on Bilton lodge and how their early morning routines were managed.

Staff approach was observed as patient, caring and attentive towards people. Staff promoted people's privacy and helped them to maintain their independence as much as possible.

People's personal and confidential information was held securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had assessments of their needs completed and the information from them was used to prepare plans of care. Relatives told us they had been involved in the assessment and care plan process.

Staff were very knowledgeable about people's individual needs although not all this information was included in care plans. The manager was to address this and update the care plans.

People had the opportunity to participate in activities within the service and in outings to local facilities.

The provider had a complaints policy and procedure which was displayed in the service. People felt able to raise complaints and concerns and staff knew how to manage them.

Is the service well-led?

Requires Improvement

There are still some improvements required to move this section from requires improvement to good.

There is a quality monitoring system in place and in most areas this has worked well and identified areas to improve. However, there has been an issue with auditing care plans to ensure they included important information.

A new manager has been appointed since the last inspection. They have applied to be registered with the Care Quality Commission but the process has yet to be completed and their fitness still has to be assessed.

Everyone we spoke with, including people who used the service, relatives, staff and visitors, were complimentary about the

manager's style and approachability. The culture of openness and support for staff had improved along with staff morale.

Saltshouse Haven 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 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.

The inspection took place on 15 and 16 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors on both days. An expert by experience joined the inspection team on 15 June 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had not yet been asked to provide a Provider Information Report (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, a PIR had been completed prior to the change in the provider's legal name and the manager gave us a copy during the inspection. We checked our systems for any notifications that had been sent in, as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with the local authority safeguarding, and contracts and commissioning team, about their views of the service. We also received information from health and social care professionals who visited the service.

During the inspection, 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 also observed how staff interacted with people who used the service throughout both days and especially at mealtimes. We spoke with 18 people who used the service and 15 people who were visiting their relatives. We spoke with the manager, the head of care, unit managers on each of the three lodges, and

the night care manager. We also spoke with eleven care workers, three of whom were seniors, the cook, the activity co-ordinator and maintenance personnel. We had discussions with two visiting health care professionals; a community nurse and a dentist.

We looked at specific care records relating to 11 people who used the service. We also looked at other important documentation relating to people who used the service. These included medication administration records (MARs) for 29 people and monitoring charts for food and fluid intake, weights, behaviour and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included recruitment files for three new staff, training records, the staff rota, menus, minutes of meetings with staff and people who used the service, quality assurance audits and maintenance of equipment records. We completed a tour of the environment.

Good

Is the service safe?

Our findings

At the last inspection of the service in August and September 2016, we had concerns about staff's understanding of safeguarding and what constituted abuse. We also had concerns regarding how risk and medicines were managed and that people had not always received safe care and treatment. There were additional concerns about inadequate staffing numbers. Since the last inspection, there had been a change in management and ethos within the service, and a specific nursing unit, where we had most of the areas of concern, had closed. At this current inspection, we found improvements had been made in all areas.

People who used the service told us they felt safe living there and staff responding quickly when they rang the call bell. One person said, "Sometimes you have to wait, but they do come", "I don't like to ring the bell but when I do they come straight away", "I like it here; yes, I feel safe" and "I enjoy it here; the carers are good to me." People also confirmed they received their medicines on time as prescribed, and they never ran out of them.

Relatives told us there were sufficient staff on duty and they felt people were looked after well. Comments included, "It is all great; couldn't be better", "Yes [people are safe]; the staff are amazing. They use equipment and talk to people to reassure them", "I think [Name] is very safe here", "I think she seems happy and secure", "Nothing has ever gone missing here, cash or clothes", "If someone is poorly, more staff come in" and "She is very safe."

Staff had received safeguarding training and in discussions could describe the different types of abuse and the action to take should they have concerns. The manager was aware of safeguarding referral procedures and told us they would discuss concerns with the local safeguarding team as required. Staff said, "We protect people and would report any concerns immediately to the senior, the unit manager or the manager. I'd also report to CQC or the safeguarding team at Hull city council", "You need to treat people like your own family. If your hearts not in it, then you are in the wrong job" and "Yes, I would have my relative living here. Last year you asked me this and I said no, but now I would. I am 100 per cent sure people are not being abused here."

There was a system in place to manage people's personal allowances and any monies left for safe-keeping was managed appropriately. Receipts were obtained for monies deposited and any expenditure for items such as chiropody or hair dressing. Records were computerised and the account for people's personal allowance was a post office account with limited staff access. The administrator told us the account and how monies were managed was audited by the company's senior financial advisor. They said the next audit was due in July 2017. The system helped to ensure people were not subjected to financial abuse.

We found risk was managed more effectively both within the environment and concerning individual people. We saw people had assessments of their needs completed, which included any areas of risk. These included falls, moving and handling, nutrition, anxious or distressed behaviour, fragile skin and the use of equipment such as bed rails. Staff were aware of risk assessments and the actions to take to minimise risk whilst still enabling people to make their own choices and decisions.

We found medicines were managed safely and people received their medicines as prescribed and on time. There were systems in place for ordering medication, controlling stock and returning it to the pharmacy when unused. Medication administration records (MARs) indicated medicines were signed as received into the service and when administered to people; there were no gaps on the MARs. We observed staff support people appropriately during administration of medicines; they explained what the medicine was for, asked if pain relief was required, provided a drink and signed the MAR when they were satisfied the medicine had been taken. Staff approach was caring and patient; they sat down next to people and chatted to them whilst they took the medicines. Medication was stored securely and in line with manufacturer's instructions regarding safe temperatures. Staff who administered medicines had received training and had their competency assessed.

The three lodges we inspected had reduced numbers of people living there. Initially this was because senior managers agreed to a voluntary suspension on admissions until improvements were made. The numbers of people admitted to the service have started to increase slowly. We found staffing levels were appropriate for the numbers of people who used the service and the level of their needs. Staff confirmed they were able to spend time talking to people and were not rushed when providing care and support. In addition to the range of care staff at different skill levels, there were activity coordinators, and housekeeping, catering, laundry, maintenance and administration staff.

We found staff were recruited safely and full employment checks were completed prior to new staff starting work at the service. These included an application form to look at gaps in employment, obtaining references and proof of identity, attending for interview and completing a disclosure and barring service (DBS) check. The DBS involved a police check to identify any cautions or convictions. These measures helped to ensure only suitable people worked with adults at risk of abuse.

The environment was clean and safe for people to live in and staff to work in. Staff were conscious of security and ensured they checked inspector's identity badges and that visitors signed a book when they entered and left the buildings. Staff had access to personal, protective equipment such as gloves, aprons and hand sanitiser. Rooms such as sluices, and cupboards containing products and equipment were secured and made inaccessible to people who used the service. Equipment used, such as hoists, specialised baths and electrical appliances were serviced and maintenance personnel told us any repairs were completed quickly. People had individual plans for use in emergency evacuation of the building and there was a contingency plan for situations such as flood and a failure of utilities. Checks were made of areas such as the nurse call, hot water outlets, the fire alarm system, emergency lighting, fire doors and extinguishers. A system had been put in place to flush through unused water outlets in the closed lodges as part of a risk management plan to prevent legionnaire's disease. All bedrooms had a nurse call buzzer available for use.

The laundry was well organised with a dirty to clean flow. Washing machines and driers were for commercial use and there was sufficient equipment for staff to use. All clothes were neatly folded and stacked on individual shelves labelled with people's names.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of the service in August and September 2016, we had concerns about staff's understanding of the Mental Capacity Act 2005, the use of restraint and consent. We also had concerns about nutrition and hydration for specific people who used the service. Since the last inspection, Coniston lodge had closed. At this current inspection, we found improvements in these areas but there was still an issue on one lodge regarding some staff's understanding of informed consent.

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. Records showed us assessments of capacity had been completed. When people were deemed to lack capacity, any decisions made on their behalf included relevant people; the decisions were documented as made in their best interests.

Most staff were clear about how they promoted people's choices and decision-making and with how they gained consent prior to carrying out any tasks. However, we were concerned that three people who were living with dementia on Bilton Lodge may not have been provided with sufficient information for them to make an informed choice. This referred to the choice of timing for getting up in the morning as the three people were found washed and dressed and had been returned to bed fully clothed. The people had been assessed as lacking capacity to understand their care plans and make their own decisions. Best interest meetings had been held for the use of restrictions such as bed rails and sensor mats. Capacity documentation referred to their families requesting to be involved in decision-making. It is unclear if the families were involved and consulted regarding the decision to support these people to be washed and dressed and returned to bed fully clothed. We have reported further on this matter in the caring section of this report and mentioned it to the manager to address.

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). Staff were aware of MCA and DoLS and had completed training. The manager had completed applications for DoLS appropriately. They maintained a tracker so they were aware of which person had a DoLS application pending assessment by the local authority, and who had a DoLS authorised and when this was due for renewal.

We found people's nutritional needs were met. The menus were seasonal and identified a varied range of food and drinks. There was always the option of a cooked breakfast, porridge, cereals and toast in the morning and two choices for lunch and the evening meal. Drinks and snacks were served in-between meals and we saw a selection of biscuits, cakes, fresh fruit and crisps readily available. People's nutritional needs were assessed and a screening tool was used to identify any concerns. Staff monitored people's weight and referrals were made to health professionals when required. Catering staff received information about people's nutritional needs. We saw staff were attentive, offered choices and encouragement, and discreetly

cut up some people's food. The food looked nicely presented and the dining tables had place mats, small vases of flowers and condiments. People could sit and eat their meal in the dining room, the lounge or in their bedroom. When staff supported people to eat their lunch, this was completed in a sensitive way and at a suitable pace. There were ample staff to support people and the meal was a social and unhurried experience for them. Comments from people who used the service were positive about the meals provided and included, "The food is nice and plenty of it", "The food is second to none" and "It's very good and we're offered choice; it's just what I fancy." Visitors said, "The meals seem very good and they seem to be accommodating to my relatives individual needs" and "There is plenty of choice plus if there is nothing on the main menu they like, then alternatives are offered. Sometimes I wish I was staying for lunch or tea."

We saw people's health care needs were met. People had access to a range of health care professionals. Visits from professionals were recorded in care files and included, GPs, district nurses, dieticians, speech and language therapists, the falls team, opticians and emergency care practitioners. People confirmed they were able to see their GP when required. One person showed us their calendar which had the optician's appointments they would be attending. Another person told us about seeing their GP for an ear infection and receiving antibiotics to treat it. Comments from health professionals included, "They are great at monitoring pressure area care and always report any concerns. They seem attentive to patients who cannot feed themselves" and "They are very effective; they give the district nurses and GPs a call if they are worried." A visiting dentist told us they regularly attended the service and said they considered people received a good standard of oral hygiene.

We saw staff had access to training, supervision and support. The training records indicated the courses staff had undertaken and when updates were due. Staff told us training, supervision and support had improved since the last inspection and the arrival of the new manager. The head of care had completed supervision sessions and produced handouts for staff on specific topics such as chest infections, pneumonia and infection prevention and control. We saw some staff had completed reflective discussions on topics such as the importance of nutrition and monitoring people's food and fluid intake and preventing eye infections. There had also been reflective discussions when any errors in medication had taken place to help prevent reoccurrence.

Staff had regular one to one supervisions and annual appraisal. Comments from staff included, "We are getting more training now and it's more organised; they will tell us if we need to do refresher training and we can ask for more training" and "There's more training now about clinical essentials." When asked if staff received support and supervision, they said, "Yes [manager's name] is absolutely marvellous. She is open and friendly and I see her on all the lodges. It is a big improvement", "[Manager's name] is very approachable, really kind and supportive" and "We now have a manager that we can go to if we have any problems."

People who used the service told us staff knew how to look after them. Their visitors said, "If [name] has an accident, they are always on top of it and keep me well informed", "They often have training sessions" and "We have seen them using the hoist and they are confident in using it."

Requires Improvement

Is the service caring?

Our findings

At the last inspection of the service in August and September 2016, we had observed, on one of the lodges that some staff practices, in relation to attention to detail during care support, required improvements. This lodge has since closed.

During this inspection people were complimentary about the staff support. Comments included, "Yes, staff knock on the doors before coming in; they have put a carpet in my room for me", "It's like a hotel here and the staff are lovely. I would recommend it to anyone but I'm ready for home now; I will come back to this place if they will have me", "The staff are lovely" and "I get up and go to bed when I want; I just ring the bell."

Relatives said, "The staff are great and I think, sometimes, they are saints", "They are very kind, loving and compassionate towards my relative", "Privacy and dignity always seem to be maintained", "The staff are caring", "My wife is well cared for and always clean and tidy", "They certainly look after her well here", "I have every confidence in the staff" and "Staff are wonderful and do an amazing job with kindness, sensitivity and compassion." Relatives described instances when they had observed staff promote people's privacy and dignity.

Despite the positive comments from people who used the service and relatives, we judged that some people on Bilton lodge received support in the early morning which could potentially impact on their dignity and choice. When we arrived at 6am we found two people on Bilton lodge had been washed and dressed and were back in bed. Staff told us they were returned to bed fully clothed as it was their choice. When asked if the member of staff would get washed and dressed and back into bed when they were at home, the member of staff said they would do this. We spoke with both people and they were unaware of the time. When told the time, one person said, "It's a bit early." Staff had recorded the person's sensor mat had activated at 6am but the person had already been attended to by this time. During the next 45 minutes, a third person was also washed and dressed and placed back to bed fully clothed; staff said this was their choice. Another person was washed and dressed and asked if they wanted to go back to bed. They replied no, so were placed in a recliner chair in the lounge. The person promptly went back to sleep. At no time were these four people reminded of the early time by staff, offered a cup of tea and encouraged to remain in bed until a more suitable time. One person remained in bed in their clothes until lunchtime. They were not supported to change these clothes which were crumpled from sleeping in them.

We checked the care files for three of these people to see if they recorded any preferences such as getting washed and dressed and returning to bed when they awoke very early in the morning. The admission assessments, 'My Day, My Life, My Portrait' document and care plans did not contain information about this for all three people. Various entries in the three people's notes referred to them being washed and dressed at 3:30am, 5:30am and 5:45am. There was no evidence in the records that staff had informed the people of the early time when they supported them to get washed and dressed; staff had recorded consent was given. We were concerned this was not fully informed consent and more effort could have been made to support people to get up at a more appropriate time of day. The care plans also referred to people being given two options so they could make a choice. In one conversation, we overheard staff provided one choice only,

which was whether the person wanted to get up.

The rest of the people in Bilton lodge and all those in Meaux and Preston lodge were all in bed in nightwear and either asleep or receiving personal care. One person on Preston lodge was up and dressed but staff told us they had had an unsettled night. We spoke with the manager about the practice of washing and dressing people and placing them back to bed fully clothed. They confirmed there were only 12 people living on Bilton lodge and care was over 24hours; they added there was no staff requirement to get people up early and it would only happen if people requested it.

The practice of getting people living with dementia washed and dressed early in the morning on Bilton lodge and returning them to bed fully clothed was not appropriate practice. They were unaware of the time and were not provided with information and support that may result in them making an alternative choice.

This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Dignity and Respect. You can see what action we have asked the registered provider to take at the back of this report.

During our inspection of Meaux and Preston lodges early in the morning, and all three lodges during the rest of the day, we had no concerns about staff practices. We found staff were attentive to people's needs, they provided explanations before carrying out tasks, they were patient and kind when talking to people and they showed an appropriate level of affection. This included hugs, putting their arm around people to comfort them, discreetly adjusting clothing and sitting and chatting to people. We observed a member of staff communicating with a gentleman that was calling out; she reassured him and sat with him until he felt calm and relaxed.

People told us that the staff were polite, respectful and protected their privacy. We observed staff knocking on bedroom doors and asking if it was ok for them to come in, before entering the room. Bedrooms were personalised and people were able to bring in small items of furniture, pictures and ornaments to make it more homely. People were also able to have small size pets such as goldfish and budgies. Staff described how they promoted core values of privacy, dignity, choice and independence. They said, "Before I provide any care, I always ask them about their care; I give people options, ask them about staying in bed, having a bath, a shower or a wash, what clothes they want to wear and where they want to sit", "We value every resident as an individual person. This is their home and we respect that" and "[Person's name] needs to be prompted with food; they can feed themselves sometimes and they spill a lot but it's about them being independent – they really appreciate it."

Visiting professionals said, "Yes, personal hygiene and dignity is always respected" and "I always hear patients being given a choice of where they want to have meals and where to spend their day."

We found people's personal information in care files and medication administration records were held securely in the unit manager's office. The computers on each of the lodges and in the main administration lodge were password protected to help secure data. Staff personnel files were held in the main administration lodge. Staff were aware of the need to protect confidential information and we saw telephone calls and discussions with health professionals were held in the office or in people's bedrooms.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection of the service in August and September 2016, we had concerns about how people's needs were assessed and how this had impacted on developing plans of care and managing risk. During this inspection, we found improvements in these areas although some care plans still required more detail to ensure they reflected people's individual needs.

We saw people had assessments of their needs and these included relevant information; risk assessments had also been completed. The information from assessments and discussions with people was used to develop plans of care.

We saw the care plans had been improved in some areas and provided staff with information and guidance on how to support people. There was personalised information such as the use of flash cards to aid communication for one person and the position of cushions to support another person when sitting in chairs. One person had a behavioural assessment which was linked to their care plan. The documents included a description of the anxious and distressed behaviours, the possible causes or influences and the actions staff were to take to support the person. Another person had a clear plan of their preferences during the night, for example they liked the light dimmed, the door half closed, two pillows and a crochet blanket; they also liked their neck support on at all times in bed. Another person had a very detailed and personalised care plan regarding their nutritional needs, the support they required at mealtimes and the type and texture of food. We noted a dietician had been involved and the person's weight had increased.

However, we noted that there was limited information in care plans regarding people's preferences for rising in the morning and if any special instructions were needed. This was especially regarding people living with dementia on Bilton lodge but would relate to all people who used the service. There were some other pieces of information that could be added to care plans to help guide staff. For example, more details about the support required for people with a catheter, although in discussions with staff they were fully aware of how to provide care to people who had a catheter insitu. In several sections of one person's care plan, it referred to them wanting to sit near their family member in the lounge, but the family member had died some months earlier. There had not been an update in the person's care plan to reflect the bereavement and how this had impacted on the person. These issues were mentioned to the manager to address.

The care file records showed that relatives had been involved in the assessment process and provided information about people's social history, family network and previous interests and hobbies. The visitors we spoke with all said they had seen, read or contributed to their relative's care plan.

We found staff were knowledgeable about people's needs and responsive when these changed. Staff were able to describe how they recognised when people's physical and mental health was deteriorating and when to contact the district nurse or GP. They were more aware of initiatives to prevent skin breakdown, urinary tract infections and escalation of people's anxious or distressed behaviour. Supplementary records used when closer monitoring was required for specific people, for example with food and fluid intake, positional changes, weight, and anxious behaviour, were completed thoroughly. Staff recorded the care they

provided to people during the day and at night. They evaluated the care plans each month and apart from one person's bereavement episode mentioned above, there was evidence that sections of the care plans had been updated when people's needs had changed.

Records and photographs in the lodges showed us that people who used the service had been involved in group and one to one activities. The provider employed four activity co-ordinators who ensured there were some activities on each of the lodges every day of the week between 10am and 3pm. The activities included bingo, dominoes, craft work, quizzes, games, hand and nail care, listening to music, afternoon tea, watching films with popcorn or ice cream and movement to music. Entertainers visited the service and outings to local facilities were arranged, for example The Deep. There were seasonal activities and entertainment arranged such as a garden party in June 2017. The records identified who had participated and whether they enjoyed the activity. The activity co-ordinator said, "Sometimes they will join in but other times they just like to sit and watch."

People who used the service confirmed there were activities to take part in. Comments included, "I watch television in my room, play bingo and join in quizzes. We have singers and go to the pub across the road for a meal" and "I play dominoes and bingo and like to sit in the garden." Relative's comments included, "He doesn't get involved with games but that's his own choice. When the carer takes him out, he likes that", "She has been on trips out" and "There's lots [activities] but he only likes dominoes and going for a bet on Saturdays."

The provider had a complaints policy and procedure. This detailed timescales for acknowledgement, investigation and response to the complainant. It also provided information to people on how to escalate complaints and concerns to senior management and other agencies. There was a simplified version of the complaints procedure in the service user guide which was on display in Saltshouse Haven. People told us they felt able to complain and named specific members of staff they would speak with. Relatives said, "I have never had any concerns", "We have been asked if we had any concerns" and "Yes, we have a good relationship with staff on the unit and the manager. Concerns are addressed whenever they are mentioned."

Staff knew how to manage complaints and people who used the service and their relatives told us they felt able to make a complaint knowing it would be addressed.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service in August and September 2016, we had concerns about how the service was managed and overall governance. Since the inspection, there has been a change in manager and people who used the service, their relatives and staff all reported an improvement in management. The manager had been in post since December 2016 and had just applied to be registered with the Care Quality Commission (CQC). The application to be registered had been verified but the process of registration has not been completed. CQC methodology is that we are unable to rate well-led as 'Good' unless there is a registered manager in post.

Also, although we could see significant improvements in the way the service was managed, we had concerns that the staff practice of washing, dressing and placing some people back to bed on Bilton lodge could amount to institutional practice or at the very least a lack of understanding by staff about informed consent. There had been an instance of this practice at another service and as a result we saw the manager had recorded discussions with staff in three separate meetings (to ensure all staff were notified) reiterating this practice was not to happen at Saltshouse Haven. A record of group supervision with four care staff on Bilton lodge dated 12 June 2017, referred to ensuring care plans reflected the actual care agreed, bed times and rising times. It also stated that the unit manager on Bilton lodge and head of care for Saltshouse Haven had been made aware of the practice in another service and was worded strongly that institutional abuse was not to be tolerated.

The provider had a system of communication called 'Need to Read'. These were important messages and we saw one sent prior to the 12 June 2017, which alerted the manager to the need to take priority action and complete a night visit to the service between 5 and 6am. We saw a night visit had indeed been completed on 9 June 2017 with no issues reported. When we discussed our findings of Bilton lodge, the manager completed a visit to the service at 5am on the 16 June 2017, the second day of inspection. They reported one person on Bilton lodge awoke at 5:30am and wanted to get up and dressed. People on the other lodges were in bed and asleep. One person had slept in a recliner chair in the lounge in one of the other units. The manager is to discuss again with staff that it must be people's choice when getting up early and all methods of support to encourage the people to return to bed must be documented.

Audits and evaluations of care plans had not identified deficits regarding documenting people's choices and previous habits about their time of waking and getting up. During the inspection, we found the care plans had not been updated to show people's preferences, what staff were to do if people woke up very early and what they could say to them to encourage them to remain in bed until a more reasonable time. The inspection took place three days after the supervision sessions with staff on Bilton lodge. Given the way the provider had taken the incident at the other service very seriously and the manager had requested care plans be updated, we would have expected that the care plans for those people known to wake early on Bilton lodge would have been checked and updated straight away. Day staff had recorded in daily notes that people had been washed and dressed and were 'lying on their bed' when they arrived on duty. There had also been very early times recorded in some people's care notes, when they were washed and dressed but these had not been followed up with a discussion with specific night staff.

There were also other care plan issues that we have mentioned in the Responsive section of this report that should have been picked up during the evaluations of them. The manager told us they would address these issues. An audit of care files during a visit by the quality team had identified that some care plans required more detail.

Not ensuring the auditing of care files identified shortfalls and areas for improvement and not ensuring action was taken in a timely way to update them was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance. You can see what action we have asked the registered provider to take at the back of this report.

The provider had a quality assurance policy handbook which had been updated in September 2016. This provided staff with tools and guidance about the provider's quality assurance framework. It included information about daily, weekly, monthly and quarterly monitoring requirements of care tasks. For example, daily tasks would include the manager reviewing any accidents and incidents and completing a walk around the service. Weekly tasks included the manager completing a compliance checklist, and monthly they were to complete a nutrition and catering audit and a 'night' visit. There had been four dining experience audits since the last inspection. These were completed by members of the staff team and discussed with the manager. This enabled the staff team to take responsibility for the audit and any issues they identified.

We saw the quality metrics tool was completed monthly the manager and reported on a range of areas. These included people with pressure ulcers, loss of weight, end of life care, medication audits, GP reviews, admissions to hospital, infections, accidents, deprivation of liberty referrals and any safeguarding incidents. The quality metrics completed in May 2017 showed there had not been any complaints in the previous three months.

We saw staff from the provider's quality monitoring team visited the service and completed reports on their findings. These assessed and scored how the service was operated by the manager and looked at the systems and processes. It included, among other things, a tour of the premises, a check of staffing levels, observations of staff interactions and discussions with people who used the service. The report was linked to the key questions CQC asked in relation to whether the service was safe, effective, caring, responsive and well-led. We looked at the reports completed for visits in January and April 2017; both of these visits were over two days. The reports identified any shortfalls and provided a summary of areas for improvement and recommendations. There was also a home improvement plan which had been generated following the last inspection; this was kept up to date and we could see issues from the visits completed by the quality monitoring team had been added to the improvement plan to evidence when they had been actioned.

We saw the senior management team within BUPA met to discuss business operation and this included those services who were rated as having concerns from their own internal assessments and CQC inspections. This showed us the provider had systems in place to enable managers of services to feed up information so they could have oversight and monitor improvements.

Communication in the service was described as good and much improved. There were meetings for people who used the service, their relatives and staff. These enabled people to express their views about the service. There was also a relatives committee which looked at activities and planned events such as the summer fayre. Relatives told us they felt the service was very clean and well-managed. They said, "The family is involved and we have not had any problems", "Since the new manager took over everything seems to be running okay. There's been new beds, games and activities", "A high standard has been maintained in my opinion", "Residents and relatives meetings are every month; there's a notice up about them", "They [people who used the service] seem to get everything they need" and "We don't get involved in the running of the

home but the dates and times of the meetings are advertised on the notice board."

Staff spoke highly of the new manager and said morale had improved. Comments included, "Yes [feel supported], she is always going round the lounges talking to people and to us. Generally we have a really good team and morale is good", "It was horrendous last year [inspection and inadequate rating] but I've stayed because I wanted to get things right", "It's much better now that [manager's name] is here. All the bullying has stopped and everyone gets on really well", "The management structure is a lot better and you don't mind asking [manager's name] things; she doesn't make you feel small" and "It's really supportive now and staff morale is so much better. We have lost some staff but the good ones have stayed" and "[Manager's name] is really good and very experienced. She is open to new ideas and ways of working. Communication has improved and senior managers are talking to us more."

A health professional said, "It does appear to be well-led."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had not ensured staff provided service users with adequate information for them to make an informed choice about their morning routine.This had the potential to impact on their previous personal preferences, their decision-making and their dignity. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Although we saw improvements in how the service was managed overall, the registered provider had failed to ensure adequate audit and evaluation of care plans to ensure important information was included. Regulation 17 (1) (2) (a) (c)